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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1. 2010 and ending JUN 30, 2011 C Name of organization D Employer identification number Check if applicable Address change OPPORTUNITY FUND NORTHERN CALIFORNIA 31-1719434 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-111 WEST ST. JOHN STREET 800 408.297.0204 Amende 9,413,007. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-SAN JOSE, CA 95113 H(a) Is this a group return pending F Name and address of principal officer: ERIC WEAVER Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? \_lYes L I Tax-exempt status: X 501(c)(3) 501(c) ( If "No," attach a list, (see instructions) ) ◀ (insert no.) 4947(a)(1) or J Website: ► WWW.OPPORTUNITYFUND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1993 M State of legal domicile: CA Trust Part I | Summary Briefly describe the organization's mission or most significant activities. TO ADVANCE THE ECONOMIC Activities & Governance WELL-BEING OF WORKING PEOPLE BY HELPING THEM EARN, SAVE, AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 43 50 6 Total number of volunteers (estimate if necessary) 0. 7 a 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 **Prior Year Current Year** 3,897,268 5,611,878. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 2,229,903. <u>2,719,522.</u> 58,354. 23,087. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,542. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,185,525 383,029. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 2,761,350. 3,212,652. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 434,213. 3,029,429 2,765,230. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,790,779 5,977,882. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 394,746 2,405,147. Assets or Balances Beginning of Current Year End of Year 44,199,494. 45,595,931. 20 Total assets (Part X, line 16) FEB 2 9 2012 38,460,615 <u>34,647,255.</u> Total liabilities (Part X, line 26) 芸芸 7,135,316. 9,552,239 Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block OGDEN IT Under penalties of perjury, I declare that I have examined this return; including accompanying sehedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaraton of preparer (other than officer) is based on all information of which preparer has any knowledge X Signature of officer Sign ERIC WEAVER, Here PRESIDENT Type or print name and title Date Print/Type preparer's name 2/15 self-employed Paid NASI RAISSIAN Firm's name ROBERT LEE & ASSOCIATES, LLP Preparer Firm's EIN Firm's address 226 AIRPORT PARKWAY, SUITE 350 Use Only Phone no. 408.855.6770 SAN JOSE, CA 95110

SCANNED MAR 1 9 2012.

X Yes No

Form **990** (2010)

May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2010) OPPORTUNITY FUND NORTHERN CALIFORNIA 31-171	<u> 19434                                    </u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission.		
	OPPORTUNITY FUND ADVANCES THE ECONOMIC WELL-BEING OF WORKING I	EOPLE.	BY
	HELPING THEM EARN, SAVE, AND INVEST IN THEIR FUTURE.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on	□v <sub>oo</sub> [	X No
	the prior Form 990 or 990-EZ?	res L	AINO
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□Ves [	X No
3	If "Yes," describe these changes on Schedule O.		110
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 794,886. including grants of \$ ) (Revenue \$	621,6	45.)
	AFFORDABLE HOUSING AND COMMUNITY FACILITIES LOAN PROGRAM:		
	OPPORTUNITY FUND PROVIDES EARLY-STAGE AND SUBORDINATE FINANCIA		
	DEVELOP PERMANENTLY AFFORDABLE HOUSING AND COMMUNITY FACILITIES		
	BAY AREA. TYPES OF DEVELOPMENTS INCLUDE MULTI-FAMILY HOUSING,		
	AND TRANSITIONAL HOUSING, SENIOR AND YOUTH HOUSING, AND SOCIAL	_ SERVI	CE
	CENTERS. TYPES OF FINANCING OFFERED INCLUDES PREDEVELOPMENT		
	ACQUISITION, CONSTRUCTION GAP, BRIDGE, MINI-PERM AND PERMANEN		<u> </u>
	OPPORTUNITY FUND'S MISSION IS TO PROVIDE FINANCING TO A DEVELO		-NIC
	WHEN CONVENTIONAL LENDERS CANNOT PROVIDE THE NECESSARY PROJEC	T. FONDI	ING.
4b	(Code: ) (Expenses \$ 2,042,101. including grants of \$) (Revenue \$)	807,6	565.
70	SMALL BUSINESS LOAN PROGRAM:		,
	OPPORTUNITY FUND PROVIDES LOAN CAPITAL TO ENTREPRENEURS IN CA	LIFORNI	[A
	WHO CANNOT QUALIFY FOR A BANK LOAN, BUT WHO NEED CAPITAL TO E	XPAND A	<u>4</u>
	BUSINESS.		
4c	(Code: ) (Expenses \$ 640,115. including grants of \$ ) (Revenue \$)	38.	259. )
40	IDA SAVINGS PROGRAM:		<u> </u>
	EDIT DITTELLO LICOLULUI	<del></del>	
	OPPORTUNITY FUND'S INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) SAVIN	GS	
	PROGRAM, ONE OF THE LARGEST OF ITS KIND IN THE COUNTRY, PROVI		
	WORKING FAMILIES THE FINANCIAL EDUCATION AND INCENTIVE MATCHI		os
	THEY NEED TO SAVE, BUILD ASSETS, AND ENTER THE FINANCIAL MAIN	STREAM	•
	IDA SAVERS INVEST IN ASSETS SUCH AS EDUCATION, SMALL BUSINESS		
	CITIZENSHIP, HOMEOWNERSHIP OR RETIREMENT SAVINGS.		
	Otto Total Control Con		
4d			
4-	(Expenses \$ 1,594,614. including grants of \$ ) (Revenue \$ 1,251,953.)  Total program service expenses ▶ 5,071,716.		
40	Total program service expenses ► J, U / ± , / ± U •	Form 99	(2010)
			( : -)

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		i	İ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	<u> </u>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		-	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	446		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		<u> </u>	1
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ <del></del>	$\vdash$	<b></b> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>⊢</b> ′′		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			† <u></u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		Form	990	(2010)

			_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
~~		21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7.5
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
00	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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).			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			i
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.5
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity?			T
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		İ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	1
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	Check if Schedule O contains a response to any question in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1						
	(gambling) winnings to prize winners?	1c	x	1					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return  2a 43			i					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	i					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
Vu.	any contributions that were not tax deductible?	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter.								
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter.			ĺ					
а	Gross income from members or shareholders	<u> </u>							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	] _							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.		1						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Form 990 (2010) OPPORTUNITY FUND NORTHERN CALIFORNIA 31-1719434 Page 6

