

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NOT FOR SALE FUND		D Employer identification number 20-5659783
	Doing business as		E Telephone number 650-560-9990
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2225 THIRD STREET		G Gross receipts \$ 2,522,502.
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94107		
F Name and address of principal officer: DAVID BATSTONE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.NOTFORSALECAMPAIGN.ORG/

K Form of organization: Corporation Trust Association Other **L Year of formation:** 2006 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	37
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,043,422.	2,363,016.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	349.	92.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,619.	92,269.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,135,390.	2,455,377.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	392,754.	204,760.
	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)	1,311,082.	1,082,992.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 442,132.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,240,969.	1,421,622.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,944,805.	2,709,374.
19 Revenue less expenses. Subtract line 18 from line 12	190,585.	-253,997.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 997,716.	End of Year 1,287,718.
	21 Total liabilities (Part X, line 26)	338,175.	103,563.
	22 Net assets or fund balances. Subtract line 21 from line 20	659,541.	1,184,155.

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 Here	Signature of officer	Date			
	DAVID BATSTONE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN J. BRITTON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00290353
	Firm's name BARTLETT, PRINGLE & WOLF, LLP	Firm's EIN 95-2089835	Firm's address 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860	Phone no. (805) 963-7811	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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.

4a (Code:) (Expenses \$ 23,860. including grants of \$) (Revenue \$) 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 \$ 261,707. 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 2014, NOT FOR SALE SUPPORTED AND RAN DIRECT SERVICE PROGRAMS IN THAILAND, PERU, AMSTERDAM, ROMANIA, AND CONDUCTED TWO PILOT PROGRAMS IN THE SAN FRANCISCO BAY AREA AND INDIA.

4c (Code:) (Expenses \$ 1,479,739. including grants of \$ 204,760.) (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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,765,306.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section 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) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL FIELDS TYLER CHAIRPERSON	1.00	X					0.	0.	0.	
(2) STEPHEN GOODE SECRETARY	1.00	X					0.	0.	0.	
(3) BILL VOGUE TREASURER & COMPENSATION C	1.00	X					0.	0.	0.	
(4) LYNDON LEA COMPENSATION COMMITTEE	1.00	X					0.	0.	0.	
(5) GREG GALLE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) HUGH MARQUIS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MIKE KERIAKOS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) DAVID BATSTONE PRESIDENT	40.00	X		X			144,810.	0.	0.	
(9) STANLEY WINOKUR BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MARK WEXLER EXECUTIVE DIRECTOR	40.00			X			119,727.	0.	0.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,250.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,358,766.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,363,016.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92.			92.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 4,250. of contributions reported on line 1c). See Part IV, line 18	a		152,125.			
		b Less: direct expenses	b	67,125.			
		c Net income or (loss) from fundraising events		85,000.			85,000.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a		605.				
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory		605.			605.	
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		541700	6,664.			6,664.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			6,664.				
12 Total revenue. See instructions.			2,455,377.	0.	0.	92,361.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	204,760.	204,760.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	264,537.	150,228.	46,921.	67,388.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	701,072.	390,845.	180,181.	130,046.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	117,383.	42,935.	59,719.	14,729.
11 Fees for services (non-employees):				
a Management				
b Legal	11,145.	7,412.	2,147.	1,586.
c Accounting	38,761.	25,779.	7,467.	5,515.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	13,059.	817.	9,328.	2,914.
13 Office expenses	115,038.	24,280.	67,434.	23,324.
14 Information technology				
15 Royalties				
16 Occupancy	120,847.	79,083.	24,847.	16,917.
17 Travel	120,689.	95,204.	2,076.	23,409.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,440.	16,325.	3,289.	4,826.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,898.	4,586.	1,329.	983.
23 Insurance	19,019.	12,811.	3,498.	2,710.
24 Other expenses. Itemize expenses not covered 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.)				
a OTHER PROFESSIONAL SERV	564,970.	551,788.	13,182.	
b PROGRAM EXPENSES	240,443.	158,453.	46,410.	35,580.
c OTHER EXPENSES	154,758.		42,553.	112,205.
d BAD DEBT EXPENSE	-8,445.		-8,445.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,709,374.	1,765,306.	501,936.	442,132.
26 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
Assets	1 Cash - non-interest-bearing	549,374.	1	493,324.
	2 Savings and temporary cash investments	309,725.	2	300.
	3 Pledges and grants receivable, net		3	701,969.
	4 Accounts receivable, net	68,575.	4	43,090.
	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	16,144.	8	0.
	9 Prepaid expenses and deferred charges	13,509.	9	20,854.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,583.		
	b Less: accumulated depreciation	10b 25,402.	10c	14,181.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,077.	15	14,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	997,716.	16	1,287,718.	
Liabilities	17 Accounts payable and accrued expenses	338,175.	17	103,563.
	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	
	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	338,175.	26	103,563.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	419,052.	27	977,861.
	28 Temporarily restricted net assets	240,489.	28	206,294.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	659,541.	33	1,184,155.	
34 Total liabilities and net assets/fund balances	997,716.	34	1,287,718.	

