PMT #	ANNUAL REPOR tate of Illinois	Γ	Form AGS Revised 1 ID: 2BN
——————————————————————————————————————	t Randolph		ILVA0212L
AMT ITTH Floor, Chicago, Illinois e	CC	²⁰	
Report for the Fiscal Period:	X	Company of the Compan	IRS Return
Beginning 7/01/19	Make Checks Payable to	Audited Fi	nancial Statements Form IFC
	the Illinois Charity	\$15.00 An	nual Report Filing Fee
& Ending 6/30/20 Federal ID # 26-4758403	Bureau Fund	\$100.00 La	ate Report Filing Fee MO DAY
Are contributions to the organization tax deductible? X Yes No	Date Organization w	as created	
LEGAL	Year-end amounts		
NAME OPPORTUNITY KNOCKS INCORPORATED	A ASSETS	A \$	EA1 144
MAIL ADDRESS 8020 MADISON ST.	B LIABILITIES	В\$	541,146 159,510
CITY, STATE	C NET ASSETS	C \$	381,636
ZIP CODE RIVER FOREST, IL 60305	THE TABLETO		301,030
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	91.81%	D \$	974,139
E GOVERNMENT GRANTS & MEMBERSHIP DUES	8.14%	E \$	86,390
F OTHER REVENUES SEE STATEMENT 1	0.05%	F \$	497
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G\$	1,061,026
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H OPERATING CHARITABLE PROGRAM EXPENSE	77.06%	Н\$	729,419
I EDUCATION PROGRAM SERVICE EXPENSE	૪	1 \$	
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	77.06%	J \$	729,419
J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
K GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	к \$	
L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	77.06%	L \$	729,419
M MANAGEMENT AND GENERAL EXPENSE	14.85%	M \$	140,545
N FUNDRAISING EXPENSE	8.10%	N \$	76,649
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	o \$	946,613
III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES	ES:		
(Attach Attorney General Report of Individual Fundraising Campaign — Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:			
P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P \$. (
Q TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q \$	(
R NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS:	%	R \$	C
S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		s \$	(
IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE	YEAR:		
T NAME, TITLE: MICHAEL CARMODY, EXEC DIRECTOR	<u> </u>	т \$	54,727
U NAME, TITLE: KIMBERLY MEARES-SUPRENANT, PROGRAM DIR		U \$	53,441
V NAME, TITLE: PHILIP CARMODY, PRESIDENT		V \$	51,941
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY S EXPENDED	D) CODE CATEGORIES	List on	back side of instruc
W DESCRIPTION: SERVICES FOR DEVELOPMENTALLY DISABLED ADUI		w #	121
X DESCRIPTION:		X #	
Y DESCRIPTION:		Y #	7.17-7.17-17-17-17-17-17-17-17-17-17-17-17-17-1

IF 7	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1		Х
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2		X
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID			
	ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3	Bassar verita	Х
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4		X
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5		X
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6		Х
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7		Х
7b	IF 'YES', ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8		X
9	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION			
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9		Х
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10	10.	X
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	SEE STATEMENT 2			
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PHIL CARMODY 708-771-6159			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.

2 FOR FEES DUE SEE INSTRUCTIONS. 3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PHILIP CARMODY

PRESIDENT or TRUSTEE (PRINT NAME)

TREASURER or TRUSTEE (PRINT NAME)

PAUL H. WIELAND

PREPARER (PRINT NAME) ILVA0212L 11/05/19

SIGNATURE

3.65

SIGNATURE

DATE

3.11.61

SIGNATURE

DATE

2019	ILLINOIS STATEMENTS	PAGE 1
CLIENT OPPKNOCK	OPPORTUNITY KNOCKS INCORPORATED	26-4758403
3/01/21		10:34AM
STATEMENT 1 FORM AG990-IL, PAGE 1, LINE OTHER REVENUES	F	
INTEREST INCOME	TOTAL	\$ 497. 497.

STATEMENT 2 FORM AG990-IL, PAGE 2, QUESTION 11 NAME AND ADDRESS OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS

BYLINE BANK 180 N. LASALLE STE 400, CHICAGO IL 60601

Form 990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection A For the 2019 calendar year, or tax year beginning 7/01 , 2019, and ending 2020 Check if applicable: D Employer identification number Address change OPPORTUNITY KNOCKS INCORPORATED 26-4758403 8020 MADISON ST. E Telephone number Name change RIVER FOREST, IL 60305 Initial return 708-771-6159 Final return/terminated G Gross receipts \$ Amended return 130,547 F Name and address of principal officer: PHIL CARMODY H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included?

