Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

NOT FOR SALE FUND Doing business as Doing business	В	Check if applicable	C Name of organization		D Employer identifi	cation number
Deling business as Number and street for P.D. box if mail is not delivered to steet address) Room/sulfs E Telephone number 22.5 THIRD STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 9410.7	Г	Addres	S NOT FOR SALE FUND			
Number and street of P.D. box if mail is not delivered to Street address) Reom/Sults E Telephone number 650-560-9990	F	Name			20-5	659783
	F	Initial		Room/suite		
The control of the proton, state or province, country, and 2P or foreign postal code Annual of the control	F	Final		1100III/Suite		
SAN FRANCISCO, CA 94107		termin-				
Septime Flame and address of principal officer MARK WEXLER for subordinates? Yes No 1 Tax-exempt status: X S01(c)(3) S01(c)(1) 4 (insettino.) 4947(a)(1) or S27 H(b) xet abubordinate shouldoor Yes No No Tax-exempt status: X S01(c)(3) S01(c)(1) 4 (insettino.) 4947(a)(1) or S27 H(b) xet abubordinate shouldoor Yes No No Yes No No Yes No Ye		Amend				
16.39 MOOLSEY ST, BERKELEY, CA 94703 Hip) Are all subordinates inclusion Vest No. * attach a list. (see instructions) Websites: ▶ WWW .NOTFORSALECAMPAIGN.ORG /	F	Applica			1	
Total contributions and grants (Part VIII, column (C), line 12 Total revenue (Part VIII, column (C), line 32 Total unrelated business taxable income from Form 990-T, line 34 Program service revenue (Part VIII, column (A), line 3, 4, and 70 10 (Investment no compensation) and grants (Part VIII, column (A), line 13) 13 (Fart venue e) and lines 8 through 11 (Invest equal Part VIII, column (A), line 12 15 (Salaries, other compensation) and single (Part X, column (A), line 3) 16 (Salaries, other compensation) (Part X, line 16) 17 (······ — —
J Website: ▶ WWW NOTFORSALECAMPATGN ORG / Hc) Group exemption number ▶ Vear of torganization: Z 0 06 M State of legal demicite: CA Part I Summary Brefly describe the organization is mission or most significant activities: THE PRIMARY OBJECTIVES AND PURPOSES OF THIS CORPORATION INCLUDE. BUT ARE NOT LIMITED TO: THE 2 Check this box ▶	$\overline{\mathbf{I}}$	Tax-exe		or 527	1 ' '	
Form of organization					1	
Briefly describe the organization's mission or most significant activities: THE PRIMARY OBJECTIVES AND PURPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS CORPORATION INCLUDED, BUT ARE NOT LIMITED TO: THE COMPOSES OF THIS C	K	Form of	organization: X Corporation Trust Association Other	L Year		
PURPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE Check this box	P					
PURPOSES OF THIS CORPORATION INCLUDE, BUT ARE NOT LIMITED TO: THE Check this box	•	1	Briefly describe the organization's mission or most significant activities: $ { m THE} $ E	PRIMAR	Y OBJECTIVE	S AND
Notified individuals employed in calendar year 2016 (Part V, line 2a)	anc		PURPOSES OF THIS CORPORATION INCLUDE, BUT	r Are	NOT LIMITED	TO: THE
Notified individuals employed in calendar year 2016 (Part V, line 2a)	ern;	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Notified individuals employed in calendar year 2016 (Part V, line 2a)	Š	3				
Total number of volunteers (estimate if necessary) 6 10 7a Total number of volunteers (estimate if necessary) 7b Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 7b Total number of volunteers (estimate if necessary) 7c Total number of volunteers (estimate in necessary) 7c Tota	∞ಶ	4				_
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,442,292. 1,216,444. 9	ies					
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 1,442,292. 1,216,444. 9	₹					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Total fundraising expenses (Part IX, column (A), line 1e) 19 Total assets (Part IX, column (A), line 1e) 10 Total assets (Part IX, column (A), line 1e) 10 Total assets (Part IX, column (A), line 1e) 10 Total assets (Part IX, column (A), line 1e) 10 Total assets (Part IX, column (A), line 1e) 11 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12 Network (Part IX, line 16) 12 Total assets (Part X, line 16) 13 Total assets (Part X, line 16) 14 Beginning of Current Year End of Year End o	Ac					
8 Contributions and grants (Part VIII, line 1h) 1,442,292 1,216,444. 9 Program service revenue (Part VIII, line 2g) 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 166,707 54,845 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 1,608,999 1,271,289 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 1,011,250 582,899 16 Professional fundraising fees (Part IX, column (A), line 1e) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 1,011,250 582,899 16 Professional fundraising gees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses (Part IX, column (A), line 11e) 0 0 0 19 Revenue less expenses. Subtract line 18 from line 12 0 260,930 348,933 20 Total assets (Part X, line 16) 1,024,076 898,817 20 Total assets (Part X, line 26) 1,033,941 72,394 21 Total liabilities (Part X, line 26) 920,135 826,423 Part II Signature Block 104,040 104,040 104,040 Investment income (Part VIII, line 2b) 0 0 0 Part II Signature Block 104,040 104		b	Net unrelated business taxable income from Form 990-T, line 34	······		
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	æ				* ·	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 260,839. 23,169. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,011,250. 582,899. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 15 Total fundraising expenses (Part IX, column (A), line 25) 177,167. 17 Other expenses (Part IX, column (D), line 25) 177,167. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,873,019. 955,001. 19 Revenue less expenses. Subtract line 18 from line 12 -264,020. 316,288. 20 Total assets (Part X, line 16) 1,024,076. 898,817. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 920,135. 826,423. 21 Part II Signature Block Signature Block Mark WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check Pitm's name BARTLETT, PRINGLE & WOLF, LLP Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's eathers Pitm's address 1123 CHAPALA ST., P.O. BOX 90860 Phone no. (805) 963-7811		1				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,011,250. 582,899. 16a Professional fundraising escenses (Part IX, column (A), line 11e) 0 0 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 177,167. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 600,930. 348,933. 19 Revenue less expenses. Subtract line 18 from line 12 -264,020. 316,288. 18 Total expenses (Part X, line 16) -264,020. 316,288. 19 Revenue less expenses. Subtract line 18 from line 12 -264,020. 316,288. 20 Total assets (Part X, line 16) 1,024,076. 898,817. 21 Total liabilities (Part X, line 26) 103,941. 72,394. 22 Net assets or fund balances. Subtract line 21 from line 20 920,135. 826,423. Part II Signature Block Signature Block Date MARK WEXLER, EXECUTIVE DIRECTOR Date Date Print/Type or print name and title Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811						
