Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2015

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

Open to Public Inspection

Internal Revenue Service 7/1/2015 6/30/2016 For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization PEOPLES OPPORTUNITY FUND D Employer identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 27-3379735 Name change 3533 EMPLEO STREET E Telephone number Initial return State ZIP code City or town (805) 781-3088 SAN LUIS OBISPO CA 93401 inal return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ 62,455 F Name and address of principal officer X No Application pending H(a) is this a group return for subordinates? John Fowler 3533 Empleo Street, San Luis Obispo, CA 93401 H(b) Are all subordinates included? If "No " attach a list (see instructions) 501(c)(3) Tax-exempt status 501(c) () < (insert no) 4947(a)(1) or 527 Website⁻ ► N/A H(c) Group exemption number ▶ X K Form of organization Corporation Trust Association Other > L Year of formation M State of legal domicile 2010 CA Part I Summary Briefly describe the organization's mission or most significant activities Promote community development by creating social and economic opportunities for low to moderate income individuals or households, underserved or marginalized peoples and entities in economically distressed communities. POF is a certified Community Development Financial Institution 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 7 6 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 17,650 Contributions and grants (Part VIII, line 1h) 9,614 9 Program service revenue (Part VIII, line 2g) 75,844 44,805 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 85.458 62,455 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) n 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,479 34.789 17 Other expenses (Part IX, column (A), lines 11a=11d,-11f=24e) Total expenses Add lines 13-17 (must equal Partix column (A) line 25) 23,479 34,789 18 19 Revenue less expenses Subtract line 18 from line 12 61,979 27,666 Assets or Balances Beginning of Current Year 0 JAN 3 1 2017 Total assets (Part X, line 16) 20 709,275 719,291 21 Total liabilities (Part X, line 26) 90,886 73,236 Net assets or fund balances Subtract line 21 from line 20 618,389 646,055 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decision of preparer (other than officer) is based on all information of which preparer has any knowledge 1-9-1 Sian Date PRESIDENT ICEO Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed 1/4/2017 P01009486 Robert Izabal Preparer Firm's name > Izabal, Bernaciak & Company Firm's EIN ► 77-0016122 Use Only Firm's address ► 388 Market Street #888, San Francisco, CA 94111 (415) 896-5551 May the IRS discuss this return with the preparer shown above? (see instructions) x Yes

Form **990** (2015)

orm 9	90 (2015)	PEOPLES OPPORTUNITY FUND	27-3379735	Page 2
[^] Pai	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	describe the organization's mission		
	-	and a second series of succession and the second series of second		
		te income individuals, households, underserved or marginalized peoples and entities		
		omically distressed communities		
2	Did the	organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service		Yes	X No
	If "Yes.	describe these changes on Schedule O	<i>ــ</i> ــ	
4		be the organization's program service accomplishments for each of its three largest program service	s, as measured by	
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al		
		il expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 2,339 including grants of \$) (Reven	ue \$ 44	1.805)
		and an arrangement of the form of a supplied to an all and to provide an advade and		
	Service	s to low to moderate income individuals or households, marginalized or underserved peoples		
		the control of the co		
		The state of the s		
		al education and counseling, technical assistance, and other financial development services		
	illianci	ent with the organizations charitable purposes. In 2016 Peoples' Opportunity Fund serviced		
		NOME A A LIGHT LOCAL AND A STATE OF THE STAT		
		HOME notes, 4 additional 2nd trust deeds		

4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
				-
				.
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other	program services (Describe in Schedule O)		
→u	(Exper		0)	
4e		rogram service expenses 2,339		
70	iotal P	ogram do vide experience - 2,000		

Form 990 (2015) PEOPLES OPPORTUNITY FUND Part IV Checklist of Required Schedules Part IV

			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 (see instructions)?	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,	٠		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	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		х
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		j	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ļ	
	endowments, permanent endowments, 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, IX, or X as applicable		ļ	I
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17_		X_
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
		_	aan .	