If "No," attach a list. (see instructions) SAME AS C ABOVE Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c) (Website: ▶ WWW.OPPORTUNITYKNOCKSNOW.ORG H(c) Group exemption number ▶ X Corporation Trust L Year of formation: 2009 M State of legal domicile: IL Summary Part I Briefly describe the organization's mission or most significant activities: OPPORTUNITY KNOCKS IS A NONPROFIT ORGANIZATION DEDICATED TO PROVIDING OPPORTUNITIES AND RESOURCES FOR INDIVIDUALS Activities & Governance WITH DEVELOPMENTAL DISABILITIES SO THAT THEY MAY PURUSE THEIR EDUCATIONAL, OCCUPATIONAL AND SOCIAL INTERESTS.

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 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)..... 17 5 53 Total number of volunteers (estimate if necessary). 0 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. **b** Net unrelated business taxable income from Form 990-T, line 39..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 429,283. 647,765. Revenue Program service revenue (Part VIII, line 2g) 230,516. 226,165. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 222. 497. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)...... 186,951. 186,599. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 846,972. 1,061,026. Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 627,575 710,841. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 248,184 235,772. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 875,759 946,613. Revenue less expenses. Subtract line 18 from line 12..... -28,787.114,413. Beginning of Current Year **End of Year** Total assets (Part X, line 16) 299,318. 541,146. 21 32,095. 159,510. 22 Net assets or fund balances. Subtract line 21 from line 20..... 267,223. 381,636. Signature Block Under penalties of perjury, Lideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officers is based on all information of which preparer has any knowledge. 3.11.21 Sign Here PHIL CARMODY PRESIDENT Type or print name and title Preparer's signature Print/Type preparer's name PAUL H. WIELAND Paid self-employed P00326532 Preparer ► WIELAND & COMPANY INC Firm's name Use Only Firm's address 232 S. BATAVIA AVENUE Firm's EIN ► 36-4025026 BATAVIA, IL 60510 Phone no. 630-406-4490

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

No

X Yes

-	1 990 (2019) OPPORTUNITY KNOCKS INCORPORATED	26-4758403	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the price	or	
	Form 990 or 990-EZ?	Ye	es X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Y	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(a)(2) and 501(a)(4) arguments for each of its three largest program services accomplishments for each of its three largest program services.	ices, as measured	oy expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	s to others, the tota	al expenses,
4 a	(Code:) (Expenses \$ 258,976. including grants of \$) (R	evenue \$	64,854.)
	SOCIAL ENTERPRISES - SOCIAL ENTERPRISE IS A KNOCKOUT BRAND WHICH		04,634.
	INITIATIVES THAT AIMS TO SUSTAIN MEANINGFUL AND GAINFUL VOCATIONA	T CKILL BILL	DING
	OPPORTUNITIES WHILE ALSO PRODUCING A REVENUE STREAM TO SUPPORT OF	CANTAATTON'S	TTIG
	OPERATIONS. THE ENTERPRISES INCLUDE KNOCKOUT PICKLES, KNOCKOUT CA	TEDING AND I	NOCKOUT
	FARM.	TRICING AND I	MOCKOOI
4 h	(Code:) (Expenses \$ 249,495. including grants of \$) (Re	evenue \$	04 010)
	LIFE SHOP - LIFE SHOP IS AN ALTERNATIVE STYLE DAY PROGRAM THAT TA		84,010.)
	CENTERED APPROACH TO ADULT LIFE IN THE COMMUNITY. DESIGNED FOR WA		
	FOCUSING ON BUILDING LIFE SKILLS, HEALTH AND WELLNESS, COMMUNITY	KKIOKS OVEK	AGE_ZZ,
	VOCATIONAL SKILLS.	CONNECTIONS	AND
	VOCATIONAL DRIBLD.		
10	(Code:) (Expenses \$ 222.097, including grants of \$) (Re	d	
40		evenue \$	75,111.)
	AFTER OPPS - AFTER OPPS IS AN AFTER-SCHOOL/AFTER-WORK PROGRAM THA		
	RECREATIONAL ACTIVITIES OF ALL KINDS. EACH SESSION'S ACTIVITIES A		
	THROUGH A COLLABORATIVE PARTNERSHIP BETWEEN PARTICIPANTS AND ORGA	NIZATION'S S	TAFF
	Other program conjuges (Describe on Schodule O.)		
4 0	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 730, 568	•)

Form 990 (2019) OPPORTUNITY KNOCKS INCORPORATED 26-4758403 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A. 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.... 2 X 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. X 3 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.... X 4 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 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 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 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 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V...... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI X 11 a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII..... X 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c 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. X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. X 11 e 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. X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. X 12a 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...... X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E....... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 14b X 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.... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 18 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 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H...... 20a X b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.........