Part 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	2,455,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,709,374.
3	Revenue less expenses. Subtract line 2 from line 1	3	-253,997.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	659,541.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	778,611.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,184,155.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization <p style="text-align:center">NOT FOR SALE FUND</p>	Employer identification number <p style="text-align:center">20-5659783</p>
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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 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,595,572.	4,133,736.	3,455,851.	4,325,422.	2,363,016.	15,873,597.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	183,068.	230,336.	121,278.	47,486.	605.	582,773.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	1,778,640.	4,364,072.	3,577,129.	4,372,908.	2,363,621.	16,456,370.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b 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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						16,456,370.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1,778,640.	4,364,072.	3,577,129.	4,372,908.	2,363,621.	16,456,370.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,022.	1,462.	823.	349.	92.	5,748.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,022.	1,462.	823.	349.	92.	5,748.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	1,781,662.	4,365,534.	3,577,952.	4,373,257.	2,363,713.	16,462,118.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.04 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section 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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

Section 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 year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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 activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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.

OMB No. 1545-0047

2014

Name of the organization

NOT FOR SALE FUND

Employer identification number

20-5659783

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2014)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AJ ELLIS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AJ ROSENBERG 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALLSAINTS SPITALFIELDS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS CHAU 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AUDACITY FACTORY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 7,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BARLEANS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 142,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BENEVITY COMMUNITY IMPACT FUND 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 6,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BERKY BENEVOLENT FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BLUE BEYOND CONSULTING 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BOLL & BRANCH 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 17,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BREES DREAM FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CALIFORNIA COMMUNITY FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CLIFF PENNINGTON 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	COR JESU ACADEMY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DAVID & NATASHA DOLBY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DAVID GOODE 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DIANA ROBERS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	DIGNITY HEALTH 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ELIZABETH L HALSTED 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FAMILY BUSINESS NETWORK USA INC 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FORTRESS FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FULL CIRCLE FUND 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 16,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GARY ARABIAN 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	GAVIN FLOYD 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 24,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	GENSLER 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	GLOBAL GENEROSITY MOVEMENT 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	HALF MOON BAY BREWING COMPANY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	HOPE FAMILY CHARITABLE FUND 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	HRH FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	IAN KENNEDY 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JEWISH COMMUNITY FEDERATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JIMMY & LAUREN CLASHEEN FUND 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 7,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	JUNIPER NETWORKS INTERNATIONAL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 22,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	JUNIPER NETWORKS: JNFF2014 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JUST BUSINESS 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	KAREN MILLER 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	KAREN SILVERMAN 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	KIM PERDIKOU 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	KOREAN ENTREPRENEURSHIP FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 22,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	LATHAM & WATKINS LLP 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 24,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	LEEANN RUMMELL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	LORNA AUERBACH 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	LYNDON LEA 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 113,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MARDEL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 8,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	MARIEL FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MAURICE MARCIANO FAMILY FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	MIG SOAP 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	MIRAGLO FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NATIONAL CHRISTIAN FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	PHILANTHROPIC VENTURES FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	PRADA USA CORP 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	REBBL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 13,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	REX RHEW 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	RICHARD ZITRIN 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SCHWAB 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 24,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	SEVENLY, LLC 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 12,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	SILICON VALLEY COMMUNITY FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	SOUL SURVIVOR 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 14,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	STANLEY WINOKUR 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	SUNRISE ASIA PACIFIC 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 19,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	THOMAS LATKOVIC 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	TIDES FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	UNIVERSITY OF PENNSYLVANIA 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	WILLIAM VOGEL 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	WISEHEART FOUNDATION 2225 THIRD STREET SAN FRANCISCO, CA 94107	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NOT FOR SALE FUND	Employer identification number 20-5659783
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" to 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