197 Note. All Form 990 filers are required to complete Schedule O

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Par	Checklist of Required Schedules (continued)			
00			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			 ^
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	Ĺ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	255		 ^
	current or former officers, directors, trustees, key employees, highest compensated employees, or		į	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		!	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	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)			V
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_	 ^- -
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		 ^ -
٠.	Part I	31	1	Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_ 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		ļ	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	 -	1
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,	 	 ^`
JO	Did the organization complete confedure of and provide explanations in Schedule of for Part VI, lines 110 and	1	I	I

i ai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 0			1
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	İ	i	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			l
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			-
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	<u> </u>	L	$ldsymbol{f eta}$
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

-	A Committee Berlin and Management				 -
Sect	ion A. Governing Body and Management			Von	No
4 -	Fater the grapher of value manhors of the gave-in- hadrest the and of the tourse	1a 5		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	ıa :	식		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				ĺ
	committee, explain in Schedule O	41. (-		ĺ
b	Enter the number of voting members included in line 1a, above, who are independent				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	snip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				١.,
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			l
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5 ,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,	ŀ		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	oval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement			1
100	with a taxable entity during the year?	,	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	iate its	1.55		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?	900.0	16b		
Sac	ion C. Disclosure		100	L	Ь
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 99	00-T (Section 501(c)(3)s onl	v)	
10	available for public inspection. Indicate how you made these available. Check all that apply	.5 1 (55500011 55 1(5)(1	-,0 0111	, ,	
		xplaın ın Schedule O	i		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•		nd	
13	financial statements available to the public during the tax year	commot of interest po	y, al		
20	State the name, address, and telephone number of the person who possesses the organization's	hooks and records			
20	Griffin Moore	(805) 781-308	۹ -		
	3533 Empleo Street, San Luis Obispo, CA 93401				

			•
Form	990	(201	5)

organization's tax year

PEOPLES OPPORTUNITY FUND

compensated employees, and former such persons

27-3379735

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Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- 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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	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
(1) David Ryal	2 00									
Chairperson	0 00		_	X	_	L		0	0	0
(2) Ken Trigueiro			[1	1			[ĺ	
Vice Chairperson	0 00		↓	X	_			0	0	0
(3) John Fowler	5 00		})]				
President	0 00		 	X	<u> </u>			0	0	0
(4) Scott Smith	5 00	ì								_
Secretary	0 00		<u> </u>	X		}		0	0	0
(5) Jerry Rioux	2 00	1			ł			_		_
Treasurer/Vice President	0 00		├-	X	├	 		0	0	0
(6) Monica de Malleville	2 00		(١.,	1	(_	_	
Treasurer	0 00		├	X	-			0		0
(7) Griffin Moore	2 00	•	(1	(
Assistant Treasurer	0 00		├-	X	├—	 	-	0	0	
(8) Annette Montoya	2 00		}	J		}				
Assistant Secretary	0.00	 -	├-	X	-	├	_	0	0	0
(9)										
(10)										
(11)					-					
(12)										
(13)										
(14)										

Page 8

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than of box, unless person is both officer and a director/trust					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		ed of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	other mpensa from the ganizat nd relat ganizati	e tion ted
(15)											 		
(16)						-					+-		
(17)					-		ļ — -				+-		
(18)						 		-	<u> </u>		+		
(19)						<u>-</u>					-		
(20)								-			+-		
(21)					_					 	+-		
(22)						-				<u> </u>	-		
(23)						-				<u> </u>	-		
(24)											 		
(25)											-		
1b	Sub-total	<u> </u>				l	L	>	0		0		(
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						^	0		0		(
2	Total number of individuals (including but not lift reportable compensation from the organization		ted a	bov	е) и О	vho	recei	ved	more than \$100	,000 of			
3	Did the organization list any former officer, dire		kov e	mnle			r hial	200	compensated			Yes	No
3	employee on line 1a? If "Yes," complete Sched		•		Jyc	e, o	ı ıngı	103	compensated		3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•	-							ר			
	individual	1101 than \$ 100,00	JO - 11		Ο,	00.,	,,,,,,,,,,,		riodaro o ror caor	,	4	<u> </u>	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "You							-		ridual	5		×
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compe compensation from the organization Report co year	,									s tax		
	(A) Name and business add	ress							(B) Description of sen	vices		C) ensation	
													(
													(
					_								
	Total number of independent contractors (inclu-	ding but not limit	od to	thor	ىا ھ	cto	d obo		ba rassuud				(

Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or n	ote to any line in	ne in this Part VIII						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ងន	1a	Federated campaigns	1a	. 0	li .	1					
ran	b	Membership dues	1b	0							
s, G	С	Fundraising events	1c	0		ļ		,			
Gift.	d	Related organizations	1d	0	}	ļ					
ns,	е	Government grants (contribution		0							
utlo er s	f	All other contributions, gifts, gran			•						
를 돌		similar amounts not included abo		17,650							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in l	lines 1a-1f \$	0		1					
	h	Total. Add lines 1a-1f		Dunings Code	17,650						
ane		11 at a 2 B 2 2 2 1/1 2 2 2 1 2 2 2		Business Code	40.000	40.000		1			
9.6	2a	Mortgage Discount/Loans Intere	st		43,236	43,236					
Program Service Revenue	b	Interest			1,569	1,569		 			
5	C				0			 			
Se	d				0			 			
Jran	e	All other program convent			0						
oč	9	All other program service revenutions. Add lines 2a–2f	ie į	•	44,805			 			
	3	Investment income (including div	udends interest		44,005			 			
		other similar amounts)		▶	o			ļ			
	4	Income from investment of tax-e	xempt bond proc	eeds ►	0						
	5	Royalties	,	•	0						
		•	(ı) Real	(ii) Personal							
	6a	Gross rents									
	b	Less rental expenses									
	С	Rental income or (loss)	0	0	(
	d	Net rental income or (loss)		>	0						
	7a	Gross amount from sales of	(i) Securities	(II) Other							
	1	assets other than inventory	0	0							
	b	Less cost or other basis			Ì						
!		and sales expenses	0	0	}						
	С	Gain or (loss)	0	0	}						
	d	Net gain or (loss)		<u> </u>	0						
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	0							
the	b	Less direct expenses	b	0							
ō	i .	Net income or (loss) from fundra	ising events		ol			į			
	ŀ	Gross income from gaming activ	-			`					
		See Part IV, line 19	а	0							
	ь	Less direct expenses	b	0							
	С	Net income or (loss) from gamin	g activities	•	0						
	10a	Gross sales of inventory, less									
		returns and allowances	а	0							
	b	Less cost of goods sold	b	0							
	c	Net income or (loss) from sales	of inventory		0						
		Miscellaneous Revenue		Business Code							
	11a				0			ļ			
	Ь			<u> </u>	0			 			
	С							 			
	d	All other revenue	i	<u> </u>	0			 			
	е	Total. Add lines 11a–11d		•	0						
	12	Total revenue. See instructions			62,455	44,805	0	<u> </u>			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		\boxtimes
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic	}		j	
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	!			
	organizations, foreign governments, and foreign	ł		!	
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			1	
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified		[j	
	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	14,784		14,784	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	17,650		17,650	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	1,089	1,089		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	0			
24	Other expenses Itemize expenses not covered		· · · · · · · · · · · · · · · · · · ·		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Postage	16		16	
b	Dues	520	520		
c	Workshop/Conference	675	675		
d		0			
e	All other expenses	55	55		
25	Total functional expenses. Add lines 1 through 24e	34,789	2,339	32,450	(
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	})	
	from a combined educational campaign and)	
	fundraising solicitation Check here	1			
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	324,652	2	305,715
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	J		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Š		organizations (see instructions) Complete Part II of Schedule L		6	L
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		_8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	ł	other basis Complete Part VI of Schedule D 10a 0	ł		
	b	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	384,623	13	413,576
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	709,275	16	719,291
	17	Accounts payable and accrued expenses	4,500	17	4,500
	18	Grants payable		_18_	
	19	Deferred revenue	86,386	19	68,736
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
E		trustees, key employees, highest compensated employees, and	ŧ		
Liabilities	l	disqualified persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	90,886	26	73,236
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ë		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	618,389	27	646,055
Bal	28	Temporarily restricted net assets		28	
פַ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
-	ł	complete lines 30 through 34.			
\$	30	· ·		20	
šse	30	Capital stock or trust principal, or current funds		30	
Ă	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31 32	
Net Assets	33	Total net assets or fund balances	618,389	33	646,055
_	34	Total liabilities and net assets/fund balances	709,275		719,291
		rotal nationales and het assets/fully balances	103,213	J-4	1 10,231