21

X

Pai	tiv Checkist of Required Schedules (Continued)		V	A1
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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		х
24 8	a 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		X
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 07/31/19	Form	990	(2019)

Form 990 (2019) OPPORTUNITY KNOCKS INCORPORATED

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
	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 53			
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
	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)?	4 a		Х
Ŀ	olf '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).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
		50		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	_		X
L	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a		
		9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	14 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
10	TOTAL STATE CONTROL CO	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х
ΛΛ		_	000	(0010)

Form 990 (2019) OPPORTUNITY KNOCKS INCORPORATED 26-4758403 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.....

If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad 1 a 17 authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 17 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? ... SEE SCHEDULE 0 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?........ 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a **b** Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 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, affiliates, and branches to ensure their 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a **b** Other officers or key employees of the organization..... 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records PHIL CARMODY 8020 MADISON ST. RIVER FOREST IL 60305 708-771-6159

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

- 1 a 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.

See instructions for the order in which to list the persons above.

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

	restrained the organization not any relati	1			(C)						
	(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hfghest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	MICHAEL CARMODY EXECUTIVE DIR.	$-\frac{40}{0}$			Х				54,727.	0.	0.
(2)	PHILIP CARMODY PRESIDENT	<u> 40</u> _			Х				51,941.	0.	0.
(3)	JOE MILBURN CHAIRPERSON	5	Х		Х				0.	0.	0.
(4)	CLAUDIA MARCINIAK VICE PRESIDENT	50	Х		Х				0.	0.	0.
(5)	TOM MCSHANE TREASURER	3	Х		Х				0.	0.	0.
(6)	KAREN HUNTER SECRETARY	3	Х		Х				0.	0.	0.
(7)	MICHELLE ANDERSON DIRECTOR	1	Х						0.	0.	0.
(8)	TERRY BROWN DIRECTOR	10	Х						0.	0.	0.
(9)	JOHN CARMODY DIRECTOR	10	Х						0.	0	0.
(10)	MIKE FAIR DIRECTOR	2	Х						0.	0	0.
(11)	WILLIAM FINN DIRECTOR	10	Х						0.	0.	0.
(12)	JOHN LAWRENCE DIRECTOR	1	Х						0.	0.	0.
(13)	ANDREW MACGREGOR DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(14)	MIKE MCGARRY DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
ΒΔΔ		TEEAO	-	07/01					0.	0.	Form 990 (2019)

Part VII Section A. Officers, Directors, 110		, toy		_		05, 0	1110	i ingliost com	ponsacoa minp	0)000 (60	
	(B)			(C				(5)	(E)	(F)	
(A)	Average hours	(do	not cl	heck	more	than o	ne an	(D)	(E) Reportable	(F)	
Name and title	per week	offic	cer an	dac	directo	or/truste	ee)	Reportable compensation from	compensation from	Estimated a of oth	er
	(list any hours	or of	nst.	Officer	Key	emp High	읔	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensati the organi	zation
	for related	dividual		Cer	em	nest	ᄚ			and rela organiza	ated
	organiza - tions	Individual trustee or director	nstitutional trustee		Key employee	com					
	below dotted	l sk	25		ee	pen					
	line)	6	ee			Highest compensated employee					
AES TIM TENOTONI	1	-	-		_		-				
(15) JIM LENCIONI	1	,						0	0		0
DIRECTOR	0	X	-	-	-		-	0.	0.		0.
C16) GREG_IGNOFFO DIRECTOR	$-\frac{0}{1}$	X						0.	0.		0
(17) MIKE AL KARAKI	1			-	-		-	0.	0.		0.
DIRECTOR		X						0.	0.		0.
		Λ	\vdash		-		\dashv	0.	0.		0.
(18) TARA HARPER	1							0	0		^
DIRECTOR	0	X	\vdash		\vdash		\dashv	0.	0.		0.
(19) ZOE PHILPOTTS	$-\frac{1}{0}$							0	0		0
DIRECTOR	U	X	\vdash	-	-	4	-	0.	0.		0.
(20)		-									
(21)			\vdash				-				
(21)		1									
(22)		 	\vdash	-	-						
(23)											
(24)											
(25)											
1 b Subtotal								106,668.	0.		0.
c Total from continuation sheets to Part VII, Secti								0.	0.		0.
d Total (add lines 1b and 1c)								106,668.	0.		0.
2 Total number of individuals (including but not limited	to those I	ısted	abov	/e) v	who	receiv	/ed	more than \$100,00	0 of reportable comp	ensation	
from the organization 0							-			I V-	- No
-				7923			30 W			Ye	s No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individi	e, ke						nest compensated		. 3	X
											4
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportaber than \$1	1e co	mpe 00?	nsa If '}	ition (es	and com	oth nle:	er compensation : te Schedule J for	from		
such individual										. 4	X
5 Did any person listed on line 1a receive or accru	e comper	satio	n fro	om	any	unrel	ate	d organization or	individual	_	
for services rendered to the organization? If 'Yes Section B. Independent Contractors	s,' comple	te So	ched	ule	J to	r suc	h p	erson		. 5	X
	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of		
Complete this table for your five highest compen compensation from the organization. Report compensation.		the c	alend	dar :	year	endir	ng v	vith or within the or	ganization's tax year		
(A) Name and business add	racc							(B) Description of	of services	(C) Compensa	tion
							_	Description	71 301 11003	Compensa	
							_				
							-				
	_						-				
2 Total number of independent contractors (including t	out not lim	ited to	o tho	se I	listed	d abov	/e) v	who received more	than		
\$100,000 of compensation from the organization							-/				
PAA										Form 000	(0010)