2014

Open to Public Inspection

Name of the organization **NOT FOR SALE FUND** Employer identification number **20-5659783**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,208.	18,293.	10,915.
e Other		10,375.	7,109.	3,266.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,181.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 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" to Form 990, Part IV, line 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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,455,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,455,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,455,377.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,709,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,709,374.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,709,374.

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.

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 any 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		INDIA	NOT FOR SALE CONDUCTED EXPLORATION TO START A PILOT PROGRAM IN INDIA.	39,315.	CHECK	0.		FMV
		NETHERLANDS	IN THE NETHERLANDS, NOT FOR SALE PROVIDES JOB TRAINING AND PLACEMENT FOR	20,000.	CHECK	0.		FMV
		PERU	IN PERU, NOT FOR SALE WORKS WITH AT-RISK PEOPLES AND COMMUNITIES TO ENSURE	-19,412.	CHECK	0.		FMV
		ROMANIA	NOT FOR SALE'S PROGRAMMING IN ROMANIA CONSISTS OF SUPPORTING SURVIVORS	172,920.	CHECK	0.		FMV
		THAILAND	IN THAILAND, NOT FOR SALE SUPPORTS CHILDREN WITH LONG-TERM HOUSING,	-8,063.	CHECK	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 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 No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 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 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 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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

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.

PART II, COLUMN (D):

REGION: INDIA

(D) PURPOSE OF GRANT: NOT FOR SALE CONDUCTED EXPLORATION TO START A PILOT PROGRAM IN INDIA. THIS INCLUDED SUPPORTING A BANGALORE, INDIA-REGION NGO WORKING DIRECTLY WITH CHILD SURVIVORS, AND CONDUCTING A TEAM NOT FOR SALE KIDS SUMMER CAMP.

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: PERU

(D) PURPOSE OF GRANT: IN PERU, NOT FOR SALE WORKS WITH AT-RISK PEOPLES AND COMMUNITIES TO ENSURE THAT THEY'RE ON A PATH TOWARD SELF-EMPOWERMENT. NOT FOR SALE HELPED THESE COMMUNITIES VIA JOB TRAINING PROGRAMS, SMALL PLOT AND SUSTAINABLE FARMING PRACTICES, ATTAINING ORGANIC AND FAIR TRADE CERTIFICATIONS ON GOODS, PURCHASING TRANSPORT AND CONNECTING THE COMMUNITIES TO EXPORTERS. THE AMOUNT APPEARS AS A NEGATIVE SINCE THE ESTIMATED AMOUNT OF THE FUNDING WAS ACCRUED IN THE PRIOR YEAR AND THE ACTUAL FUNDING FELL SHORT OF THE AMOUNT PREVIOUSLY ACCRUED.

REGION: ROMANIA

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.