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 0 . b Total fundraising expenses (Part IX, column (D), line 25) 177 , 167 . 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 600 , 930 . 348 , 933 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,873 , 019 . 955 , 001 . 19 Revenue less expenses. Subtract line 18 from line 12 -264 , 020 . 316 , 288 . 20 Total assets (Part X, line 16) 1,024 , 076 . 898 , 817 . 21 Total liabilities (Part X, line 26) 103 , 941 . 72 , 394 . 22 Net assets or fund balances. Subtract line 21 from line 20 920 , 135 . 826 , 423 . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Print'lype preparer's name Preparer's signature Date Date Date Other Date	G	I			-	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign WARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer's signature Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's name BARBARA, CA 93190-0860 Phone no. (805)963-7811	Se	16a				
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,873,019. 955,001. 19 Revenue less expenses. Subtract line 18 from line 12 -264,020. 316,288. 20 Total assets (Part X, line 16) 1,024,076. 898,817. 21 Total liabilities (Part X, line 26) 103,941. 72,394. 22 Net assets or fund balances. Subtract line 21 from line 20 920,135. 826,423. Part II Signature Block	ш	17			600,930.	348,933.
19 Revenue less expenses. Subtract line 18 from line 12 -264,020. 316,288.						955,001.
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's laddress 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811	sets	20	Total assets (Part X, line 16)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Paid JOHN J. BRITTON Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's name Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811	t As	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Paid JOHN J. BRITTON Preparer Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811	캺	22			920,135.	826,423.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811	_					
Sign Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Use Only Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811		•			•	y knowledge and belief, it is
Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811	true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Here MARK WEXLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Firm's name ▶ BARTLETT, PRINGLE & WOLF, LLP Firm's address ▶ 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811			Signature of officer		Nata .	
Type or print name and title Print/Type preparer's name JOHN J. BRITTON Preparer Use Only Type or print name and title Preparer's signature Print's name BARTLETT, PRINGLE & WOLF, LLP Firm's EIN \$\infty\$ 95-2089835 Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811					Date	
Print/Type preparer's name Poid JOHN J. BRITTON Preparer Firm's name BARTLETT, PRINGLE & WOLF, LLP Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811	He	re	•			
Paid JOHN J. BRITTON	_				Date Check	II PTIN
Preparer Use Only Firm's address SANTA BARBARA, CA 93190-0860 Preparer Use Only Firm's address SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811	Pai				if	
Use Only Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860 Phone no. (805)963-7811						
SANTA BARBARA, CA 93190-0860 Phone no. (805) 963-7811)	THIII 3 LIIV	20 200000
				-	Phone no (8	05)963-7811
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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PRIMARY OBJECTIVES AND PURPOSES OF THIS CORPORATION INCLUDE, BUT
	ARE NOT LIMITED TO: THE EDUCATION AND MOBILIZATION OF INDIVIDUALS AND
	INSTITUTIONS TO ABOLISH SLAVERY AND HUMAN RIGHTS VIOLATIONS AROUND THE
	GLOBE. ADDITIONALLY, THE CORPORATION MAY ENGAGE IN ANY ACTIVITIES THAT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	J J J J J J J J J J J J J J J J J J J
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code:) (Expenses \$
-1 a	CAMPAIGNS -
	THE NOT FOR SALE CAMPAIGNS INCLUDE ABOLITIONIST FAITH COMMUNITIES,
	FELLOWS & INTERN PROGRAM, TEAM NOT FOR SALE (FORMERLY FREE2PLAY),
	FREE2WORK, SLAVERYMAP, NOT FOR SALE TOUR, AND TRAFFICKING NETWORK &
	RELATIONS. EACH CAMPAIGN IS DESIGNED TO BRING RESOURCES, DISCUSSION,
	NETWORKING AND, MOST IMPORTANTLY, HELP IMPLEMENT A SHIFT IN THE CURRENT
	CULTURAL BARRIERS THAT EXIST TO END SLAVERY.
4b	(Code:) (Expenses \$ 84,458. including grants of \$) (Revenue \$)
	PROGRAMS FOR SURVIVOR & AT-RISK PEOPLE -
	NOT FOR SALE WORKS DIRECTLY WITH SURVIVORS AND HIGHLY AT-RISK PEOPLE BY
	PROVIDING AN ARRAY OF SERVICES SUCH AS, BUT NOT LIMITED TO, HOUSING,
	EDUCATION, MENTAL & HEALTH CARE, VOCATIONAL SKILLS, JOB TRAINING, CASE
	MANAGEMENT, AND MORE. IN 2016, NOT FOR SALE SUPPORTED AND RAN DIRECT
	SERVICE PROGRAMS IN THAILAND, VIETNAM, PERU, NETHERLANDS, ROMANIA, AND THE SAN FRANCISCO BAY AREA.
	THE SAN FRANCISCO BAI AREA.
4c	(Code:) (Expenses \$ 477,540 • including grants of \$ 23,169 •) (Revenue \$)
	SOCIAL ENTERPRISE -
	NOT FOR SALE UTILIZES DATA COLLECTED AT ITS PROGRAMS FOR SURVIVORS &
	AT-RISK PEOPLE TO IDENTIFY AT-RISK COMMUNITIES WHERE TRAFFICKING
	OCCURS. NOT FOR SALE BELIEVES THAT TRAFFICKING CAN BE STOPPED UPSTREAM
	IN ECONOMICALLY MARGINALIZED COMMUNITIES BY INITIATING CROSS-SECTOR
	COLLABORATIONS THAT INTENTIONALLY EMPOWER FAMILIES THROUGH EDUCATION
	AND DIGNIFIED EMPLOYMENT VIA THE IMPLEMENTATION OF SOCIAL ENTERPRISE.
	NOT FOR SALE IS AT THE FOREFRONT OF CREATING INNOVATIVE, REPLICABLE,
	AND SUSTAINABLE SOLUTIONS TO FIGHT MODERN-DAY SLAVERY BY HELPING CREATE
	OPPORTUNITIES FOR SOCIAL ENTERPRISE TO TAKE ROOT IN AT-RISK
	COMMUNITIES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 569,698.
	Form 990 (2016)