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 to any question in this Part VI						X		
Sec	tion A. Governing Body and Management								
	,		1			Yes	No_		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u> 12</u>					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12	] ]				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?				2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	dıre	ct supervisio	วท					
	of officers, directors or trustees, or key employees to a management company or other person?				3		_X_		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 w	as filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		X		
6	Does the organization have members or stockholders?				6		X		
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?				7a		<u>X</u> _		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	sons			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during	the year						
	by the following:								
а	The governing body?				8a	X			
	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the						
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code )						
			•			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?				10a	1.00	X		
	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapt	ers. affiliates	s.					
-	and branches to ensure their operations are consistent with those of the organization?			-,	10b				
112	1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Does the organization have a written conflict of interest policy? If "No," go to line 13								
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
U	to conflicts?	iid giv	CTIGO		12b	х	,		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes.	describe		120				
C	In Schedule O how this is done	. 00,	4000/100		12c	x			
40						X	-		
13	Does the organization have a written whistleblower policy?				13	X			
14	Does the organization have a written document retention and destruction policy?				14	Λ			
15	Did the process for determining compensation of the following persons include a review and approva	шруі	naepenaent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4	v			
	The organization's CEO, Executive Director, or top management official				15a	X	x		
b	Other officers or key employees of the organization				15b	-			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				1				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.	nent	with a		40		v		
_	taxable entity during the year?				16a	-	X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval			tion					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	anıza	ion's		١	1			
	exempt status with respect to such arrangements?				16b	l	L		
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA	:							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501	(c)(3)s only)	available	tor				
	public inspection. Indicate how you make these available. Check all that apply.								
	X Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflic	t of interest	policy, a	nd fina	ancial			
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books an	nd re	cords of the	organiza	ition:	<b>&gt;</b>			
	CANDICE BALMACEDA - 408.297.0204								
	111 WEST ST. JOHN STREET, SAN JOSE, CA 95113								

Form	220	(2010)	
COMI	990	(ZUIU)	

### OPPORTUNITY FUND NORTHERN CALIFORNIA

31-1719434

Page 7

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

Check if Schedule O contains a response to any question 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.

(A)	(B)			(0	<b>)</b>			(D)	(E)	(F)
Name and Title	Average		Positi			1		Reportable	Reportable	Estimated
	hours per	(cl	(check all that				ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
NANCY RAGEY	, , , , , , , , , , , , , , , , , , , ,									
DIRECTOR _	1.00	X						0.	0.	0
ROXANN BURNS										
DIRECTOR / SECRETARY	1.00	X		X				0.	0.	0 .
HILARY ABELL										
DIRECTOR	1.00	X		_	L			0.	0.	0
JULIA BROWN							ļ			
DIRECTOR	1.00	X						0.	0.	0
MICHAEL GALLAGHER										
DIRECTOR	1.00	X						0.	0.	0
PAT KRACKOV										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0
DAVE KRIMM			ł							
DIRECTOR	1.00	X	ļ	<u> </u>				0.	0.	0
ASH MCNEELY				1	ŀ					
DIRECTOR	1.00	X						0.	0.	0
JOSE QUINONES										
DIRECTOR	1.00	X						0.	0.	0
MARC RAND				i						
DIRECTOR / BOARD CHAIR	3.00	X	_	X		ļ		0.	0.	0
ROBERT SHOFFNER										
DIRECTOR	1.00	X						0.	0.	0
ERIC WEAVER										
PRESIDENT AND CEO	30.00			X		X		113,493.	0.	20,823
CANDICE BALMACEDA										
CFO/VP, FINANCE/TREASURER	40.00		<u> </u>	X		X		115,016.	0.	15,908
ELIZABETH GIVENS									_	
VP, DEVELOPMENT & STRATEGY	40.00			X	_	X		117,671.	0.	15,073
ANTHONY CHANG		l							_	
VP, PROGRAMS	40.00	_	1_	X		X		108,479.	0.	11,019
JEFF WELLS									_	
VP, NEW MARKETS	40.00	_	<u> </u>	X		1	_	95,047.	0.	22,531
ZURINE RUIZ DE GORDEJUELA									_	
VP_BUSINESS DEVELOPMENT	32.00	<u></u>	<u>L</u>	X				90,080.	0.	19,164 Form <b>990</b> (2010

orm 990 (2010) <b>OPPORTUN</b>	ITY FUNI	1 C	1OF	TT	ΙΕΙ	RN	CZ	ALIFORNIA	31-17	19434	. Page	8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours per			(C) Position ck all that apply)				(D) Reportable compensation	(E) Reportable compensation	l l	(F) stimated mount of	
	week (describe hours for related organizations in Schedule O)		Individual frustee or director Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	org	other npensation from the ganization ad related anizations	
OLANDA RUIZ												
DIRECTOR	1.00	Х						0.		0.	(	<u>.</u>
1b Sub-total								639,786.			4,518	_
c Total from continuation sheets to Part V	II, Section A							0. 639,786.		0. 0. 10	$\frac{0}{24,518}$	) <u>.</u>
d Total (add lines 1b and 1c)  Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no r			<u> </u>	74,510	4
3 Did the organization list any former officer,			, ke	y en	ıplo	yee,	or h	nighest compensated er	nployee on			0
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si	um of reportab	le co							the organization	3		<u>ς</u> -
and related organizations greater than \$15  Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr unr			dual for services	4	,	<u>ς</u> -
rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	per	son				5	1 12	ζ_
Section B. Independent Contractors  1 Complete this table for your five highest contractors the organization	ompensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	ensation	from	
(A) Name and business	address							(B) Description of s	ervices		C) ensation	
COMMUNITY TOWERS MANAGEM ST JOHN STREET, SUITE 70					VE.	ST	- 1	OFFICE RENT PARKING PASS	AND	19	2,20	€.