ı aı		Check if Schedule O contains a response or note to any	line in this Part VII	II		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts		Federated campaigns 1 a				
arai		Membership dues				
Am Am		Fundraising events 1c 71,925.				
Gif		Related organizations 1 d				
ns,		Government grants (contributions) 1 e 86,390. All other contributions, gifts, grants, and				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f 489, 450 .				
d C	_	lines 1a-1f				
	h	Total. Add lines 1a-1f	647,765.			
nue	2 -	Business Code	006 165	006 165		
Program Service Revenue	∠a b	PROGRAM PARTICIPATION 611710	226,165.	226,165.		
Servic	c d					
an an	е					
bo		All other program service revenue	8			
₫		Total. Add lines 2a-2f	226,165.			
	3	Investment income (including dividends, interest, and other similar amounts)	497.	497.		
	4	Income from investment of tax-exempt bond proceeds▶				
	5	Royalties				
	•	(i) Real (ii) Personal				
		Gross rents 6a Less: rental expenses 6b				
		Less: rental expenses 6b Rental income or (loss) 6c				
		Net rental income or (loss).				
	12207	(i) Securities (ii) Other				
	/a	Gross amount from sales of assets				
	h	other than inventory Less: cost or other basis				
	_	and sales expenses 7b				
	20000	Gain or (loss)				
	d	Net gain or (loss)				
enne	8 a	Gross income from fundraising events				
/en		(not including \$ 71,925. of contributions reported on line 1c).				
Re		See Part IV, line 18				
Other Rev	b	Less: direct expenses 8b 69,521.				
ਰੋ	С	Net income or (loss) from fundraising events	186,599.			
	9 a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	1.	returns and allowances 10a				
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
		Business Code				
ous *	11 a	233,1335 6040				
ne ne	b					
scellaneo Revenue	С					
Miscellaneous Revenue		All other revenue				
Σ	е	Total. Add lines 11a-11d				
ac a resolution	12	Total revenue. See instructions	1,061,026.	226,662.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	106,868.	76,945.	17,945.	11,978.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		0.	0.	
7	Other salaries and wages	0. 509,222.	364,283.	85,505.	<u>0.</u> 59,434.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,222.	304,203.	83,303.	39,434.
9	Other employee benefits	44,040.	· 39,636.	4,404.	
10	Payroll taxes	50,711.	45,639.	4,057.	1,015.
11	Fees for services (nonemployees):	,		-,	=,
а	Management		= .		
b	Legal				
С	Accounting	4,862.	3,648.	1,214.	
d	Lobbying	-,			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	6,668.	5,001.		1,667.
13	Office expenses	2,532.	262.	2,270.	
14	Information technology				
15	Royalties				
16	Occupancy	33,600.	33,060.	540.	
17	Travel	305.	288.	17.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		10		
22	Depreciation, depletion, and amortization	26,288.	23,658.	2,630.	
23	Insurance	25,480.	22,932.	2,548.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	68,098.	68,098.		
	BAD DEBT	17,675.	10,605.	3,535.	3,535.
	FEES	16,935.	9,795.	2,984.	4,156.
	FARMING	16,768.	16,539.	229.	
е	All other expenses	16,561.	10,179.	6,382.	
25	Total functional expenses. Add lines 1 through 24e	946,613.	730,568.	134,260.	81,785.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
DAA					F 000 (0010)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year Cash — non-interest-bearing. 179,162 429,137. 1 Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 20,800 30,000. Accounts receivable, net 26,688 4 21,839. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 284,764 224,594. 72,668. 10 c 60,170 11 Investments – publicly traded securities..... 11 Investments – other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 33)..... 299,318. 16 541,146. 17 Accounts payable and accrued expenses 17 27,720 25,483. 18 19 4,375 19 2,900. 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 131,127. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25..... 32,095 26 159,510. Organizations that follow FASB ASC 958, check here ▶ X Balances and complete lines 27, 28, 32, and 33. 27 246,423 351,636. 20,800. 28 30,000. Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 9 Capital stock or trust principal, or current funds..... 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30

32

33

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.