orm 9	90 (2015) PEOPLES OPPORTUNITY FUND	- 2	7-3379735	Pag	je 1.∠
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62	2,455
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	34	,789
3	Revenue less expenses Subtract line 2 from line 1	3		27	,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		618	3,389
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10		646	3,055
Part :	·				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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				<u> </u>
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		he organization					Employer identificatio	n number	
		S OPPORTUNITY FUND					27-33	79735	
Pai									
	orga	anization is not a private foundat		-	•		•		
1	<u> </u>	A church, convention of church				. ,, ,	(A)(I).		
2	\vdash	A school described in section		•					
3		A hospital or a cooperative hos			•		•		
4		A medical research organizatio hospital's name, city, and state		nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Er	ter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in s e	ection 170)(b)(1)(A)(v).		
7		An organization that normally redescribed in section 170(b)(1)			om a gove	rnmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)				
9	X	An organization that normally receipts from activities related support from gross investment acquired by the organization of	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	s, and (2) s section :	no more than 33 1/3 511 tax) from busine	3% of its	
10		An organization organized and	operated exclusivel	ly to test for public safe	ety See se	ection 509	9(a)(4).		
11	П	An organization organized and	•	•	-			he purpose:	S
	نـــا	of one or more publicly support Check the box in lines 11a thro	ted organizations de	escribed in section 509	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).	
а		Type I. A supporting organize the supported organization (organization You must con	s) the power to regu	ilarly appoint or elect a					g
b)	Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organi	ization vested in the sa					
C		Type III functionally integrits supported organization(s	ated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,	
d		Type III non-functionally ir that is not functionally integr requirement (see instruction	ntegrated. A suppor rated The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w libution re	rith its supported org quirement and an att		
е		Check this box if the organiz functionally integrated, or Ty	zation received a wr	itten determination froi	m the IRS	that it is a		e III	
f		Enter the number of supported		,g. aa appar	.99				0
g	ļ	Provide the following informatio		ed organization(s)					
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amou other suppo instruction	ort (see
					Yes	No			
A)									
B)								 .	
C)		·							<u>-</u>
D)									
E)									
Гota							0		0

instructions

Pa	(Complete only if you checked Part III If the organization fail	d the box on lin	e 5, 7, or 8 of	Part I or if the o	rganization fai	led to qualify un	der
Sec	ction A. Public Support	io to quality and	201 1110 10010 110	tou bolott, plou	oo complete i	are iii.j	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(4) 20 11	(5) 20:2	(0) 20.0	(4) 2011	(0) 2510	(i) iotai
	membership fees received (Do not include any "unusual grants")			o			(
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						(
4	Total. Add lines 1 through 3	0	0	0	0	0	(
5	The portion of total contributions by each						
	person (other than a governmental unit or publicly supported organization)						
	of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						(
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	О	0	0	(
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources			0			(
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0			(
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			0			(
11	Total support. Add lines 7 through 10						(
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	organization, check this box and stop here			, or fifth tax year as	a section 501(c)(3)	>
Sec	tion C. Computation of Public Sup	port Percenta	ge			· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2015 (line 6, co	•)		14	0 00%
15	Public support percentage from 2014 Schedu	ile A, Part II, line 14	•			15	0 00%
16a	33 1/3% support test—2015. If the organization qualifies as			and line 14 is 33 1	/3% or more,		▶ [
b	33 1/3% support test—2014. If the organization qualified box and stop here. The organization qualified				33 1/3% or more,	check this	▶ [
17a	10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-circ	umstances" test, c	check this box and	stop here. Explaii	n in	.
b	10%-facts-and-circumstances test—2014. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	ets the "facts-and-	circumstances" tes	st, check this box a	nd stop here . Ex		• □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		150,000		9,614	17,650	177,264
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		108,010	36,298	75,844	44,805	264,957
3	Gross receipts from activities that are not an			,			
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	258,010	36,298	85,458	62,455	442,221
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						C
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						C
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6)			1			442,221
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	258,010	36,298	85,458	62,455	442,221
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						C
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
С	Add lines 10a and 10b	0	0	0	0	0	C
11	Net income from unrelated business				,		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						C
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	258,010	36,298	85,458	62,455	442,221
14	First five years. If the Form 990 is for the organic	anization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here						▶ X
Sec	tion C. Computation of Public Sup	ort Percenta	ge				
15	Public support percentage for 2015 (line 8, col-	umn (f) divided by	line 13, column (f))		15	0 00%
16	Public support percentage from 2014 Schedule	a A, Part III, line 1	5			16	0 00%
Sec	tion D. Computation of Investment	Income Perce	entage				
17	Investment income percentage for 2015 (line 1	0c, column (f) div	ided by line 13, co	lumn (f))		17	0 00%
18	Investment income percentage from 2014 Sch	edule A, Part III, I	ine 17			18	0 00%
19a	33 1/3% support tests—2015. If the organiza	ition did not check	the box on line 14	t, and line 15 is mo	ore than 33 1/3%, a	and line 17 is	
	not more than 33 1/3%, check this box and sto	p here . The orga	inization qualifies a	as a publicly suppo	rted organization		▶ [
b	33 1/3% support tests—2014. If the organization						
	line 18 is not more than 33 1/3%, check this bo		-	-	• • •		▶
20	Private foundation. If the organization did no	t check a box on I	ine 14, 19a, or 19t	, check this box ar	nd see instructions		▶□