Form 990 (2016) NOT FOR SALE FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	امدا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		v
	complete Schedule G, Part III	19		X

Form 990 (2016) NOT FOR SALE FUND Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		. v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		Х
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line 2	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	30		

Form 990 (2016) NOT FOR SALE FUND Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part v					Ш	
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r						
	(gambling) winnings to prize winners?	······	 I	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
	•			3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b	$\mid - \mid - \mid$	Х	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			_		77	
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-				
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).		Ouguidad ta tha mayara	_		Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	$\vdash \vdash \vdash$		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	$\vdash \vdash \vdash$		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?		-	70		х	
A	If "Yes," indicate the number of Forms 8282 filed during the year		 	7c			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		L ~t?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		J.:	7 f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7			
_	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	ı				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				77	
				14a	 	X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		(00:5	
				⊢∩rm	990	ひいれん)	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Λ
Sec	tion A. Governing Body and Management			_	
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>5</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		<u> </u>		Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
<i>,</i> u			7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,		14		
b			7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.		7.0		
			8a	x	
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	+	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the provide the provid				х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)		T.,	
			L.a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1,,,	
12a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		۱	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?				Х
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	•			
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finar	ncial	
	statements available to the public during the tax year.	. , ,			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:			
	THE ORGANIZATION - 650-560-9990	-· ·			
	2225 THIRD STREET, SAN FRANCISCO, CA 94107				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(list any hours for related organizations related organizations organiza	I WEEK I	an one both an rustee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
(1) DAVID BATSTONE	(list any hours for related organizations below linking numbershed Hinhest commensated Hinhest commensated	employee Former	the organization	organizations	compensation from the organization and related organizations
1.00 X 0. 0.	AVID BATSTONE 40.00		159 411.	0.	0
X		+	133,411.	•	
(3) GREG GALLE BOARD MEMBER (4) LYNDON LEA TREASURER & COMP COMMITTEE (5) KAREN SILVERMAN BOARD MEMBER (6) MARK WEXLER 1.00 X 0. 0. 0. 0.			0.	0.	0
(4) LYNDON LEA 1.00 TREASURER & COMP COMMITTEE X (5) KAREN SILVERMAN 1.00 BOARD MEMBER X (6) MARK WEXLER 40.00					
TREASURER & COMP COMMITTEE X	MEMBER X		0.	0.	0
(5) KAREN SILVERMAN BOARD MEMBER (6) MARK WEXLER (7) MARK WEXLER (8) MARK WEXLER (9) MARK WEXLER					
BOARD MEMBER X 0. 0. (6) MARK WEXLER 40.00			0.	0.	0
(6) MARK WEXLER 40.00				0	_
		-	0.	0.	0
			133 070	0	0
	<u> </u>				

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director oppo oppo oppo oppo oppo oppo oppo o	not c , unle cer ar	Pos heck ss pe	ition more rson lirecto	than is bot or/trus	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization: (W-2/1099-MIS	on I s	com fr org	(F) stimate nount of other apensa rom the janizati	of ation e ion
		below line)	Individual to	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizatio	
	Sub-total Total from continuation sheets to Part VI							<u> </u>	292,481.		0.			0.
d _2	Total (add lines 1b and 1c)							no r	292,481. ecceived more than \$100	0,000 of reportable	0 • le			0.
3	Did the organization list any former officer,												Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		4	Х	<u> </u>
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors	•				•		elat	ted organization or indiv	idual for services		5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		npens			
	(A) Name and business address NONE Description of services									Compe		n		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received n	nore than				
	T. 13,000 of componential north the organi						•						000 #	

. u	IL VI			or note to any lir	ne in this Part VIII			
		Check if Schedule O conta	ап з а тезропзе	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns	1a					
3ra Ioui	k	b Membership dues	1b					
ts, (Arr	c	c Fundraising events	1c	5,200.				
Giff lar	c	d Related organizations	1d					
S, imi	e	e Government grants (contribution	ons) 1e					
tior S	f	f All other contributions, gifts, grants						
ibu		similar amounts not included abov	re 1f 1 ,	211,244.				
nt d O	ç	g Noncash contributions included in lines	1a-1f: \$					
<u>ම</u> ල	ŀ	h Total. Add lines 1a-1f			1,216,444.			
				Business Code				
Se	2 a	a						
eri e	k	b						
S c	c	С						
ran }ev	c	d						
Program Service Revenue	6	e						
Ф	f	f All other program service rever	nue					
	Ç	g Total. Add lines 2a-2f						
	3	Investment income (including of	•	•				
		other similar amounts)						
	4	Income from investment of tax	exempt bond p	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a							
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		<u> </u>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)		L				
		d Net gain or (loss)		······ •				
ne	8 a	a Gross income from fundraising	g events (not					
Other Revenu		including \$ 5,2						
Re		contributions reported on line	1c). See	57 553				
Jer		Part IV, line 18	a	27,073.				
₽		b Less: direct expenses		27,073.	30,480.			30,480.
		c Net income or (loss) from fund	•	>	30,400.			50,400.
	9 a	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gami		······				
	10 a	a Gross sales of inventory, less r						
	L	and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 -	a OTHER INCOME	<i>-</i>	541700	24,365.			24,365.
		b		322,00				,_,
		С	-					
		d All other revenue	-					
		e Total. Add lines 11a-11d			24,365.			
	12	Total revenue. See instructions.			1,271,289.	0.	0.	54,845.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 23,169. 23,169. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 166,201. 51,843. 74,437. 292,481 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 245,003. 136,588. 62,968. 45,447. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 45,415. 16,611. 23,105. 5,699. Payroll taxes 10 Fees for services (non-employees): a Management 1,844. 1,227. 355. 262. Legal 28,450. 18,921. 5,481. 4,048. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 6,445. 9,023. 565. 2,013. Advertising and promotion 12 49,876. 10,527. 29,237. 10,112. Office expenses 13 Information technology 14 15 Royalties 16,386. 11,156. 79,696. 52,154. 16 Occupancy 84,782. 66,880. 1,458. 16,444. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 165. 834. 557. 112. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,930. 3,278. 950. 702. Depreciation, depletion, and amortization 22 18,782. 3,454. 12,651. 2,677. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 43,547. 42,531. 1,016. OTHER PROFESSIONAL SERV PROGRAM EXPENSES 27,067. 17,838. 5,224. 4,005. OTHER EXPENSE 102. 102. С d All other expenses е 955,001. 569,698. 208,136. 177,167. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	374,606.	1	314,816
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	623,028.	3	541,719
4	Accounts receivable, net	20,134.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 40,705.			
b		6,308.	10c	2,500
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	32,782
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	7,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,024,076.	16	898,817
17	Accounts payable and accrued expenses	103,941.	17	72,394
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ള 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	103,941.	26	72,394
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
နှင့် မြ	complete lines 27 through 29, and lines 33 and 34.	E12 011		684 008
ੂ 27	Unrestricted net assets	713,841.	27	674,297
28	Temporarily restricted net assets	206,294.	28	152,126
27 28 29 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	000 405	32	006 400
2 33	Total net assets or fund balances	920,135.	33	826,423
34	Total liabilities and net assets/fund balances	1,024,076.	34	898,817

Pa	Tt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 -	L,27				
2	Total expenses (must equal Part IX, column (A), line 25)	2		955,00 316,28			
3	Revenue less expenses. Subtract line 2 from line 1	s expenses. Subtract line 2 from line 1					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-41	0,0	00.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	82	6,4	23.		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	225			
			Form	990	(2016)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NOT FOR SALE FUND 20-5659783 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.									
	tion B. Total Support		•		1	1				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. Add lines 7 through 10									
	Gross receipts from related activities,					12				
13	First five years. If the Form 990 is for	· ·	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)				
Sec	organization, check this box and stop etion C. Computation of Publ	ic Support Pe	rcentage			······	P LL_			
	Public support percentage for 2016 (I			column (f))		14	%			
	Public support percentage from 2015						——————————————————————————————————————			
	33 1/3% support test - 2016. If the c									
100	stop here. The organization qualifies	-								
h	33 1/3% support test - 2015. If the o									
	and stop here. The organization qual	-								
17a	10% -facts-and-circumstances tes									
., .	and if the organization meets the "fac									
	meets the "facts-and-circumstances"					~				
b	10% -facts-and-circumstances tes									
~	more, and if the organization meets the									
	organization meets the "facts-and-circ				-					
18	Private foundation. If the organization									
				, , ,,		edule A (Form 990				