381,636.

541,146.

31

32

33

267,223

299,318

		6-47	58403	P	age 12
Pai	t 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	1,061,	026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	946,	613.
3	Revenue less expenses. Subtract line 2 from line 1	:	3	114,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		223.
5	Net unrealized gains (losses) on investments	!	5		
6	Donated services and use of facilities	6	6		
7	Investment expenses		7		
8	Prior period adjustments	8	3		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				2020 202
	column (B))	10	0	381,	636.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant? \dots			2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ewed o	on a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
			ŀ		
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 8	AS a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 	***	3 a	X
ŀ	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	
BAA	TEEA0112L 01/21/20	-		Form 990	(2019)

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name o	Name of the organization Employer Identification number								
OPPORTUNITY KNOCKS INCORPORATED 26-4758403						03			
Parl							ictions.		
The o	organization is not a private found				10.5				
1	A church, convention of church	es, or association of c	hurches described in sec	tion 170(b)(1)(A)(ï).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local gove	ernment or governme	ental unit described in s	section 1	70(b)(1))(A)(v).			
7	X An organization that normally r in section 170(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general p	public described		
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)					
9	An agricultural research organior university or a non-land-granuniversity:								
10	An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sul lated business taxabl	bject to certain exception e income (less section	ons, and	(2) no r	more than 33-1/3% o	f its support from gross		
11	An organization organized ar			ety. See	section	1 509(a)(4).			
12	An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1)	or section	n 509(a)	(2). See section 509	(a)(3). Check the box in		
a		on operated, supervise gularly appoint or elect	d, or controlled by its sur	ported o	rganizat	ion(s), typically by givi	ng the supported		
b		ation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). You		
С	Type III functionally integrated. organization(s) (see instruction	A supporting organizations). You must com	tion operated in connection	n with, a	nd functio	onally integrated with, i	ts supported		
d		rated. A supporting ord	anization operated in co	nection	with its s	supported organization	(s) that is not		
е	Check this box if the organize integrated, or Type III non-fu	ation received a writt	en determination from	the IRS					
f	Enter the number of supported of								
g	Provide the following information								
((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur		(v) Amount of monetary support (see instructions)			
				Yes	No				
/A\									
(A)						*			
(B)									
(C)	c)								
(D)									
(E)									
Total									

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

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

Sec	tion A. Public Support						- Parcella - Inc.
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	454,520.	414,179.	411,482.	429,283.	567,693.	2,277,157.
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						0.
4	Total. Add lines 1 through 3	454,520.	414,179.	411,482.	429,283.	567,693.	2,277,157.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						2,277,157.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	454,520.	414,179.	411,482.	429,283.	567,693.	2,277,157.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71.	182.	172.	222.	497.	1,144.
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.)	15,000.			186,951.		201,951.
11	Total support. Add lines 7 through 10						2,480,252.
12	Gross receipts from related activ	rities, etc. (see ins	structions)		*************	12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	119 (line 6, columi	n (f) divided by lin			(10) (10)	91.81%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	86.11 %
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the □
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	is box and see ins	structions

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

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

	tion A. Public Support							0
Calend 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
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.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons			is .				
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.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support		r		1			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 5	01(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						15	%
	Public support percentage from						16	%
	tion D. Computation of Inv						1	
	Investment income percentage f						17	%
	Investment income percentage f						18	%
	33-1/3% support tests – 2019. If is not more than 33-1/3%, check	this box and sto	p here . The orgar	nization qualifies a	as a publicly supp	orted organi	zation.	
	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	ie organization qu	ialifies as a public	ly supported	d organi:	zation ►
20	Private foundation. If the organia	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	d see instruc	tions	

Page 4

Part IV Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
c	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a 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).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
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 .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

1

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

BAA

2

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity $\frac{1}{2}$	s,		
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in ${\bf Part\ VI}).$ See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
е	From 2018			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

e Excess from 2019..... BAA

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Supplemental Information. Page 8
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	Ξ	2019	-	2018	2017	2016	-	2015
MISC			ċ	10 <i>C</i> 0E1			\$	15,000.
FUNDRAISING	TOTAL \$	3 0.	\$	186,951. 186,951.	\$ 0	. \$ 0	. \$	15,000.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the	organization		Employer identification number
			26-4758403
Organiza	tion type (check one):		
Filers of:		Section:	
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	ž ž
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
Form 990	-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		6	
		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General I	Rule		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special R	ules		
X	under sections 509(a)(received from any on	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (a) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line e contributor, during the year, total contributions of the greater of (1) \$5,000; ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, sciention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, conti \$1,000. If this box is charitable, etc., purpo	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerbutions exclusively for religious, charitable, etc., purposes, but no such controlled, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the General Rule applies to this contributions, charitable, etc., contributions totaling \$5,000 or more during the transfer of the parts unless that the transfer of the parts unless the transfer of the parts unless that the transfer of the parts unless that the parts	ributions totaled more than r for an <i>exclusively</i> religious, organization because