(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: 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. THE AMOUNT APPEARS AS A NEGATIVE SINCE THE ESTIMATED AMOUNT OF THE FUNDING WAS ACCRUED IN THE PRIOR YEAR AND THE ACTUAL FUNDING FELL SHORT OF THE AMOUNT PREVIOUSLY ACCRUED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	156,375.		156,375.
	2	Less: Contributions	4,250.		4,250.
	3	Gross income (line 1 minus line 2)	152,125.		152,125.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	67,125.		67,125.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			67,125.
	11	Net income summary. Subtract line 10 from line 3, column (d)			85,000.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NOT FOR SALE FUND

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 11:

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.

California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization Name _____ California corporation number _____

NOT FOR SALE FUND

0656186

Additional Information. See instructions.

FEIN
20-5659783

Street address (suite or room)

2225 THIRD STREET

PMB no.

City

SAN FRANCISCO

State

CA

ZIP code

94107

Foreign country name

Foreign province/state/country

Foreign postal code

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final Information Return?
 - Dissolved
 - Surrendered (Withdrawn)
 - Merged/Reorganized Enter date: (mm/dd/yyyy) _____
- E Check accounting method:
 - (1) Cash (2) Accrual (3) Other
- F Federal return filed?
 - (1) 990T (2) 990-PF (3) Sch H (990)
- G Is this a group filing? See instructions. Yes No
- H Is this organization in a group exemption? Yes No
If "Yes," what is the parent's name? _____
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No
- L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. Yes No
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- P Is an IRS Form 1023/1024 pending? Date filed with IRS _____ Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	159,486.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,363,016.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,522,502.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	2,522,502.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,776,499.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-253,997.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title PRESIDENT	Date	<input type="checkbox"/> Telephone
	Preparer's signature		Date	<input type="checkbox"/> PTIN P00290353
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	BARTLETT, PRINGLE & WOLF, LLP 1123 CHAPALA ST., P.O. BOX 90860 SANTA BARBARA, CA 93190-0860		
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Telephone: (805)963-7811		

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.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	152,730.00
	2	Interest	•	2	92.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	6,664.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	159,486.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	204,760.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	264,537.00
	12	Other salaries and wages	•	12	701,072.00
	13	Interest	•	13	00
	14	Taxes	•	14	117,383.00
	15	Rents	•	15	120,847.00
	16	Depreciation and depletion (See instructions)	•	16	6,898.00
	17	Other Expenses and Disbursements	•	17	1,361,002.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,776,499.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		859,099.		493,624.
2	Net accounts receivable		68,575.		43,090.
3	Net notes receivable				
4	Inventories		16,144.		
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	60,708.		39,583.	
b	Less accumulated depreciation	(26,396.)	34,312.	(25,402.)	14,181.
11	Land				
12	Other assets STMT 5		19,586.		736,823.
13	Total assets		997,716.		1,287,718.
Liabilities and net worth					
14	Accounts payable		338,175.		103,563.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		659,541.		1,184,155.
22	Total liabilities and net worth		997,716.		1,287,718.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-253,997.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	-253,997.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8	•	
10	Net income per return. Subtract line 9 from line 6	•	-253,997.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AJ ELLIS	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	26,000.
AJ ROSENBERG	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
ALLSAINTS SPITALFIELDS	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	100,000.
ANONYMOUS CHAU	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
AUDACITY FACTORY	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	7,360.
BARLEANS	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	142,130.
BENEVITY COMMUNITY IMPACT FUND	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	6,801.
BERKY BENEVOLENT FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,500.
BLUE BEYOND CONSULTING	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	7,500.
BOLL & BRANCH	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	17,455.
BREES DREAM FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	6,200.
CALIFORNIA COMMUNITY FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	250,000.
CLIFF PENNINGTON	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
COR JESU ACADEMY	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,850.
DAVID & NATASHA DOLBY	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.