(A) Name and business address	(B) Description of services	(C) Compensation
•••••••••••••••••••••••••••••••••••••••	OFFICE RENT AND PARKING PASSES	192,209.
2 Total number of independent contractors (including but not limited to those liste \$100,000 in compensation from the organization ▶ 1	d above) who received more than	

Statement of Revenue

(D) Revenue excluded from (B) (C) (A) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 1d d Related organizations 1e 1,156,059 e Government grants (contributions) f All other contributions, gifts, grants, and 1f 4,455,819 similar amounts not included above 15,000. Q Noncash contributions included in lines 1a-1f \$ 5,611,878 h Total. Add lines 1a-1f **Business Code** 731,851 731,851 2 a INTEREST FROM LOAN PRO 900099 Program Service 722,361. 900099 722,361. **b ADMINISTRATIVE FEES** 522,288. c ANNUAL MEETING/CONFERE 522,288. 900099 <u>395,8</u>33. 395<u>,833</u>. 900099 d SYNDICATION FEES 323,685. e LOAN ORGINATION AND MI 900099 323,685. 900099 23,504. 23,504 f All other program service revenue 719,522 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 51,994. 51,994 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 1001071 b Less: cost or other basis 1029978 and sales expenses 28,907 c Gain or (loss) -28,907 -28,907.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 28,542. 11 a SVMN - SEE SCHEDULE O 900099 28,542 d. All other revenue 28,542. e Total. Add lines 11a-11d 383,029.2,719,522. 0. 51,629. Total revenue. See instructions. 032009 Form 990 (2010)

### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				<u></u>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		==.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	830,844.	513,504.	179,535.	137,805.
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	2,381,808.	2,030,781.	130,056.	220,971.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				<u>.</u> .
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	9,529.	517.	7,620.	1,392.
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	328,468.	250,877.	64,819.	<u>12,772.</u>
12	Advertising and promotion	83,605.	71,050.	55.	<u> 12,500.</u>
13	Office expenses	150,918.	122,920.	18,035.	9,963.
14	Information technology .				<u></u>
15	Royalties .				
16	Occupancy	192,209.	165,635.	14,619.	11,955
17	Travel	103,074.	86,032.	7,713.	9,329.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		. <u></u>		
19	Conferences, conventions, and meetings	509,236.	494,406.	10,232.	4,598.
20	Interest .	113,033.	105,7 <u>61</u> .	7,272.	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	48,576.	41,114.	4,105.	3,357.
23	Insurance	49,878.	42,216.	4,215.	3,447.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	PROVISION FOR LOAN LOSS	972,461.	972,461.		
b	MISCELLANEOUS	114,472.	96,859.	14,933.	2,680
c	STAFF DEVELOPMENT	51,299.	39,111.	8,744.	3,444
d	LOAN PROGRAM FEES	37,992.	37,992.	- , · <u>·</u>	
e	IDA MATCH EXPENSE	480.	480.		
f	All other expenses			,	
25 25	Total functional expenses. Add lines 1 through 24f	5,977,882.	5,071,716.	471,953.	434,213
<u>20</u> 26	Joint costs. Check here  if following SOP	2,2,0021	_,,		
20	98-2 (ASC 958-720). Complete this line only if the combined educational campaign and fundraising solicitation				

Form 990 (2010) OPPORTUNITY FUND NORTHERN CALIFORNIA 31-1719434 Page 11 Part X **Balance Sheet** (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 1.751.761. 2,291,666. 2 Savings and temporary cash investments 2 929,212. 728,589. 3 Pledges and grants receivable, net 3 80,299. 141.071. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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 instructions) Assets 31,998,285. 31,882,069. 7 Notes and loans receivable, net Inventories for sale or use 8 72,880. 112,015. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 267,621. basis Complete Part VI of Schedule D 10a 10b 195,846. 77,151. 10c 71,775. b Less accumulated depreciation 1,115,859. 1,222,323. 11 11 Investments - publicly traded securities 15,115. 16,105. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 9,516,234 7,773,016. Other assets. See Part IV, line 11 15 15 45,595,931 44,199,494. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 480,696. 371,974. 17 17 18 Grants payable 18 17,696. 23,819. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3,900,000. 4,700,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 34,056,100. 29,557,585. 25 Other liabilities. Complete Part X of Schedule D 25 34,647,255. 38,460,615. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,255,675. 4,314,958. 27 27 Unrestricted net assets 2,879,641. 5,237,281. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30

> 44,199,494. Form 990 (2010)

9,552,239.

31

32

33

7,135,316.

45,595,931

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2010) OPPORTUNITY FUND NORTHERN CALIFORNIA	31-171	9434	Pag	<sub>je</sub> 12		
	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{x}$		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,383	3,0	29.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,977	7,8	<u>82.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,405	5,1	47.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,135	5,3	<u> 16.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11	L,7	<u>76.</u>		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,552	2,2	<u>39.</u>		
Pa	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				i		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.			х		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?	•	2b	Х			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a	X	<del></del>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X .			
			Form	99U (	2010)		

## SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

2010

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. ➤ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