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			1	1 Page 2
Name of org			no construction and the construction of the co	r identification nun	nber
OPPOR'	TUNITY KNOCKS INCORPORATED		26-4	758403	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	Type of co	d) ontribution
1	MILBURN LLC 620 28TH AVENUE UNIT 6W BELLWOOD, IL 60104	\$36	,000.	Person Payroll Noncash (Complete Panoncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	() Type of co	d) ontribution
2	WESTLAKE HEALTH FOUNDATION 18 W 140 BUTTERFIELD RD, 1660 OAKBROOK TERRACE, IL 60181	\$45	,000.	Person Payroll Noncash (Complete Panoncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	Type of co	d) ontribution
		\$		Person Payroll Noncash (Complete Panoncash cont	art II for tributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	Type of co	d) ontribution
		\$		Person Payroll Noncash (Complete Panoncash cont	

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(a) No. (b) Name, address, and ZIP + 4

(Complete Part II for noncash contributions.)

(c) Total contributions (d) Type of contribution

Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

BAA

Employer identification number 26-4758403

OPPORTU	UNITY KNOCKS INCORPORATED	26-4758	103
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L	\$	

Employer identification number

	JNITY KNOCKS INCORPORATED			26-4758403	
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ne year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	outor. Complete	e columns (a) through (e) and /y religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
MOS A BRIDGE	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	 	(d) Description of how gift is held	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held	
			·+ ·		
	Transferee's name, addres	Relationship of transferor to transferee			
(2)	(b)	(c)		(d)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Depar	tment of the Treasury al Revenue Service	► Go to www.irs	.gov/Form990 for instructions and	I the latest information.	Open to Public Inspection
	of the organization				Employer identification number
	OPPORTUN	ITY KNOCKS INCORPO	RATED		26-4758403
Par	t Organiza	tions Maintaining Dono	or Advised Funds or Other S	Similar Funds or Acc	counts.
	Complete	of the organization ansi	wered 'Yes' on Form 990, Pa	art IV, line 6.	
12		3 8	(a) Donor advised fund	ls (b) F	Funds and other accounts
1		end of year			
2		ntributions to (during year)			
3	7.5	ants from (during year)			
4	Aggregate value	at end of year			
5	are the organizat	ion's property, subject to the	nor advisors in writing that the ass organization's exclusive legal conf	trol?	Yes No
6	Did the organizat for charitable pur impermissible pri	ion inform all grantees, dono poses and not for the benefit vate benefit?	rs, and donor advisors in writing the tof the donor or donor advisor, or	nat grant funds can be us for any other purpose co	sed only nferring Yes No
Par	t II Conserva	ation Easements.			
	Complete	if the organization ans	wered 'Yes' on Form 990, P		
1			y the organization (check all that a	pply).	
		of land for public use (for examp	ple, recreation or education)		orically important land area
		natural habitat		Preservation of a certi	fied historic structure
2000000		of open space			
2	Complete lines 2a last day of the ta	through 2d if the organization by	neld a qualified conservation contribu	tion in the form of a conser	vation easement on the
	last day of the ta	x year.			Held at the End of the Tax Year
a	Total number of	conservation easements			icid at the End of the Tax Teal
			ments		- Company of the Comp
(: Number of conse	rvation easements on a certi-	fied historic structure included in (a	a) 2c	
c	Number of conse	rvation easements included in	n (c) acquired after 7/25/06, and n	ot on a historic	
3	Number of conserv		nsferred, released, extinguished, or te		on during the
1	tax year ►	where property subject to conse	winting apparent is largeted by		
5			garding the periodic monitoring, in	spection bandling of via	lations
3	and enforcement	of the conservation easemer	nts it holds?	ispection, nandling of viol	Yes No
6			inspecting, handling of violations, and		
7	Amount of expenser ▶\$	es incurred in monitoring, inspe	ecting, handling of violations, and enf	orcing conservation easem	ents during the year
8	Does each conse and section 170(I	rvation easement reported or	n line 2(d) above satisfy the require	ements of section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, desc include, if applica conservation eas	able, the text of the footnote t	orts conservation easements in its to the organization's financial state	s revenue and expense st ements that describes the	atement and balance sheet, and organization's accounting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Other Sin art IV, line 8.	nilar Assets.
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in it ld for public exhibition, education, Il statements that describes these	or research in furtherance	I balance sheet works of art, e of public service, provide in
b	following amount	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its representation, or resort public exhibition, education, or resort	earch in furtherance of pub	lic service, provide the
			line 1		The second secon
			* **** *** **** **** *** *** *** *** *** ***		
			nistorical treasures, or other similar as ASC 958 relating to these items:		
а	Revenue included	d on Form 990, Part VIII. line	1		►Ś