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	iete Fait II.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : :	(-/	(-,	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	3,455,851.	4,325,422.	2,363,016.	1,442,292.	1,298,362.	12,884,943.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	121,278.	47,486.	605.			169,369.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,577,129.	4,372,908.	2,363,621.	1,442,292.	1,298,362.	13,054,312.
7	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						13,054,312.
Se	ction B. Total Support	_	_	_			
Cale	endar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	3,577,129.	4,372,908.	2,363,621.	1,442,292.	1,298,362.	13,054,312.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	823.	349.	92.			1,264.
ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	823.	349.	92.			1,264.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,577,952.	4,373,257.	2,363,713.	1,442,292.	1,298,362.	13,055,576.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) div	rided by line 13, co	olumn (f))		15	99.99 %
16	Public support percentage from 2015					16	99.98 %
Se	ction D. Computation of Inves						0.1
17						17	.01 %
	Investment income percentage from 2				-	18	.02 %
19	a 33 1/3% support tests - 2016. If the	-					
ŀ	more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a b	oox on line 14, 19a	, or 19b, check this	s box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Га	rt IV Supporting Organizations (continued)			
	(Sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See i				Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	↑ V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Jecu	ion E - Distribution Anocations (see instructions)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
a h	Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_	LAGGGG HUIII ZUTU			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information Devide the evaluations required by Dart II, line 10, Dart II, line 17, or 17h, Dart III, line 19.
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Name of the organization

Employer identification number

NOT FOR SALE FUND 20-5659783

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

NOT FOR SALE FUND

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLSAINTS SPITALFIELDS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	REBBL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$130,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LYNDON LEA 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BUMBLE BEE FOODS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SYMRISE APAC 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$12,365.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BOLL & BRANCH 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NOT FOR SALE FUND

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DAVID BATSTONE 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BARBARA SHEFFIELD 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DIGNITY HEALTH FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HEIDI BRANDOW 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	HEMA 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$12,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AXIOM 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NOT FOR SALE FUND

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	LONG BEACH COMMUNITY COLLEGE - CLUB Y 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BRISKET CLUB LLC 2225 THIRD STREET	\$ 5,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94107		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	INMAAT FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	LATHAM & WATKINS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MARIEL FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ROTARY DISTRICT 5170 FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 76,242.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NOT FOR SALE FUND

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THOMAS CHRISTIE 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	WELLS FARGO FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	HALF MOON BAY BREWERY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	SQUARE BAR 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$6,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	GLOBAL GENEROSITY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE BERKY BENEVOLENT FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NOT FOR SALE FUND 20-5659783

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GOOD HAIR DAY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 99,881.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	HRH FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	JEREMY AFFELDT 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	DAVID AND WENDY DRAKE 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NOT FOR SALE FUND

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _	

Name of orga	anization			Employer identification numb	er				
NOT EO	R SALE FUND			20-5659783					
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations desc	ribed in sectio	n 501(c)(7), (8), or (10) that total more than \$1,0	00 for				
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the s. charitable, etc., contributions of \$1.	following line	entry. For organizations					
	Use duplicate copies of Part III if addition			y(Enter this line, office.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		-							
		(e) Transfer o	f gift						
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee					
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		(e) Transfer o	f gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
1 4111									
_		(e) Transfer o	of gift						
		(e) Transier o	i giit						
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NOT FOR SALE FUND

Employer identification number 20-5659783

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organiza	tion's accounting for
	conservation easements.	(4) 10) 17	. 0: :	
Pai		-	ner Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	·	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items:		_	_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre	,	gaın, provid	ae
	the following amounts required to be reported under SFAS 1		_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			D D

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tr	easures, d	or Othe	r Similar <i>A</i>	Assets(co	ontir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t are a sig	nificant use	of its colle	ctio	n item	ıs
	(check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	he organizati	on's exem	npt purpose i	in Part XIII			
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical trea	sures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's c	ollection?			Ye	s		No
Par	t IV Escrow and Custodial Arran							art IV, line 9	 ∂, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?							🔲 Ye	s		No
b	If "Yes," explain the arrangement in Part XIII										
	-	•	_					Am	ount	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F							Ye			No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year		ior year	1		d) Three years	back (e)	Four	years	back
1a	Beginning of year balance	(, ,	():	, , , , , , , , , , , , , , , , , , ,	(-, ,		, ,	(-/			
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	·										
	. •										
	Administrative expenses End of year balance										
_	Provide the estimated percentage of the cur	ront year and balana	o (lino 1 o	, column ()) hold as:						
2	Board designated or quasi-endowment		e (iiile 19 %	j, coluitiit (a)) Helu as.						
	Permanent endowment	%									
	· · · · · · · · · · · · · · · · · · ·	 '									
C	The percentages on lines 2s. 2h. and 2s she	%									
2-	The percentages on lines 2a, 2b, and 2c sho		ation that	ara bald a	and administa	rad far th	i=atio				
Sa	Are there endowment funds not in the posse	ession of the organiza	ation that	. are neiu a	ina aaministe	rea for the	e organizatio	or i	Г	Yes	Na
	by:							<u></u>	-/:\	res	No
	(i) unrelated organizations								a(i)		
	(ii) related organizations								ı(ii)		
_	If "Yes" on line 3a(ii), are the related organiza							<u>L</u>	Bb		
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment to	inas.					—		
Fai			. David IV	l:	Can Farma 000	. D4 V I	: 10				
	Complete if the organization answere							1	_		
	Description of property	(a) Cost or of		` '	or other		cumulated	(d)	300l	k valu	е
		basis (investr	nent)	basis	(other)	depi	reciation	_			
	Land										
	Buildings										
	Leasehold improvements				0 200		77 77	1	 ,	1 -	00
	Equipment				9,208.		27,700		:		08.
	Other				1,497.		10,505	•			92.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colum	n (B), line 1	10c.)			I		4,5	00.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 NOT FOR SALI	20-5659783 _{Pag}			
Part VII Investments - Other Securities.			<u>-</u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.		
	Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶	
Part X Other Liabilities.			•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	ine 25.	
1. (a) Description of liability	· ,	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

(5) (6) (7) (8)

Sche	edule D (Form 990) 2016 NOT FOR SALE FUND		20-5	5659783 Page
Pai	t XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return	·
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,271,289
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,271,289
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements			1	955,001.
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a			
Prior year adjustments	2b			
	2c			
	2d			
Add lines 2a through 2d			2e	0.
Subtract line 2e from line 1	3	955,001.		
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			
			4c	0.
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	955,001.
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b 4c

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COMPANY HAS ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ASC SUBTOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS PROVISION CLARIFIED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE COMPANYS FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT OF THE COMPANY ANALYZED TAX POSITIONS IN ALL JURISDICTIONS WHERE THE COMPANY IS REQUIRED TO FILE AN INCOME TAX RETURN AND CONCLUDED THAT THE COMPANY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS WITH THIS GUIDANCE.