				NITY FUND NO						<u> </u>	<u>-1/19</u>	373	
Part	l	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complet	e this part	) See inst	ructions.				
he or	gani	zation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🖺		A church, con	vention of churches	, or association of churc	ches descr	ıbed ın <b>se</b>	ction 170(	(b)(1)(A)(i).					
2		A school desc	cribed in section 170	)(b)(1)(A)(ii). (Attach Sch	nedule E )								
з□		A hospital or a	a cooperative hospit	al service organization o	lescribed ii	n section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hosp	oital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(ii	i). Enter th	e hospital'	s name	θ,
		city, and state	ə:										
5		An organization	on operated for the b	enefit of a college or un	iversity ow	ned or op	erated by	a governn	nental uni	t described	d in		
		section 170(	b)(1)(A)(iv). (Comple	te Part II.)									
6 <b></b>		A federal, stat	te, or local governme	ent or governmental unit	described	In section	n 170(b)(1	)(A)(v).					
7 🖸	K	An organization	on that normally rece	eives a substantial part o	of its suppo	ort from a	governme	ntal unit o	r from the	general pu	ublic desci	ribed ir	ı
		section 170(b	o)(1)(A)(vi). (Complet	e Part II.)									
8				ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9 [				eives. (1) more than 33 1			om contril	outions, m	embershij	p fees, and	d gross red	eipts f	rom
				ctions - subject to certa									
				xable income (less sect									
			509(a)(2). (Complete	·					-				
10 E		An organization	on organized and op	erated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	·).				
11 C				erated exclusively for th						y out the p	urposes o	f one c	or
		more publicly	supported organiza	tions described in section	on 509(a)(1	) or section	n 509(a)(2	) See sec	tion 509(a	a)(3). Chec	ck the box	that	
		describes the	type of supporting	organization and comple	ete lines 11	le through	11h						
		a 🔲 Type I	b	] Type II 💢 o	: 🔲 Туре	e III - Func	tionally int	egrated		d 🗀	Type III - C	Other	
e [		By checking t	this box, I certify that	t the organization is not	controlled	directly or	r indırectly	by one or	more disc	qualified p	ersons oth	er tha	n
		foundation ma	anagers and other th	nan one or more publicly	/ supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)	
f		If the organiza	ation received a writt	en determination from t	he IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	ganization, check th	is box									L.
g		Since August	17, 2006, has the o	rganızation accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or indi	rectly controls, either al	one or toge	ether with	persons d	lescribed i	n (ii) and (	ııı) below,		Yes	No
		the gove	erning body of the su	pported organization?							11g(i)		
		(ii) A family	member of a person	described in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (II) above	9?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganızatıon(	(s).							
													<u>-</u>
(i) N	ame	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	•	, ,	•	(vi) Is	the	(vii) An	nount o	f
• •		nization	, ,	organization (described on lines 1-9	in col. (i) lis			ion in col.	organizáti (i) organiz	ed in the	sup	port	
				above or IRC section	governing	uocument	(i) of you	Supporte	U.S	5.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
									<u> </u>				
					<u> </u>	ļ		ļ.——	-				
									1				
					<del> </del>	ļ		-		<del>                                     </del>			
				_				-		<del>  -</del>			
							1						
						-	<del> </del>	<del>                                     </del>	_	<del>  </del>			
			I		1				1	1			

Schedule A (Form 990 or 990-EZ) 2010 OPPORTUNITY FUND NORTHERN CALIFORNIA 31-1719434 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2002542.	4033414.	1814077.	3897268.	5611878.	17359179.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ii	
	the organization without charge						
4	Total. Add lines 1 through 3	2002542.	4033414.	1814077.	3897268.	5611878.	17359179.
	The portion of total contributions					-	
_	by each person (other than a		İ		1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2379971.
6	Public support. Subtract line 5 from line 4						14979208.
	ction B. Total Support			1			<u>,</u>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	2002542.	4033414.	1814077.	3897268.		17359179.
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	243,939.	287,356.	569,103.	487,165.	731,851.	2319414.
9			201,0001	, 200	201,2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
·	activities, whether or not the						
	business is regularly carried on	1					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	38,558.		318.535.	343,244.	28.542.	728,879.
11	Total support. Add lines 7 through 10	3073301	<del></del>	310,3331	010/2110	20/3121	20407472.
12		etc. (see instruction	ons)			12	<u> </u>
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio	L	
	organization, check this box and stor	-			_,,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	73.40 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	64.93 %
	33 1/3% support test - 2010. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	l			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2009. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	• •	• •	-	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					3	
b	10% -facts-and-circumstances tes	_	-		-	7a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-cire				•		
18	Private foundation. If the organization		•	•			ns 🕨
							or 990-E7) 2010

# Schedule A (Form 990 or 990-EZ) 2010 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that	-				1	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ızatıon's benefit and either paid to					i	
	or expended on its behalf						
5	The value of services or facilities				<u> </u>		
J	furnished by a governmental unit to						
	the organization without charge						
e	Total, Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and						
16	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that			1	1	1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<del></del>	
	Add lines 7a and 7b						<del></del>
	Public support (Subtract line 7c from line 6) ction B. Total Support			L	<u> </u>	1.	
		(=) 0000	(h) 0007	(=) 0000	(4) 0000	(a) 0010	(A) Total
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6  Gross income from interest,		-				_
IU	dividends, payments received on				ļ		
	securities loans, rents, royalties						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<del> </del>	-	<del> </del>	<del>  </del>	<del> </del>
	Add lines 10a and 10b				1	1	
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						<del></del>
12	Other income Do not include gain or loss from the sale of capital		1				
	assets (Explain in Part IV.)			<u> </u>			<del></del>
	Total support (Add lines 9, 10c, 11, and 12)		l	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for	r the organization'	s fırst, second, thı	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nization,
_	check this box and stop here	<del></del>					
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		<del></del>		
15	Public support percentage for 2010 (	line 8, column (f) d	livided by line 13,	column (f))	•	15	<u>%</u>
	Public support percentage from 2009					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>10</b> (line 10c, colu	mn (f) dıvided by lı	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a	•					▶□
ı	o 33 1/3% support tests - 2009. If the	•	•	• •			6, and
•	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		-	· ·		_	

### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II·B. Do not complete Part II·A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizate	tions. Complete Part III.			
	ne of organization			Emplo	yer identification number
	OPPORTU	NITY FUND NORTHE	ERN CALIFORN	IIA	31-1719434
Pa	art I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ration's direct and indirect politic	cal campaign activities		
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				└ Yes
	If "Yes," describe in Part IV.				1(0)
	art I-C Complete if the org	•			
	Enter the amount directly expended		•		
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for s		
_	exempt function activities	. Addless 4 and 0 Fatantians		▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,	
	line 17b			•	Yes No
5	Did the filing organization file Form Enter the names, addresses and er	= = = = = = = = = = = = = = = = = = =	INI) of all section 527 n	olitical organizations to which	
J	made payments. For each organiza	• •	•	_	
	contributions received that were pr	· ·	• •		· ·
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
			•		1