Part IV Supporting Organizations

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

Castian	A A 11	Cumpadine Oppositeliana
Section	M. AII	Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	NO
	1		
	2		
	-		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	Ė		
	8		
	9a		
	۵h		
	9b		
i	9с		
	10a		
	46:		
m °	10b	990-EZ	2015
3		<u>-</u> _2	, 2010

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

3b

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov 20, 1970 See ins	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		C
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		C
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		C
7 Check here if the current year is the organization's first as a non-functional	lly-ınte	egrated Type III supporting	organization (see

0

0

Applied to underdistributions of prior years

Remainder Subtract lines 4a and 4b from 4

Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount

Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2016. Add lines 3

b Applied to 2015 distributable amount

greater than zero, see instructions)

instructions)

Breakdown of line 7

Excess from 2013

Excess from 2014
Excess from 2015

and 4c

a b

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Emp	ployer identification number
PEO	PLES OPPORTUNITY FUND			27-3379735
Par	Organizations Maintaining Don	or Advised Funds or Other Similar		r Accounts.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	6	
		(a) Donor advised funds	ļ	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		 	
3	Aggregate value of grants from (during year)		<u> </u>	
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and do	_		<u> </u>
_	funds are the organization's property, subjec			∐ Yes ∐ No
6	Did the organization inform all grantees, don			
	used only for charitable purposes and not for		or for any	
	purpose conferring impermissible private bei	nerit?		Yes No
Par			_	
		vered "Yes" on Form 990, Part IV, line	? 7	
1	Purpose(s) of conservation easements held	-		
	Preservation of land for public use (e.g., rec	reation or education) Preservati	on of a his	torically important land area
	Protection of natural habitat	Preservati	on of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	ion in the f	form of a 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 eas			2b
С	Number of conservation easements on a cer			2c
d	Number of conservation easements included	• • •	- 1	
	historic structure listed in the National Regis			2d
3	Number of conservation easements modified	l, transferred, released, extinguished, or te	rminated t	by the organization during
4	the tax year			
4 5	Number of states where property subject to or Does the organization have a written policy is		n handlin	a of
3	violations, and enforcement of the conserval		ni, nandiin	Yes No
6	Staff and volunteer hours devoted to monitoring,		g conserva	
	>		-	,
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing co	nservation e	easements during the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section	n 170(h)(4)(B)(<u>i)</u>
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization re	•	-	
	balance sheet, and include, if applicable, the		nancial sta	atements that describes
Do-	the organization's accounting for conservation	on easements	or Oth	Cimilar Acceta
Par		ections of Art, Historical Treasures		er Similar Assets.
		vered "Yes" on Form 990, Part IV, line		
1a				
	works of art, historical treasures, or other sin	•		
	of public service, provide, in Part XIII, the tex			
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other sin		ation, or re	esearch in furtherance
	of public service, provide the following amou	-		▶ ¢
	(i) Revenue included on Form 990, Part VIII	, line 1		•
2	(ii) Assets included in Form 990, Part X	art historical transition or other similar as	note for F-	popularin provide the
2	If the organization received or held works of			ianciai gairi, provide the
~	following amounts required to be reported un	The state of the s	Hellis	▶ ¢
a h	Revenue included on Form 990, Part VIII, Iir Assets included in Form 990. Part X	е :		D C
b	ASSELS INCIDUEU III FUIII 930. FAILA			- w