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

\T ^ _		INID				20 56507	2.2
Pa	FOR SALE FU		otivitios Out	tside the United States. Comple		20-565978	
Fai	Form 990, Part IV		ictivities ou	iside the Officed States. Comple	ete ir the organ	ization answered "	res" on
1			n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
				the selection criteria used to award the			Yes X No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	her assistance out	tside the
3		he following Parl	: I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activise a prog describe	rity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
3 a	Sub-total	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.

632071 09-21-16

Schedule F (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for an
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NOT FOR SALE'S					
			PROGRAMMING IN					
			ROMANIA CONSISTS OF					
		ROMANIA	SUPPORTING SURVIVORS	10,417.	СНЕСК	0.		FMV
			IN THE NETHERLANDS,					
			NOT FOR SALE PROVIDES					
			JOB TRAINING AND					
		NETHERLANDS	PLACEMENT FOR	10,417.	CHECK	0.		FMV
			IN THAILAND, NOT FOR					
			SALE SUPPORTS					
			CHILDREN WITH					
		THAILAND	LONG-TERM HOUSING,	2,335.	СНЕСК	0.		FMV
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	exempt by		
the IRS, or for which t	the grantee or couns	el has provided a sectio	n 501(c)(3) equivalency letter			>		

3 Enter total number of other organizations or entities

		ates. Complete ii	the organization answered Tes	orromi 990, Fart	iv, iiie io.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed. (c) Number of (d) Amount of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement) (b) Region (c) Number of (d) Amount of (ash disbursement)	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: ROMANIA

(D) PURPOSE OF GRANT: NOT FOR SALE'S PROGRAMMING IN ROMANIA CONSISTS OF
SUPPORTING SURVIVORS OF TRAFFICKING WITH HOUSING, JOB TRAINING,
EDUCATION, AGRICULTURAL SKILLS, LEGAL AID, AND FAMILY REPATRIATION. NOT
FOR SALE COLLABORATES CLOSELY WITH INTERPOL AND OTHER LAW ENFORCEMENT
AGENCIES ON LEGAL MATTERS FACING VICTIMS AND SURVIVORS. NOT FOR SALE ALSO
WORKS IN SCHOOLS ON PREVENTION PROGRAMMING, ATTEMPTING TO ENSURE THAT
CHILDREN UNDERSTAND THE DANGER SIGNS, AND STOP TRAFFICKING BEFORE IT
HAPPENS.

REGION: NETHERLANDS

(D) PURPOSE OF GRANT: IN THE NETHERLANDS, NOT FOR SALE PROVIDES JOB
TRAINING AND PLACEMENT FOR SURVIVORS OF SEX TRAFFICKING. IN ADDITION TO

JOB SKILLS, THE NETHERLANDS TEAM HELPS REPATRIATE SURVIVORS TO HOME
CITIES OR COUNTRIES WHEN APPROPRIATE TO DO SO. THE NOT FOR SALE TEAM ALSO
WORKS IN AMSTERDAM'S RED LIGHT DISTRICT MONITORING THE SAFETY AND
STABILITY OF WOMEN STILL HELD WITHIN THE COMMERCIAL SEX TRADE DUE TO
VARIOUS FORMS OF DEBT BONDAGE.

REGION: THAILAND

(D) PURPOSE OF GRANT: IN THAILAND, NOT FOR SALE SUPPORTS CHILDREN WITH

LONG-TERM HOUSING, EDUCATION, VOCATIONAL & AGRICULTURAL SKILLS, LEGAL

AID, AND FAMILY REPATRIATION. THE PROGRAM ALSO RUNS A DROP-IN CENTER IN

THE THAI-MYANMAR BORDER TOWN OF MAE SAE ALLOWING FOR AT-RISK FAMILIES AND

CHILDREN ACCESS TO SERVICES.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NOT FOR SALE FUND

Employer identification number 20-5659783

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
Total			>						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration			

Schedule G (Form 990 or 990-EZ) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered		t IV, line 18, or reported	
		or randraioning over the contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
en			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	62,753.			62,753.
	2	Less: Contributions	5,200.			5,200.
	3	Gross income (line 1 minus line 2)	57,553.			57,553.
	4	Cash prizes				
Ø	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				27 072
	9 10	Other direct expenses				27,073. 27,073.
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				30,480.
Pa	rt	III Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	, , , , , , , , , , , , , , , , , , ,
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
				,		
	7	, ,				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
		ter the state(s) in which the organization cond		statos?		Yes No
		'No," explain:				
	_					
40-	14/	are any of the argenization's sension its	avalend avaranted - · · ·	arminatad duwina tha tar	V00r0	Voc N-
		ere any of the organization's gaming licenses r 'Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 NOT FOR SALE FUND 20-5	65978	3 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	$\overline{}$
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	: If "Yes," enter name and address of the third party:		
	Norma 🏲		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of sandage provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	຺	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G (Form 990 or 9	990-EZ) NOT FOR SALE FUND	20-5659783 Page 4
Part IV Suppleme	ntal Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NOT FOR SALE FUND

Employer identification number 20-5659783

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the control of the second listed on Form 2000 Destable A. For the with second to the filter			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The totally of lines at o, list the persons and provide the applicable amounts for each term in a cin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID BATSTONE	(i)	159,411.	0.	0.	0.	0.	159,411.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Schodula I/Farm 000) 20							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NOT FOR SALE FUND

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 20-5659783

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION AND MOBILIZATION OF INDIVIDUALS AND INSTITUTIONS TO ABOLISH SLAVERY AND HUMAN RIGHTS VIOLATIONS AROUND THE GLOBE. ADDITIONALLY, THE CORPORATION MAY ENGAGE IN ANY ACTIVITIES THAT ARE REASONABLY RELATED TO OR IN FURTHERANCE OF ITS STATED CHARITABLE PURPOSES, OR IN ANY OTHER CHARITABLE ACTIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARE REASONABLY RELATED TO OR IN FURTHERANCE OF ITS STATED CHARITABLE PURPOSES, OR IN ANY OTHER CHARITABLE ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE OFFICERS AND THEN APPROVED TO BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT WAS IMPLEMENTED DURING 2011.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION TO OFFICERS AND KEY EMPLOYEES IS REVIEWED AND DETERMINED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

NOT FOR SALE'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization NOT FOR SALE FUND	Employer identification number 20-5659783			
FORM 990, PART XII, LINE 2C				
NOT FOR SALE FUND HAS NOT CHANGED EITHER THE OVERSIGHT P	ROCESS OF THE			
FINANCIAL STATEMENT AUDIT OR SELECTION OF THE INDEPENDENT	ACCOUNTANT			
DURING THE TAX YEAR.				