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

Schedule C (Form 990 or 990-EZ) 2010

Sche <b>Pa</b> l	dule C (Form 990 or 990 EZ) 2010	OPPO:	RTUNIT on is exe	Y FUND NORT	HERN CALIFO n 501(c)(3) and fil	RNIA 31-1 ed Form 5768	719434 Page 2
	(election under sec	tion 501	(h)).				
A C	neck   if the filing organiza	tion belong	gs to an affi	liated group.			<del></del>
B_C	neck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
			oying Expe eans amou	nditures ınts paid or incurred.)	)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ience pub	lıc opınion (	grass roots lobbying)			
b	Total lobbying expenditures to influ	uence a leg	gislative boo	dy (direct lobbying)	•	8,712.	
С	Total lobbying expenditures (add li	nes 1a and	d 1b) .			8,712.	
d	Other exempt purpose expenditure	es				5,977,882.	
е	Total exempt purpose expenditure	s (add line	s 1c and 1c	i)		5,986,594.	
f	Lobbying nontaxable amount. Enter	er the amo	unt from the	e following table in bot	h columns.	449,330.	
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000.			
				7	-		·
g	Grassroots nontaxable amount (en	ter 25% o	f line 1f)			112,333.	
h	Subtract line 1g from line 1a If zero	o or less, e	nter -0-			0.	
i	Subtract line 1f from line 1c. If zero	or less, e	nter -0-	•		0.	
j	If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				<u> </u>	Yes No
	· · · · · · · · · · · · · · · · · · ·	ations tha	ıt made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
		Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2007	(ь) 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
	Lobbying nontaxable amount					449,330.	449,330.
b	Lobbying ceiling amount						652 005
	(150% of line 2a, column(e))						673,995.
С	Total lobbying expenditures					8,712.	8,712.
اء	Grassroots nontaxable amount					112,333.	112,333.
	Grassroots nontaxable amount Grassroots ceiling amount					114,333.	
е	(150% of line 2d, column (e))					!	168,500.
	(111272 11 1117 121 00101111 (0))		·				100,500.
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990 EZ) 2010 OPPORTUNITY FUND NORTHERN CALIFORNIA 31-1719434 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(4	a)	(b	<u> </u>
		Yes	No	Amo	_
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?			_	
е	Publications, or published or broadcast statements?			_	
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).	` '			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	rt III-A, li	ne 3 is a	nswered	
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		
Pai	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Also	o, complete	this part
for a	ny additional information			•	·
	•				

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OPPORTUNITY FUND NORTHERN CALIFORNIA

Employer identification number 31 – 1719434

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 fu	nds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		,
	Preservation of land for public use (e.g., recreation or e	—	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year.		
	- · · · · · · · · · · · · · · · · · · ·		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	
	year▶		ū
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	vear ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	a, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		NITY FUND 1							Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, Historica	l Treasures, o	or Other	Similar	· Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any o	f the following tha	t are a sigr	nificant us	e of its	collection	items
	(check all that apply):		<u></u>						
а	Public exhibition	d	Loan o	exchange progra	ams				
b	Scholarly research	е	Other_						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the organizati	on's exemp	ot purpos	e ın Part	XIV.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical	treasures, or oth	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization	's collection?				Yes	□ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organi	zation answered	"Yes" to Fo	orm 990, F	art IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, lıne 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contrib	utions or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
C	Beginning balance .					1c			
d	Additions during the year			·		1d			
е	Distributions during the year .					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?		•			Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" t	o Form 990, Part	IV, line 10.				
		(a) Current year	(b) Prior yea	ar (c) Two year	s back (d	) Three yea	irs back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	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 year	r end balance held a	ıs:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and administe	red for the	organiza	tion	_	
	pà.							\	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pa	t VI  Land, Buildings, and Equipm	nent. See Form 990	), Part X, line 10	).					
	Description of investment	(a) Cost or o		Cost or other		umulated		(d) Book	value
		basis (ınvestr	nent) b	asıs (other)	depre	eciation			
1a	Land						$\bot$		
b	Buildings						$\bot$		
С	Leasehold improvements			128,701.		1 <u>4,58</u>			<u>,121.</u>
đ	Equipment			138,920.	8	<u>81,26</u>	6.	57	<u>,654.</u>
	Other								
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. column (B).	line 10(c).)			<b>▶</b>	71	775.

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 OPPORTUNITY FUND NORTHERN				1/19434	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	ancial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>8,383,</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		<u>5,977,</u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u>2,405,</u>	
4	Net unrealized gains (losses) on investments		4		11_,	<u>776.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Pnor period adjustments .		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			776.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII. Reconciliation of Revenue per Audited Financial Statements.	id 9	10	1-4	2,416,	923.
		ents with nev	renue per r	teturn		<u></u>
1	Total revenue, gains, and other support per audited financial statements			1	8,547,	030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	11 776			
a	Net unrealized gains on investments	2a	<u>11,776.</u> 181,375.			
b	Donated services and use of facilities		101,3/5	1		
C	Recoveries of prior year grants Other (Describe in Part XIV.)	2c		1		
d	Add lines 2a through 2d	_2d	<del>-</del>	1	102	151 <u>.</u>
е 3	Subtract line 2e from line 1			2e 3	8,354,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			3	0,334,	407.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	28,542.	1		
C	Add lines 4a and 4b	40	20,342	4c	28	542.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,383,	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per		,	027.
1	Total expenses and losses per audited financial statements			1	6,159,	257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-,,	
а	Donated services and use of facilities	2a   :	181,375.			
b	Prior year adjustments	2b	,	1		
С	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d		1		
е	Add lines 2a through 2d	`		2e	181,	375.
3	Subtract line 2e from line 1			3	5,977,	882.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]		
b	Other (Describe in Part XIV.)	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.)	<u> </u>		5	5,977,	882.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	ll, lines 1a and 4;	Part IV, lines 1	b and 2	2b; Part V, line	4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
PAL	RT X, LINE 2: THE ORGANIZATION EVALUATES I	T UNCERTA	AIN TAX	POS:	ITIONS	
3 3 TT	NITE DECONITE A LOGG COMMINGENOUS CHIEN T	m				T 003.
<u>ANI</u>	NILL RECOGNIZE A LOSS CONTINGENCY WHEN I	T IS PRO	BABLE TI	IAT A	A LIWRII	1T.T.A
מע	BEEN INCURRED AS OF THE DATE OF THE FINA	NCTAL CO	๛๛๛๛๛๛๛	ייא א	០ ៣៥៥	
1117	S BEEN INCORRED AS OF THE DATE OF THE FINA	NCIAL SI	AIEMENIS	) AIN	O IUE	
AMO	OUNT OF THE LOSS CAN BE REASONABLY ESTIMAT	ED. THE	AMOUNT	REC	OGNIZED	IS
	OHI OI III DODD OIL DE MEMBER EDITIE	<u> </u>	11100111	111101	DOMIZED	10
SUI	BJECT TO ESTIMATE AND MANAGEMENT JUDGMENT	WITH RES	PECT TO	THE	LIKELY	
<u>OU'</u>	COME OF EACH UNCERTAIN TAX POSITION. THE	AMOUNT '	THAT IS	ULT	IMATELY	
SUS	STAINED FOR AN INDIVIDUAL UNCERTAIN TAX PO	SITION FO	OR ALL I	INCE	RTAIN T	ΛX

POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF

Schedule D (Form 990) 2010  Part XIV Supplemental Infor	OPPORTUNITY mation (continued)	FUND NORTHERN	CALIFORNIA	31-1719434	Page 5
JUNE 30, 2011 MANAG	EMENT DID NOT	IDENTIFY ANY	UNCERTAIN TAX	POSITIONS.	
PART XII, LINE 4B -	OTHER ADJUST	MENTS:			
ACQUISITION OF SILI	CON VALLEY MI	CROFINANCE NE	TWORK	28,	,542.
		<u> </u>			
			<u>.</u>		
					<u> </u>

Part XIV   Supplemental Information (continued)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Amount
IDA MATCH	1,923,667.
2010 AFFORDABLE HOUSING AND COMMUNITY FACILITIES LOAN POOL	1,923,667. 1,098,953. 248,033.
DUE TO CALCAP	248,033.
· · · · · · · · · · · · · · · · · · ·	
	_
	-
	·

OPPORTUNITY FUND NORTHERN CALIFORNIA

Schedule D (Form 990) 2010

31-1719434 Page 5

### SCHEDULE M (Form 990)

### **Noncash Contributions**

2010

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

	<u> </u>	T UNU N	ORTHERN C	ALIFORNIA	31	<u>L/194</u>	:34	
Pa	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of d noncash contrib	etermınır		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications				-			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes		_					
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests				<del> </del>			
12	Securities - Miscellaneous	<u> </u>	-					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
	Real estate - Commercial							
16	Real estate - Other				<del></del>			
17	· · · · · · · · · · · · · · · · · · ·							
18	Collectibles			· <u>-</u>				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	<u> </u>			_			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			45 000				
25	Other (FELLOWSHIP IN)	X	1	15,000.				
26	Other ()							
27	Other ()							
28	Other (	L <u>-</u>		<u> </u>				
29	Number of Forms 8283 received by the organi		•					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28	hat it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex	empt purposes for		- 1	
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.					1 [	1	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contr	ibutions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.			·				
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is	checked,			
	describe in Part II.				<u> </u>			

### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

2010 Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OPPORTUNITY FUND NORTHERN CALIFORNIA

Employer identification number 31-1719434

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TECHNICAL ASSISTANCE PROGRAM: OPPORTUNITY FUND PROVIDES ONE-ON-ONE
BUSINESS COACHING TO ENTREPRENEURS WHO APPLY FOR A LOAN. POLICY
PROGRAM: OPPORTUNITY FUND CONDUCTS PROGRAM EVALUATION AND RESEARCH AND
ADVOCATES FOR FEDERAL, STATE, AND LOCAL PUBLIC POLICIES THAT WILL
BENEFIT OUR MISSION AND THE WORKING FAMILIES THAT OUR PROGRAMS SERVE.
MARKETING AND COMMUNICATIONS: OPPORTUNITY FUND INCREASES AWARENESS IN
THE COMMUNITY FOR PROGRAM PRODUCTS AND SERVICES, INCLUDING THE
AFFORDABLE HOUSING AND COMMUNITY FACILITIES PROGRAM, THE SMALL BUSINESS
LOAN PROGRAM AND THE INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM. NEW MARKET
TAX CREDIT PROGRAM:
THE NEW MARKETS TAX CREDIT PROGRAM ALLOWS OPPORTUNITY FUND TO GENERATE
NEW CAPITAL TO MAKE LARGER AND LONGER TERM LOANS TO SUPPORT REAL ESTATE
PROJECTS PROVIDING HIGH COMMUNITY IMPACT IN LOW INCOME AREAS.
POLICY PROGRAM:
OPPORTUNITY FUND CONDUCTS PROGRAM EVALUATION AND RESEARCH AND ADVOCATES
FOR FEDERAL, STATE, AND LOCAL PUBLIC POLICIES THAT WILL BENEFIT OUR
MISSION AND THE WORKING FAMILIES THAT OUR PROGRAMS' SERVE.
MARKETING AND COMMUNICATIONS:
OPPORTUNITY FUND INCREASES AWARENESS IN THE COMMUNITY FOR PROGRAM
DECENIONS AND SERVICES INCLIDING THE APPODDABLE HOUSING AND COMMUNITY

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

032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)  Name of the organization  OPPORTUNITY FUND NORTHERN CALIFORNIA	Employer identification number 31-1719434
	HE INDIVIDUAL
DEVELOPMENT ACCOUNT PROGRAM.	
NEW MARKET TAX CREDIT PROGRAM:	
THE NEW MARKETS TAX CREDIT PROGRAM ALLOWS OPPORTUNITY FUN	D TO GENERATE
NEW CAPITAL TO MAKE LARGER AND LONGER TERM LOANS TO SUPPO	RT REAL ESTATE
PROJECTS PROVIDING HIGH COMMUNITY IMPACT IN LOW INCOME AR	EAS.
EXPENSES \$ 1,594,614. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 1,251,953.
FORM 990, PART VI, SECTION B, LINE 11: OPPORTUNITY FUND'S	FINANCE
COMMITTEE SHALL HAVE THE RESPONSIBILITY FOR REVIEWING THE	ORGANIZATION'S
FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) BEFORE IT IS	FILED WITH THE
INTERNAL REVENUE SERVICE. A DRAFT OF THE FORM 990 IS PRES	ENTED FOR REVIEW
BY THE FINANCE COMMITTEE NO LATER THAN ONE MONTH PRIOR TO	THE FILING
DEADLINE. IN CONDUCTING THEIR REVIEW OF THE DRAFT OF THE	FORM 990, IT IS
PREFERRED THAT THE FINANCE COMMITTEE SHALL CONDUCT A TOP-	LEVEL OR
BIG-PICTURE TYPE OF REVIEW. HOWEVER, IF THE FINANCE COMMI	TTEE DESIRES OR
DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW OF T	HE FORM 990, THEN
THEY SHOULD CONTACT THE PREPARER OF THE FORM 990 TO REQUE	ST COPIES OF THE
RELEVANT DETAILED TAX RETURN WORKPAPERS WHICH THEY WOULD	LIKE TO SEE. ONCE
THE FINANCE COMMITTEE HAS COMPLETED ITS INITIAL REVIEW OF	THE FORM 990, A
MEETING OR CONFERENCE CALL WILL BE SCHEDULED WITH THE PRE	PARER OF THE FORM
990 TO DISCUSS ANY QUESTIONS, COMMENTS, AND SUGGESTED REV	ISIONS IDENTIFIED

FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE
032212
01-24-11 Schedule O (Form 990 or 99

REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE

BY THE FINANCE COMMITTEE. THE PREPARER OF THE FORM 990 SHOULD MAKE ANY

Name of the organization OPPORTUNITY FUND NORTHERN CALIFORNIA	Employer identification number 31-1719434
FINANCE COMMITTEE SHOULD BE DOCUMENTED, ALONG WITH ANY RE	SPONSES FROM THE
PREPARER OF THE FORM 990, IF APPLICABLE. AFTER THE FORM 9	90 HAS BEEN
REVIEWED BY THE FINANCE COMMITTEE AND FILED WITH THE INTE	RNAL REVENUE
SERVICE, THE FINANCE COMMITTEE WILL MAKE A PRESENTATION A	T THE NEXT FULL
BOARD OF DIRECTORS MEETING TO UPDATE THE FULL BOARD REGAR	DING ITS REVIEW OF
THE FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	REQUIRES EACH
DIRECTOR, PRINCIPAL OFFICER AND BOARD MEMBERS TO SIGN A D	ISCLOSURE
STATEMENT WHICH AFFIRMS THEY RECEIVED A COPY, READ AND UN	DERSTAND, AND
COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICE	Υ.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRE	CTORS APPROVE THE
CEO AND PRESIDENT AND THE CEO APPROVES OTHER OFFICERS OR	KEY EMPLOYEE'S
COMPENSATION USING COMPARABILITY AND CONTEMPORANEUOS SUBS	TANTIATION.
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTS, CONFLICT
OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAI	LABLE UPON REQUEST
IN WRITING TO THE ORGANIZATION. THE FORM 990 IS ALSO AVAI	LABLE AT
GUIDESTAR.ORG.	
FORM 990, PART VIII, LINE 11A - SVMN	
ACQUISITION OF SILICON VALLEY MICROFINANCE NETWORK:	
ON DECEMBER 31, 2010, THE ORGANIZATION ACQUIRED SILICON V	ALLEY
MICROFINANCE NETWORK ("SVMN"). THE FOLLOWING SUMMARIZES	THE
CONSIDERATION PAID FOR SVMN AND THE AMOUNTS OF THE ASSETS	ACQUIRED AND
LIABILITIES ASSUMED RECOGNIZED AT THE ACQUISITION DATE.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization OPPORTUNITY FUND NORTHERN CALIFORNIA	Employer identification number 31-1719434
CASH - \$28,542	
TOTAL IDENTIFIABLE NET ASSETS - \$28,542	
ON THE STATEMENT OF ACTIVITIES, THE INHERENT CONTRIBUTION	
RECORDED AS THE EXCESS OF FAIR VALUE OF NET ASSETS ACQUIR CONSIDERATION PAID IN ACQUISITION OF SVMN AND INCREASES U	NRESTRICTED
NET ASSETS.	MRESTRICIES
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	11,776.
FORM 990, PART XI, LINE 2C:	
OVERSIGHT OF THE AUDIT AND SELECTION OF THE AUDITOR -	
THE AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTION OF THE I	NDEPENDENT
AUDITORS AND IS CHARGED WITH THE RESPONSIBILLITY FOR OVER	RIGIGHT OF THE
AUDIT.	
THE ORGANIZATION HAS NOT CHANGED ITS PROCESS OF OVERSEEIN	NG THE AUDIT OF
ITS FINANCIAL STATEMENT NOR THE SELECTION PROCESS OF AN I	INDEPENDENT
ACCOUNTANT.	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010 Open to Public

OMB No 1545-0047 Inspection **Employer identification number** 

31-1719434

► See separate instructions. ▶ Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

OPPORTUNITY FUND NORTHERN CALIFORNIA

CD NEW MARKETS FUND, CD NEW MARKETS FUND, NORTHERN CALIFORNIA 9.683,819, NORTHERN CALIFORNIA Direct controlling DPPORTUNITY FUND DPPORTUNITY FUND entity )IC 9 629 147 LLC End-of-year assets 17,638,332, **e** 0 510,231, 521,045, 492,630, Total income চ Legal domicile (state or foreign country) **JELAWARE** DELAWARE ELAWARE INVESTMENT IN LOW INCOME INVESTMENT IN LOW INCOME PROVIDES TAX CREDITS FOR PROVIDES TAX CREDITS FOR PROVIDES LOANS IN LOW PROVIDES LOANS IN LOW Primary activity INCOME COMMUNITIES INCOME COMMUNITIES 9 COMMUNITIES COMMUNITIES - 71-0963141 LLC - 71-0963138 111 WEST ST, JOHN STREET, SUITE 800 111 WEST ST, JOHN STREET, SUITE 800 111 WEST ST, JOHN STREET, SUITE 800 111 WEST ST, JOHN STREET, SUITE 800 LCD INVESTOR III, LLC - 43-2057159 LCD INVESTOR II, LLC - 43-2057160 Name, address, and EIN of disregarded entity LIC LCD NEW MARKETS FUND III, LCD NEW MARKETS FUND II, SAN JOSE, CA 95113 SAN JOSE, CA 95113 SAN JOSE CA 95113 95113 SAN JOSE, CA Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