<u>NOT FOR SALE FUND</u>			<u>20-5659783</u>
DAVID GOODE	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,164.
DIANA ROBERS	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
DIGNITY HEALTH	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	25,000.
ELIZABETH L HALSTED	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
FAMILY BUSINESS NETWORK USA INC	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
FORTRESS FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	25,000.
FULL CIRCLE FUND	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	16,374.
GARY ARABIAN	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	15,000.
GAVIN FLOYD	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	24,691.
GENSLER	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
GLOBAL GENEROSITY MOVEMENT	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	14,250.
HALF MOON BAY BREWING COMPANY	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	25,000.
HOPE FAMILY CHARITABLE FUND	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
HRH FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
IAN KENNEDY	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
JEWISH COMMUNITY FEDERATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	20,000.
JIMMY & LAUREN CLASHEEN FUND	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	7,495.
JUNIPER NETWORKS INTERNATIONAL	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	22,852.

JUNIPER NETWORKS:JNFF2014	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	175,000.
JUST BUSINESS	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	7,500.
KAREN MILLER	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,164.
KAREN SILVERMAN	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,217.
KIM PERDIKOU	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
KOREAN ENTREPRENEURSHIP FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	22,600.
LATHAM & WATKINS LLP	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	24,600.
LEEANN RUMMELL	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	20,000.
LORNA AUERBACH	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
LYNDON LEA	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	113,632.
MARDEL	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	8,064.
MARIEL FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	70,000.
MAURICE MARCIANO FAMILY FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
MIG SOAP	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
MIRAGLO FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
NATIONAL CHRISTIAN FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
PHILANTHROPIC VENTURES FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
PRADA USA CORP	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	20,000.

REBBL	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	13,029.
REX RHEW	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
RICHARD ZITRIN	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	7,500.
SCHWAB	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	24,275.
SEVENLY, LLC	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	12,351.
SILICON VALLEY COMMUNITY FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	36,000.
SOUL SURVIVOR	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	14,633.
STANLEY WINOKUR	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	5,000.
SUNRISE ASIA PACIFIC	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	19,126.
THOMAS LATKOVIC	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	25,000.
TIDES FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
UNIVERSITY OF PENNSYLVANIA	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	12,500.
WILLIAM VOGEL	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	10,000.
WISEHEART FOUNDATION	2225 THIRD STREET SAN FRANCISCO, CA 94107	06/30/14	30,000.
TOTAL INCLUDED ON LINE 3			<u>1,601,813.</u>

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER INCOME		6,664.	
TOTAL TO FORM 199, PART II, LINE 7		6,664.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
CHERYL FIELDS TYLER 2225 THIRD STREET SAN FRANCISCO, CA 94107	CHAIRPERSON 1.00	0.	
STEPHEN GOODE 2225 THIRD STREET SAN FRANCISCO, CA 94107	SECRETARY 1.00	0.	
BILL VOGUE 2225 THIRD STREET SAN FRANCISCO, CA 94107	TREASURER & COMPENSATION C 1.00	0.	
LYNDON LEA 2225 THIRD STREET SAN FRANCISCO, CA 94107	COMPENSATION COMMITTEE 1.00	0.	
GREG GALLE 2225 THIRD STREET SAN FRANCISCO, CA 94107	BOARD MEMBER 1.00	0.	
HUGH MARQUIS 2225 THIRD STREET SAN FRANCISCO, CA 94107	BOARD MEMBER 1.00	0.	
MIKE KERIAKOS 2225 THIRD STREET SAN FRANCISCO, CA 94107	BOARD MEMBER 1.00	0.	
DAVID BATSTONE 2225 THIRD STREET SAN FRANCISCO, CA 94107	PRESIDENT 40.00	144,810.	

STANLEY WINOKUR
2225 THIRD STREET
SAN FRANCISCO, CA 94107

BOARD MEMBER
1.00

0.

MARK WEXLER
2225 THIRD STREET
SAN FRANCISCO, CA 94107

EXECUTIVE DIRECTOR
40.00

119,727.