×\$

Part III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures, or (Other Similar Ass	ets (continued)	
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check ar	ny of the following that mal	ke significant use of its	collection	
a Public exhibition	d Loan o	or exchange program			
b Scholarly research	e Other	3			
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.					
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection?.		Yes No	
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	Form 990, Part X, I	ne organization ansi line 21.	wered Yes on For	m 990, Part IV	,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary	for contributions or other	assets not included	Yes No)
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:			
				Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance			200 177.000		
b If 'Yes,' explain the arrangement in Part XIII.			ponesticone di propinsi di pro	-	,
bili tes, explain the arrangement in Fart Alli.	Check here if the explain	ation has been provided	OII Fait Alli		
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on For	m 990 Part IV Jir	ne 10	
(a) Current			(d) Three years back	(e) Four years back	
1 a Beginning of year balance	(-7	(4))	(-)	(-)	-
b Contributions					_
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					_
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held a	S:		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ▶ %					
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3 a Are there endowment funds not in the possession	of the organization that a	re held and administered f	or the		
organization by:				Yes No)
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizaDescribe in Part XIII the intended uses of the			**************	3b	
Part VI Land, Buildings, and Equipmen		iit iulius.			_
Complete if the organization ans		n 990, Part IV, line	11a. See Form 990	0, Part X, line 1	0.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land					
b Buildings					
c Leasehold improvements		25,431.	19,614.	5,81	
d Equipment		259,333.	204,980.	54,35	3.
e Other	15 000 5 111	(D) // 10 :			
Total. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part X, c	column (B), line 10c.)		60,17 ule D (Form 990) 201	
DAY.			Scriedi	aic D (FUIII 33U) ZU I	J

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
)			
<u>) </u>			
<u>)</u>			
<u>)</u>			
)			
)			
al. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Investments – Program Related. Complete if the organization answered		N/A 90, Part IV, line 11c. See Form	990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	
1)			
2)			
3)		6	
4)			
5)			
5)			
7)			
3)			
9)		<u> </u>	
0)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • art IX Other Assets.	N/	A DILIVITI 111 OF	000 D IV I
Other Assets. Complete if the organization answered (a) De	N/	A 90, Part IV, line 11d. See Form	990, Part X, line (b) Book value
Other Assets. Complete if the organization answered (a) De	N/I Yes' on Form 99	A 0, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) 2)	N/I Yes' on Form 99	A NO, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) 2) 3)	N/I Yes' on Form 99	A NO, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) 2)	N/I Yes' on Form 99	A 0, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4)	N/I Yes' on Form 99	A A 90, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4) 5) 6) 7)	N/I Yes' on Form 99	A A 00, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De 1) (2) (3) (4) (5) (6) (7) (8)	N/I Yes' on Form 99	A NO, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De (b) (c) (c) (a) (b) (c) (d) (d) (e) (e) (f) (f) (g) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (h	N/I Yes' on Form 99	A NO, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De (a) De (b) Complete if the organization answered (c) De (a) De (b) Complete if the organization answered (c) De (d) De (e) De (f) De (f) De (f) De (g) De	N/J I 'Yes' on Form 99 scription	00, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (e) De (e) De (f) De (f	N/J I 'Yes' on Form 99 scription	00, Part IV, line 11d. See Form	
Other Assets. Complete if the organization answered (a) De (b) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	N/J I 'Yes' on Form 99 scription	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (f) De (f) De (f) De (g) De (g) De (g) De (g) De (g) Description answered 'Yes' on F (g) Description answered 'Yes' on F (g) Description answered 'Yes' on F	N/J I 'Yes' on Form 99 scription	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) (a) De (c) (a) De (c) (a) De (d) De (d) De (d) De (e) (a) De (e) (b) must equal Form 990, Part X, column (b) and X. (Column (b) must equal Form 990, Part X) Complete if the organization answered 'Yes' on F (a) Description of the complete in the organization answered 'Yes' on F (a) Description of the complete in the organization answered 'Yes' on F (b) Federal income taxes	N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (f) De (f) De (f) De (g) De (g) De (g) De (g) De (g) Description answered 'Yes' on F	N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (e) De (f) De (f) De (f) De (g) De (g) De (g) De (g) Description answered 'Yes' on F (g) Description answered income taxes	N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) Complete if the organization answered (a) De (b) Complete if the organization answered (c) Column (b) must equal Form 990, Part X, column (b) and Complete if the organization answered 'Yes' on Form (a) Description (b) Federal income taxes (c) Complete if the organization answered 'Yes' on Form (b) Federal income taxes	N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (e) De (f) De (f) De (f) De (f) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (e) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (f) De (e) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (e) De (f) De (f) De (g) Descr (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (d) De (d) De (e) De (e) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	00, Part IV, line 11d. See Form	(b) Book value
Other Assets. Complete if the organization answered (a) De (b) De (c) De (c) De (d) De (d) De (e) De (f) De (e) De (f) De (f) De (g) De (N/J I 'Yes' on Form 99 scription B) line 15.)	11e or 11f. See Form 990, Part X, line 2	(b) Book value Location (b) Book value Location (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,080,323.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	19,297.
3 Subtract line 2e from line 1	3	1,061,026.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,061,026.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	
	Returi 1	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 I 19,297.		965,910.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1	965,910. 19,297.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	965,910.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e	965,910. 19,297.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.). 4 Ab	1 2e	965,910. 19,297.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	19,297. 946,613.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.). 4 Ab	2 e 3	965,910. 19,297.