	(g) Section 512(b)(13)	controlled	entity?	Yes No	·					 	
	€		entrty								
	(e)		status (if section	501(c)(3))							
	( <del>Q</del> )	Exempt Code	section								
	(၁)	Legal domicile (state or	foreign country)								
	(q)	Primary activity									
organizations duling the tax year /	(a)	Name, address, and EIN	of related organization								

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

Schedule R (Form 990) 2010

032161 12-21-10 LHA

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LCD INVESTOR IV, LLC - 43-2057158 111 WEST ST, JOHN STREET, SUITE 800 SAN JOSE CA 95113	PROVIDES TAX CREDITS FOR INVESTMENT IN LOW INCOME	DELAWARE	0	0	OPPORTUNITY FUND NORTHERN CALIFORNIA
NEW MARKET WEST ST. J	PROVIDES LOANS IN LOW	DELAWARE	369 942	7 758 371	LCD NEW MARKETS FUND, LLC
	PROVIDES TAX CREDITS FOR INVESTMENT IN LOW INCOME COMMUNITIES	DELAWARE			OPPORTUNITY FUND NORTHERN CALIFORNIA
NEW MARKET WEST ST. J JOSE CA	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	289,628	5,239,964,	LCD NEW MARKETS FUND, LLC
TEW INVEST WEST ST, J	PROVIDES TAX CREDITS FOR INVESTMENT IN LOW INCOME COMMUNITIES	DELAWARE	0	0	OPPORTUNITY FUND O,NORTHERN CALIFORNIA
ST.	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	208,470,	4,876,905,	LCD NEW MARKETS FUND, LLC
NEW MARKET WEST ST. J	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	. 66,002	3,555,359,	LCD NEW MARKETS FUND,
ST. CA		DELAWARE	230,208,	LCD 11,604,144,ELC	LCD NEW MARKETS FUND, LLC
LCD NEW MARKETS FUND IX, LLC - 27-1656288 111 WEST ST, JOHN STREET, SUITE 800 SAN JOSE, CA 95113	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	78,833.	9,740,975,	LCD NEW MARKETS FUND, LLC
LCD NEW MARKETS FUND X, LLC - 27-1656324 111 WEST ST, JOHN STREET, SUITE 800 SAN JOSE, CA 95113	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE			LCD NEW MARKETS FUND,

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entrty
LCD NEW MARKETS FUND XI, LLC - 45-2521053 111 WEST ST, JOHN STREET, SUITE 800 SAN JOSE CA 95113	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	0	0	LCD NEW MARKETS FUND,
ARKETS FUND XII, LLC - 45-2521153 ST, JOHN STREET, SUITE 800 CA 95113	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	0	0	
D XIII, LLC - 45-2521227 TREET, SUITE 800	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	0	0	LCD NEW MARKETS FUND, LLC
CARKETS FUND XIV, LLC - 45-2521284 ST, JOHN STREET, SUITE 800 CA 95113	PROVIDES LOANS IN LOW INCOME COMMUNITIES	DELAWARE	0	0	LCD NEW MARKETS FUND, LLC

31-1719434

Page 2

Schedule R (Form 990) 2010 OPPORTUNITY FUND NORTHERN CALIFORNIA

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ncome lated, ax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations/	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(i) (k) General or Percentage managing ownership partner?
	-										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable as poration or trust during	s a Corpo t the tax	ration or Trust (Co	mplete if the or	ganızatıor	answered "Yes"	to Form 990, Par	t IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	Z.		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership
032162 12-21-10				-					Schedule	R (Form	Schedule R (Form 990) 2010

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						<b>\</b>	Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations	listed in Parts I	-IV?	•		-
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity	:	:			:	1a	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		•		:	:	<b>a</b>	_
(s)	į	•	:			<b>ئ</b>	
Loans or loan guarantees to or for other organization(s)	:			•	:	14	_
:	:					9	1
					•	*	+
Sale of assets to other organization(s)		:	•			=   ;	
	:	:	:		•	6.	+
h Exchange of assets	:	:		:		F	
i Lease of facilities, equipment, or other assets to other organization(s)		:			;	<b>;=</b>	+
i loses of facilities equipment or other sesate from other organization(s)						÷	
Legase of tachings, equipment, or other assess from other organization (s)	· · · · · · · · · · · · · · · · · · ·					<b>*</b>	
A religination of solution of membership of fundaments collected to the other proprietations of solutions of solutions as the solutions of solutions as the solutions of solutions as the solutions of solutions as the solutions of solutions are solutions as the solutions as the solutions are solutions as the solutions are solutions as the solutions are solutions as the solutions are solutions as the solutions are solutions.		•		:		=	
Perioring income an incompant mailing for our other seests	(6)			•	:	<u> </u>	
III Originity of facilities, equipment, maining lists, of ourier assets	:	:		:		ţ	$\vdash$
n Shanng of paid employees		1		:	•	=	
Bambureament paid to other organization for expenses					•	٩	-
	:	:	: :		:	5	
				:	:		
<b>q</b> Other transfer of cash or property to other organization(s)		:	:	ij		10	
r Other transfer of cash or property from other organization(s)						+	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	this line, including co	overed relations	ips and transact	on thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	pe	Mett	(d) Method of determining amount involved		
(1)							
(2)							
(6)							
(4)							
(5)							
(6)						į	100
32163 12-21-10					Schedule R (Form 990) 201	E ELOL)	3 3 3

31-1719434

Page 4

Schedule R (Form 990) 2010 OPPORTUNITY FUND NORTHERN CALIFORNIA

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

3	(4)	(9)	5	(9)	٤	(6)	4
	(a)		(b)			(8)	(11)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	section 501(c)(3) organizations?	Share of end-of- year assets	tionate allocations?	amount in box 20	General or managing partner?
			Yes No			(Form 1065)	Yes No
							-
						-	
							_

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	OPPORTUNITY	FUND	NORTHERN	CALIFORNIA	<u>31-1719434</u>	Page 5
Part VII	Supplemental Inf	OPPORTUNITY ormation				·	
	Complete this part to r	orovide additional informatio	n for respo	nses to questions	s on Schedule R (see ins	structions)	
							-
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