TAXABLE YEAR **2016**

California Exempt Organization Annual Information Return

628941 11-30-16 FORM

199

Cal	endar Year	2016 or fiscal year beginning (mm/dd/yyyy)			, and endin	g (mm/dd/yy	уу)		
Co	orporation/Or	ganization name				Cali	ifornia corp	oration r	number
N	OT FO	R SALE FUND					0656	186	I
Ac	Iditional infor	mation. See instructions.				FE	IN		
							20-5	659	783
		(suite or room)					PMB no.		
2:	225 Т	HIRD STREET							
Ci	-					State	ZIP code	_	
		ANCISCO				CA	9410		
Fo	reign country	name	Foreign province/state/	county/			Foreign p	ostal co	<i>i</i> de
_	F: . D .			,		. 0	0411		
A	First Retu	rn			pt under R&TC			-	
В	Amended	Return •			d in political ac				
C D		on 4947(a)(1) trust	163 [<u>X</u> 100		rganization exe ' enter the gros				•
U		rmation Return? Dissolved Surrendered (Withdrawn) Merg			nization is exem				
		(mm/dd/yyyy)	ged/Reorganized	_	ets the filing fe	-			
Е		counting method: (1) Cash (2) X Accrual	(3) Other						
F		eturn filed? (1) \bullet 990-PF (3) \bullet			rganization a L	imited Liabilit	tv Compa	nv?	• Yes X No
		Other 990 series	con (ccc)	N Did the	organization fi	le Form 100 d	or Form 1	09 to	
G		roup filing? See instructions			axable income				• Yes X No
Н	Is this or	ganization in a group exemption	Yes X No		rganization un				
	If "Yes," w	what is the parent's name?							•
					eral Form 1023				Yes X No
I		ganization have any changes to its guidelines		Date fil	ed with IRS				
_		ted to the FTB? See instructions●							
<u>P</u>	art I	omplete Part I unless not required to file this form							01 010
		1 Gross sales or receipts from other sources. F	rom Side 2, Part II,	, line 8				1	81,918.00
		2 Gross dues and assessments from members	and affiliates			СШМШ		2	1 216 444
F	Receipts	 Gross contributions, gifts, grants, and similar Total gross receipts for filing requirement test. Add lir This line must be completed. If the result is less than 	r amounts received ne 1 through line 3.			SIMI	±. ●	3	1,216,444. ₀₀ 1,298,362. ₀₀
	and	This line must be completed. If the result is less thanCost of goods sold	\$50,000, see General	Instruction E	5			4	1,290,302.00
R	evenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of as	eeste enld		6		00		
		7 Total costs. Add line 5 and line 6					00	7	00
		8 Total gross income. Subtract line 7 from line						8	1,298,362.00
_		9 Total expenses and disbursements. From Sid						9	982,074.00
E	xpenses	10 Excess of receipts over expenses and disburs						10	316,288.00
		11 Total payments						11	00
		12 Use tax. See General Instruction K					•	12	00
		13 Payment balance. If line 11 is more than line						13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 1						14	00
		15 Filing fee \$10 or \$25. See General Instruction						15	10.00
		16 Penalties and Interest. See General Instructio						16	00
		17 Balance due. Add line 12, line 15, and line 10 Under penalties of perjury, I declare that I have examined the it is true, correct, and complete. Declaration of preparer (oth	tements, and to	the best o	17 my kno	00 • 00 owledge and belief,			
Sig	ın	it is true, correct, and complete. Declaration of preparer (oth	er than taxpayer) is ba		ormation of which		ny knowled	ge.	
He		Signature of officer		Title FYFCT	TIVE D	TRE Date			Telephone
_		of officer			Date D	_			● PTIN
		Preparer's signature		- 1		Check self-er	if nployed ►		P00290353
Pa	id	Firm's name				1 91	. /		● FEIN
	parer's	(or yours, ▶ BARTLETT PRINGLE	E & WOLF.	$_{ m LLP}$					95-2089835
	e Only	employed) 1123 CHAPALA ST.,			860				● Telephone
	,	and address SANTA BARBARA, CA							(805)963-7811
		May the FTB discuss this return with the preparer s	shown above? See	instruction	s		• X	Yes	No

NOT FOR SALE FUND

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951	11-30-16

		1	Gross sales or receipts from all	busines	s activities. See instr	uctions		•	1		57,553.00
		2	Interest					•	2		00
			Dividends						3		00
Recei	pts							•	4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sal	le of ass	sets (See Instructions)		•	6		00
Source	es	7	Other income				SEE STA	TEMENT 2 •	7		24,365.00
		8	Total gross sales or receipts fro						8		81,918.00
		9	Contributions, gifts, grants, and	similar	amounts paid		STA	TEMENT 0	9		23,169.00
		10	Disbursements to or for member	ers	d tructoo		CFF CTA	 πεмενιπ 3 •	10 11		292,481.00
		11 12	Compensation of officers, direct	iors, and	u trustees		סונט פונס		12		245,003.00
Expen			Other salaries and wages						13		00
and	363		Interest Taxes						14		45,415.00
Disbu	rse-		Rents						15		79,696.00
ments		16	Depreciation and depletion (See	instruc	tions)			•	16		4,930.00
		17	Other Expenses and Disburseme	ents			SEE STA	TEMENT 4 •	17		291,380.00
		18	Total expenses and disburseme	nts. Add	d line 9 through line 1	17. Ente	r here and on Side 1. P	art I, line 9	18		982,074.00
Sche	edul				Beginning o				of tax	able	
Assets	3				(a)		(b)	(c)			(d)
1 Ca							374,606.			•	314,816.
			receivable				20,134.			•	
			ceivable							•	
										•	
			state government obligations			_				•	
			in other bonds							•	
			in stock							•	
	ortga					-				•	32,782.
9 0	iner in Dopre	ivestr ociab	ments STMT 5		39,583			40,70	5	•	34,704.
IU a	Debi	accu	le assets mulated depreciation	1	33,275.)	6,308.				2,500.
11 La				\	33,273.	1	0,300.	30,203	- /	•	2,5001
	ther a	ecete	STMT 6				623,028.			•	548,719.
13 To	otal as	ssets					1,024,076.				898,817.
			et worth				, - ,				,
			yable				103,941.			•	72,394.
			s, gifts, or grants payable							•	-
			otes payable							•	
			ayable							•	
18 01											
19 Ca	apital	stock	or principal fund							•	
			tal surplus. Attach reconciliation							•	
21 Re	etaine	d ear	nings or income fund				920,135.			•	826,423.
			ies and net worth	_			1,024,076.				898,817.
Sche	edul	e M					un 12 nolumn (d) in las	se than \$50,000			
4 1	o+ !	· · · ·	Do not complete this sche					· · · · · · · · · · · · · · · · · · ·			
			per books	Г	• 316,2	400.	7 Income recorded				
			ne tax	-	•		not included in the			•	
	3 Excess of capital losses over capital gains				•	8 Deductions in this return not charged					
4 Income not recorded on books this year5 Expenses recorded on books this year not					O Tatal Addition 7 and time 0						
	-		United and Assessment	ŀ	•		10 Net income per r				
			tnis return ne 1 through line 5		316,2	288.	Subtract line 9 fr				316,288.
					-		•			•	