Sched	, lule D (Form 990) 2015 PEOPLES OPPORTUNIT	Y FUND				27-3379	735	ſ	⊃age 2
	Organizations Maintaining Colle		torical Tre	easures. o	r Other Sim				
3	Using the organization's acquisition, accession								
	collection items (check all that apply)	<u></u>	_		·	Ū			
a	Public exhibition	d _	Loan d	or exchange	programs				
b	Scholarly research	e	Other						
С	Preservation for future generations	_	_						
4	Provide a description of the organization's co	llections and explain	how they fu	rther the orga	anızatıon's ex	empt purp	ose in Pa	art	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					ar	Ye	es 🔲	No
Pari	Escrow and Custodial Arrangen Complete if the organization answ 990, Part X, line 21		n 990, Par	rt IV, line 9,	or reported	an amou	nt on Fo	orm	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermedia	ary for contr	ibutions or of	ther assets no	ot	Ye	es 🔲	No
Ь	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table						
							Amount		
C	Beginning balance				1c				0
d	Additions during the year				1d				
6	Distributions during the year Ending balance				1e				0
f	•								
2a	Did the organization include an amount on Fo					•	Ye	es 📈	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the exp	planation ha	is been provi	ded on Part X	3111			
Part									
	Complete if the organization answ						-1:-		
			rior year	(c) Two years		ee years back	(e) Fo	ur years	back
1a	Beginning of year balance	0	0		0				
b	Contributions Not investment corrupge going			<u> </u>			-		
C	Net investment earnings, gains, and losses					···-			
d	Grants or scholarships Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance	0	0		0		0		0
2	Provide the estimated percentage of the curre			lumn (a)) hel			<u></u>		<u>-</u> _
а	Board designated or quasi-endowment	▶ %	((-//					
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are	held and add	ministered for	the			
	organization by							Yes	No
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations						3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiza	•					3b		
4	Describe in Part XIII the intended uses of the		vment funds	3					
Part	Land, Buildings, and Equipmen Complete if the organization answ		n 990, Pai	rt IV, line 11	a See Forn	n 990, Pa	rt X, lin	e 10	
	Description of property	(a) Cost or other basis (investment)	1 ' '	st or other s (other)	(c) Accumi deprecia	1	(d) Bo	ook valu	
1a	Land)	0					0
þ	Buildings)	0	<u> </u>	0			0
C	Leasehold improvements		2	0		0			0
d	Equipment Other))	0	_ _	0			0 0
A	\ 2411 2 4	l l	7.1	111		(11)			1.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