TOTAL TO FORM 199, PART II, LINE 11

264,537.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
OTHER PROFESSIONAL SERV	564,970.
PROGRAM EXPENSES	240,443.
OTHER EXPENSES	154,758.
BAD DEBT EXPENSE	-8,445.
DIRECT EXPENSES OF FUNDRAISING EVENTS	67,125.
LEGAL FEES	11,145.
ACCOUNTING FEES	38,761.
ADVERTISING AND PROMOTION	13,059.
OFFICE EXPENSES	115,038.
TRAVEL	120,689.
CONFERENCES AND CONVENTIONS	24,440.
INSURANCE	19,019.
TOTAL TO FORM 199, PART II, LINE 17	1,361,002.

FORM 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	0.	701,969.
PREPAID EXPENSES AND DEFERRED CHARGES	13,509.	20,854.
SECURITY DEPOSIT	6,077.	14,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	19,586.	736,823.

TOTAL FOR THIS ACTIVITY -19,412.

ACTIVITY CLASSIFICATION

TRAINING PROGRAM, FARMING, ECONOMIC DEVELOPMENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GTR- ROMANIA	2225 THIRD STREET - SAN FRANCISCO, CA 94107	NONE	172,920.

TOTAL FOR THIS ACTIVITY 172,920.

ACTIVITY CLASSIFICATION

TRAINING PROGRAM, FARMING, ECONOMIC DEVELOPMENT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VCDF THAILAND	2225 THIRD STREET - SAN FRANCISCO, CA 94107	NONE	-8,063.

TOTAL FOR THIS ACTIVITY -8,063.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 204,760.

Attach to Form 100 or Form 100W.

FORM 199

FEIN 20-5659783

Corporation name

California corporation number

NOT FOR SALE FUND

0656186

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	7	39,583.	18,251.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	6,744.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	6,744.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	6,744.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

CA 3885		DEPRECIATION				STATEMENT	7
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNISHING	02/01/10	2,891.	1,618.	SL	7.00	413.	
2 OFFICE FURNITURE	04/07/10	7,484.	4,009.	SL	7.00	1,069.	
3 COMPUTER	08/14/09	1,524.	1,524.	SL	5.00	0.	
4 IMAC, IWORK, APPLECARE	11/26/10	2,478.	1,529.	SL	5.00	496.	
5 CANNON CAMERA	12/21/10	2,840.	1,704.	SL	5.00	568.	
12 FINAL CUT STUDIO SOFTWARE	01/31/11	982.	572.	SL	5.00	196.	
13 MONTARA CIRCLE VIDEO SUPPORT	02/09/11	949.	554.	SL	5.00	190.	
14 VIDEO CAMERA AND ACCESSORIES	02/21/11	4,158.	2,357.	SL	5.00	832.	
15 AUDIO GEAR FOR CAMERA	02/28/11	891.	505.	SL	5.00	178.	
16 VIDEO STORAGE SERVER	05/20/11	1,720.	889.	SL	5.00	344.	
17 HARD DRIVES AND CABLES FOR STORAGE SERVER	05/20/11	905.	468.	SL	5.00	181.	
18 NETWORK SWITCH FOR VIDEO STATION	05/20/11	268.	138.	SL	5.00	54.	
19 COLOR LASER PRINTER	07/25/11	640.	309.	SL	5.00	128.	
20 CANON EF 24-105MM LENS	12/02/11	1,119.	467.	SL	5.00	224.	
21 MACBOOK PRO 13.3 INCH	12/22/11	1,443.	578.	SL	5.00	289.	
22 MACBOOK PRO	07/05/12	2,060.	1,030.	SL	3.00	687.	
23 APPLE	07/10/14	1,637.		SL	3.00	273.	
24 LENOVO GROUP	08/25/14	4,230.		SL	3.00	470.	
25 LENOVO GROUP	08/29/14	1,364.		SL	3.00	152.	
TOTAL DEPR TO FORM 3885		39,583.	18,251.			6,744.	