FORM 199	CASH CONTI	RIBUTIONS ART I, LINE 3					
CONTRIBUTOR'S NAME	CONTRIBUTO	R'S ADDRESS	DATE OF GIFT	AMOUNT			
ALLSAINTS SPITALFIELDS	2225 THIRD FRANCISCO,	STREET SAN CA 94107	11/18/16	100,000.			
REBBL	2225 THIRD FRANCISCO,	STREET SAN CA 94107	11/07/16	130,360.			
LYNDON LEA	2225 THIRD FRANCISCO,	STREET SAN CA 94107	10/25/16	75,000.			
BUMBLE BEE FOODS	2225 THIRD FRANCISCO,	STREET SAN CA 94107	07/15/16	50,000.			
SYMRISE APAC	2225 THIRD FRANCISCO,	STREET SAN CA 94107	03/21/16	12,365.			
BOLL & BRANCH	2225 THIRD FRANCISCO,	STREET SAN CA 94107	06/07/16	25,000.			
DAVID BATSTONE	2225 THIRD FRANCISCO,	STREET SAN CA 94107	10/31/16	5,000.			
BARBARA SHEFFIELD	2225 THIRD FRANCISCO,	STREET SAN CA 94107	11/07/16	10,000.			
DIGNITY HEALTH FOUNDATION	2225 THIRD FRANCISCO,		06/13/16	23,000.			
HEIDI BRANDOW	2225 THIRD FRANCISCO,	STREET SAN CA 94107	02/28/16	10,000.			
НЕМА	2225 THIRD FRANCISCO,	STREET SAN CA 94107	02/10/16	12,073.			
AXIOM	2225 THIRD FRANCISCO,	STREET SAN CA 94107	09/27/16	10,000.			
LONG BEACH COMMUNITY COLLEGE - CLUB Y	2225 THIRD FRANCISCO,	STREET SAN CA 94107	12/06/16	10,000.			
BRISKET CLUB LLC	2225 THIRD FRANCISCO,	STREET SAN CA 94107	12/06/16	5,000.			
INMAAT FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	12/28/16	5,000.			

NOT FOR SALE FUND				20-5659783
LATHAM & WATKINS	2225 THIRD FRANCISCO,	STREET SAN CA 94107	08/29/16	10,000.
MARIEL FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	05/30/16	25,000.
ROTARY DISTRICT 5170 FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	09/27/16	76,242.
THOMAS CHRISTIE	2225 THIRD FRANCISCO,	STREET SAN CA 94107	06/13/16	15,000.
WELLS FARGO FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	12/06/16	5,000.
HALF MOON BAY BREWERY	2225 THIRD FRANCISCO,	STREET SAN CA 94107	09/02/16	25,000.
SQUARE BAR	2225 THIRD FRANCISCO,	STREET SAN CA 94107	08/31/16	6,800.
GLOBAL GENEROSITY	2225 THIRD FRANCISCO,	STREET SAN CA 94107	10/31/16	9,000.
THE BERKY BENEVOLENT FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	07/11/16	5,500.
GOOD HAIR DAY	2225 THIRD FRANCISCO,	STREET SAN CA 94107	10/19/16	99,881.
HRH FOUNDATION	2225 THIRD FRANCISCO,	STREET SAN CA 94107	12/07/16	10,000.
JEREMY AFFELDT	2225 THIRD FRANCISCO,	STREET SAN CA 94107	07/12/16	10,000.
DAVID AND WENDY DRAKE	2225 THIRD FRANCISCO,	STREET SAN CA 94107	06/29/16	25,000.
TOTAL INCLUDED ON LINE 3				805,221.
FORM 199	ОТН	ER INCOME	ST	ATEMENT 2
DESCRIPTION				AMOUNT
OTHER INCOME				24,365.
TOTAL TO FORM 199, PART	II, LINE 7			24,365.

FORM 199	COMPE	NSATION OF OF	FICERS,	DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADD	RESS			TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
DAVID BATSTO 2225 THIRD S' SAN FRANCISC	TREET	94107		PRESIDENT 40.00	159,41	L1.
STEPHEN GOOD 2225 THIRD S' SAN FRANCISC	TREET	94107		SECRETARY 1.00		0.
GREG GALLE 2225 THIRD S' SAN FRANCISC		94107		BOARD MEMBER 1.00		0.
LYNDON LEA 2225 THIRD S' SAN FRANCISC		94107		TREASURER & COMP COMMITTED	3	0.
KAREN SILVER 2225 THIRD S' SAN FRANCISC	TREET	94107		BOARD MEMBER 1.00		0.
MARK WEXLER 2225 THIRD S' SAN FRANCISC		94107		EXECUTIVE DIRECTOR 40.00	133,07	70.
FOTAL TO FOR	м 199,	PART II, LIN	E 11		292,48	31.
FORM 199			OTHER	EXPENSES	STATEMENT	4
DESCRIPTION					AMOUNT	
OTHER PROFES PROGRAM EXPE OTHER EXPENS DIRECT EXPEN	NSES E	SERV FUNDRAISING	EVENTS		27,07 1,84 28,45	57. 02. 73. 44.
LEGAL FEES ACCOUNTING F ADVERTISING A OFFICE EXPEN TRAVEL CONFERENCES INSURANCE	AND PROSES				9,02 49,87 84,78 83 18,78	76. 32. 34.

NOT FOR SALE FUND 20-5659783

FORM 199	OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVESTMENT IN REBBL		0.	32,782.
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	0.	32,782.
FORM 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE SECURITY DEPOSIT		623,028.	541,719. 7,000.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	623,028.	548,719.
FORM 199	FUND BALANCES		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		713,841. 206,294.	674,297. 152,126.
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	920,135.	826,423.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRAN AND SIMILAR AMOUNTS PAID	TS	STATEMENT 8
ACTIVITY CLASSIFI	CCATION		
TRAINING PROGRAM,	FARMING, ECONOMIC DEVELOPMENT		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GTR- ROMANIA	2225 THIRD STREET - SAN FRANCISCO, CA 94107	NONE	10,417.
ACTIVITY CLASSIFI	TOTAL FOR THIS ACTIVITY		10,417.
	CATION	IIIIOD G	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STICHTING NOT FOR SALE	R 2225 THIRD STREET - SAN FRANCISCO, CA 94107	NONE	10,417.
	TOTAL FOR THIS ACTIVITY		10,417.
ACTIVITY CLASSIFI			10,417.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VCDF THAILAND	2225 THIRD STREET - SAN FRANCISCO, CA 94107	NONE	2,335.