(a) Description of security (cases) (b) Book value (c) Since y-held equity interests (d) Closely-held equity interests (e) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part VII	Investments—Other Securion Complete if the organization		90, Part IV, line 11b See For	m 990, Part X, line 12
(2) Closely-held equity interests (3) Other (5) Other (6) Other (7) Other (7) Other (8) Other (8	(a) [Description of security or category		(c) Method of va	aluation
(2) Closely-held equity interests (3) Other (5) Other (6) Other (7) Other (7) Other (8) Other (8	(1) Financial d	lerivatives	0		
(3) Other (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			0		
(6) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(6)	(A)				
(C) (D) (E) (E) (C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) .	(C)				.,
(E) (F)	(D)				
(F)					
Total (Column (b) must equal Form 990, Part X, cor (8) line 12) No.	(F)				
Total (Column (b) must equal Form 990, Part X, col (8) Investments					
Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation (Cost of end-of-year market value) (1) Low income home loans					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation (Coast or end-d-year market value) (1) Low income home loans 413,576 F (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			<u>1- · </u>	L	
(1) Low income home loans	Part VIII			90, Part IV, line 11c See Fori	m 990, Part X, line 13
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (to) must equal Form 990, Part X col (B) line 13) ▶ 413,576 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line 25 1. (a) Description in inability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)		(a) Description of investment	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form \$90. Part X col (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part IV, line	(1) Low inco	me home loans	413,576	F	
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X cot (B) line 13) ▶ 413,576 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part III line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)	(2)				
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 9	(3)				
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X col (B) line 13) ▶ 413,576 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)	_(4)				
(7) (8) (9) Total (Column (b) must equal Form 990, Part X col (B) line 13) ▶ 413,576 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)	(5)	<u> </u>			
(8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)	(6)				
(9) Total (Column (b) must equal Form 990, Part X col (B) line 13)					
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Part IX					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)			* 413,576	<u> </u>	
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)	(4)		(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)		······································			
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Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7)		n (b) must equal Form 990, Part X,	col (B) line 15)	>	(
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(2) (3) (4) (5) (6) (7)	1.		(b) Book value		
(3) (4) (5) (6) (7)	(1) Federal ıı	ncome taxes	0		
(4) (5) (6) (7)	(2)	**************************************			
(5) (6) (7)	(3)				
(6) (7)					
(7)					
(8)				-	
(9) Total (Column (h) must equal Form 990, Part X, col. (R) line 25.)		and any of Farm 2000 Part V and 1911 1911		1	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the		set oqual t offit 550; t art x; out (B) line 25)		L	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 99		nue per Return.	
1	Total revenue, gains, and other support per audited financial statements	50, 1 dit 14, iiiic 12d.	1	62,455
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			02,700
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	0
3	Subtract line 2e from line 1		3	62,455
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	62,455
Part	Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 99	•	enses per Return.	
1	Total expenses and losses per audited financial statements		1	34,789
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	34,789
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 XIII)	4b		
С	Add lines 4a and 4b		4c	0
•			· · · · · · · · · · · · · · · · · · ·	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	34,789
5 Part	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, P	34,789
Part Provide 2, Part X and C	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII. Line 2 POF is exempt from taxation under Internal Revenue Code Section alifornia Revenue and Taxation Code Section 23701(d) Accordingly, no proceed taxes is included in the accompanying financial statements. Management	d 4, Part IV, lines 1b ar to provide any addition n 501(c)(3) ovision for it believes POF	nd 2b, Part V, line 4, P al information	34,789 art X, line
Part Provide Provide Part X Part X Part X Part X	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII. Line 2 POF is exempt from taxation under Internal Revenue Code Section alifornia Revenue and Taxation Code Section 23701(d) Accordingly, no present the supplemental information.	d 4, Part IV, lines 1b ar to provide any addition n 501(c)(3) ovision for it believes POF	nd 2b, Part V, line 4, P al information	34,789
Part Provided Part X and Concomments no	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part is Line 2 POF is exempt from taxation under Internal Revenue Code Section alifornia Revenue and Taxation Code Section 23701(d). Accordingly, no proceed that is included in the accompanying financial statements. Managements of uncertain tax positions as of June 30, 2016.	d 4, Part IV, lines 1b ar to provide any addition n 501(c)(3) ovision for it believes POF	al information	34,789
Part Provide 2, Part X and C ncom	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XI. Line 2 POF is exempt from taxation under Internal Revenue Code Section alifornia Revenue and Taxation Code Section 23701(d) Accordingly, no proceed taxes is included in the accompanying financial statements. Management of uncertain tax positions as of June 30, 2016.	d 4, Part IV, lines 1b ar to provide any addition in 501(c)(3) ovision for it believes POF	nd 2b, Part V, line 4, P al information	34,789
Part Provid 2, Part Part X and C ncom	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part is Line 2 POF is exempt from taxation under Internal Revenue Code Section alifornia Revenue and Taxation Code Section 23701(d). Accordingly, no proceed to the accompanying financial statements. Management of uncertain tax positions as of June 30, 2016.	d 4, Part IV, lines 1b ar to provide any addition in 501(c)(3) ovision for it believes POF	al information	34,789

SCHEDÙLE 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

PEOPLES OPPORTUNITY FUND	27-3379735
Form 990, Part VI, Section B, Line 11b The form is reviewed by the President, Assistant	
Treasurer and Vice Chair	
Form 990, Part VI, Section B, Line 12c Conflict of interest letters are signed by	
officers, directors, trustees and key employees and the board reviews conflicts, if any	
Form 990, Part VI, Section B, Line 15 a & b The organization does not have any employees	
Form 990, Part VI, Section C, Line 19 The organization makes its governing documents,	
conflict of interest policy and financial statements available upon request	
Form 990, Part IX, Line 11g Paid to consultant for a contract to provide a business and	
capital plan and market assessment	