NOT FOR SALE FUND 20-5659783

TOTAL FOR THIS ACTIVITY

2,335.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

23,169.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following

the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following

the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month

following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up

to a year in advance. Go to **ftb.ca.gov** for more information.

639035 12-08-16

_ DETACH HERE _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt **Organizations e-filed Returns** 2016

CALIFORNIA FORM

3586 (e-file)

000000 20-5659783 16 FORM 3 NOTF 0656186

01-01-2016 12-31-2016 TYB TYE

NOT FOR SALE FUND

2225 THIRD STREET

CA 94107 SAN FRANCISCO

(650) 560-9990

Amount of Payment

10.

6181166

Date Accepted

TAXABLE YEAR California e-file Return Authorization for 2016 **Exempt Organizations**

FORM 8453-EO

		inpr Org	amzationo								
Exempt O	rganization name									Identifyi	ng number
NOT	FOR SALE FU	ND								20-	5659783
Part I	Electronic Return I	nformation (wh	ole dollars only)								
1 To	tal gross receipts (Forn	n 199, line 4)									1,298,362.00
2 To	tal gross income (Form	400 " 0)								2	1,298,362.00
3 To	tal expenses and disbu	ırsements (Forr	n 199, line 9)							3	982,074.00
Part II	Settle Your Accoun		-	2016							
4	Electronic funds with		Amount				ithdrawal	date (mr	n/dd/y	ууу)	
Part III	Banking Informatio	n (Have you ve	rified the exempt or	ganization's	banking	informa	tion?)				
	uting number						. 1	—			7
	count number				7 1	ype of a	ccount:	Ch	ecking		」 Savings
Part IV			aattlad oo daalaaatad	in Dort II If Lo	hook Dort	II Doy 1	Louthoriza	an alaatr	onio fur	ado with	ndrawal for the amount listed
on line 4		is account to be	settieu as designateu	III Pait II. II I C	HECK Part	II, DUX 4,	, i autilolize	an electi	onic iui	ius wili	iurawarior the amount iisteu
transmit Californi a balanc organiza stateme delayed	enalties of perjury, I declar ter, or intermediate service a electronic return. To the e due return, I understand tition will remain liable for the Fransmitted to the Fi, I authorize the FTB to di	e provider and the best of my knowl that if the Franch he fee liability and IB by the ERO, tra	e amounts in Part I abo edge and belief, the ex ise Tax Board (FTB) d I all applicable interest ansmitter, or intermed	ove agree with kempt organize oes not receive and penalties iate service pr	the amou ation's ret e full and . I authori ovider. If the reaso	ints on th urn is tru timely pa ze the exe the proce n(s) for th	e corresponder, correct, a syment of the empt organices of the delay.	nding line and comp e exempt zation re e exemp	es of the plete. If t t organiz turn and t organi	exemp he exer zation's d accom	t organization's 2016 npt organization is filing fee liability, the exempt npanying schedules and
Sign						ECUT]	[VE D]	REC	ror		
Here	Signature of officer		Date		Title						
Part V	Declaration of Elec					FTD 0.15	2.50				
am only accurate provided 1345, 20 the exen I declare	an intermediate service pr ely reflects the data on the d the organization officer w D16 e-file Handbook for Au npt organization return is f	ovider, I understa return.) I have ob ith a copy of all fo thorized e-file Pro iled, whichever is above exempt org	and that I am not respitained the organization orms and information oviders. I will keep formation later, and I will make ganization's return and	onsible for rev n officer's sigr that I will file v m FTB 8453-E a copy availab I accompanyir	iewing the nature on t vith the FT O on file f le to the F ng schedu	e exempt of form FTB B, and I I or four yea TB upon les and st	organization 8453-EO be have followe ears from th request. If I	n's return efore trar ed all oth e due da am also	i. I decla ismitting er requir te of the the paid	re, how g this re rements return I prepar	
ERO	ERO's- signature				Date		Check if also paid preparer		Check if self- employe	ed	ERO's PTIN
Must	Firm's name (or yours		T, PRINGL			LP				FEIN	95-2089835
Sign	if self-employed) and address		IAPALA ST. BARBARA, C.		BOX	9086	50			ZIP cod	de 93190-0860
	enalties of perjury, I declar ef, they are true, correct, a	e that I have exan	nined the above organ	ization's retur					itements		o the best of my knowledge
Paid	Paid					Date		Check		ΙP	aid preparer's PTIN
Prepa	preparer's signature							if self- employe	ed		P00290353

For Privacy Notice, get FTB 1131 ENG/SP.

Firm's name (or yours if self-employed) and address

FTB 8453-EO 2016

 ${\sf ZIP\ code}\ 9\,3\,1\,9\,0\,-\,0\,8\,6\,0$

95-2089835

Preparer

Must

Sign

BARTLETT, PRINGLE & WOLF, LLP

SANTA BARBARA, CA

1123 CHAPALA ST., P.O. BOX 90860

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: cT 132452	Check if	:						
	Cha	Change of address						
NOT FOR SALE FUND Name of Organization	Am	Amended report						
2225 THIRD STREET	Corporate	or Organization No. 0656186						
Address (Number and Street) SAN FRANCISCO, CA 94107 Gity or Town, State and ZIP Code	Federal E	mployer I.D. No. 20-5659783						
	AL FEE SCHEDULE (11 Cal. Code Regable to Attorney General's Registry of							
Gross Annual Revenue Fee Gross	s Annual Revenue Fee	Gross Annual Revenue	Fe	<u>e</u>				
l i i i	veen \$100,001 and \$250,000 \$50 veen \$250,001 and \$1 million \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million						
PART A - ACTIVITIES								
For your most recent full accounting period (I) Gross annual revenue $\$$ 1, 271,		ling <u>12/31/2016</u>) list: 898,817.						
PART B - STATEMENTS REGARDING ORGANIZAT	TION DURING THE PERIOD OF THIS R	EPORT						
Note: If you answer "yes" to any of the questions and details for each "yes" response. Please								
			Yes	No				
During this reporting period, were there any cont and any officer, director or trustee thereof either any financial interest?	, ,	S .		х				
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								
3. During this reporting period, did non-program exp	penditures exceed 50% of gross revenu	es?		x				
During this reporting period, were any organization with the Internal Revenue Service, attach a copy		r judgment? If you filed a Form 4720		Х				
5. During this reporting period, were the services of If "yes," provide an attachment listing the name,	•	·		х				
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.								
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.								
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.								
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?								
principles for this reporting period? Organization's area code and telephone number 650-560-9990								
Organization's e-mail address								
I declare under penalty of perjury that I have examined this correct and complete.	s report, including accompanying document	s, and to the best of my knowledge and belief,	it is tru	e,				
MARK WEXLER EXECUTIVE DIRECTOR								
Signature of authorized officer Printed Name		itle Date	е					