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

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION APPLIED FOR AND HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY.

ACCORDINGLY, INCOME TAXES ARE NOT PROVIDED FOR IN THE FINANCIAL STATEMENTS.

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT, BASED ON TECHNICAL MERITS, THAT THE

POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2020, THE ORGANIZATION

BAA

Schedule D (Form 990) 2019

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

OPPORTUNITY KNOCKS INCORE						Employer identifica	
Fdustalus a A attaitte a Coursela		ation answ	arad 'Yas'	on Form 990 Part IV line	o 17	26-475840	3
Part I Form 990-EZ filers are not re	quired to comp	lete this p	art.	off Form 990, Fact IV, line	E 17.		
1 Indicate whether the organization	raised funds the	rough any	of the foll	owing activities. Check	all that	apply.	
a Mail solicitations			е	Solicitation of non-	governn	nent grants	
b Internet and email solicitations	5		f	Solicitation of gove	ernment	grants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations							
2 a Did the organization have a written o employees listed in Form 990, Par	r oral agreemen	t with any i	individual (i	including officers, directo	rs, truste	es, or key	
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or enti ne organization.	ities (fund	raisers) pu	ursuant to agreements i	under wi	nich the fundrai	ser is to be
	1	1				nount paid to	
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser dy or control	(iv) Gross receipts	(or i	etained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	ributions?	from activity	fundra	aiser listeď in olumn (i)	organization
		Yes	No			orariir (i)	
1							
2							
3							
•							
4							
5				-			
3							
6			- 2				
7							
					100		
8							
						-	
9							
		-					
10							
10							
Total							0.
3 List all states in which the organization				contributions or has been	notified i	t is exempt from	
or licensing.	00000000000000000000000000000000000000					en en en 1944 our ben skatt (M. 1955) 15. Filologie	ers enver - VT enthalthemisson of hands

Schedule G (Form 990 or 990-EZ) 2019 OPPORTUNITY KNOCKS INCORPORATED 26-4758403 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (a) Event #1 (b) Event #2 (c) Other events OK GALA OK CLASSIC REVENUE (event type) (event type) (total number) 1 Gross receipts..... 160,071 119,999. 47,975. 328,045. 2 Less: Contributions..... 71,925. 71,925. 3 Gross income (line 1 minus line 2)..... 88,146. 119,999. 47,975. 256,120. 4 Cash prizes..... DIRECT 6 Rent/facility costs..... 7 Food and beverages Other direct expenses..... 25,294. 18,830. 25,397. 69,521. 10 Direct expense summary. Add lines 4 through 9 in column (d) 69,521. Net income summary. Subtract line 10 from line 3, column (d)..... 186,599. Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) (a) Bingo (c) Other gaming 1 Gross revenue..... 2 Cash prizes..... DIRECT 3 Noncash prizes 4 Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No

b If 'No,' explain:

b If 'Yes,' explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

SCHE	edule G (Form 990 of 990-EZ) 2019 OPPORTUNITY KNOCKS INCORPORATED 26	-4/58403	Page 5
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 7	
а	The organization's facility.	13a	8
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address •		
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue of f 'Yes,' enter the amount of gaming revenue received by the organization and the of gaming revenue retained by the third party f 'Yes,' enter name and address of the third party:		No
	Name •		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the property of the property of the tay years.	ne	
Dar	organization's own exempt activities during the tax year > \$ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu		<u> </u>
гаг	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	additional	v);

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OPPORTUNITY KNOCKS INCORPORATED

Part I Types of Property

Employer identification number

26-4758403

rar	LI	ı yp	es of Property								
					(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Me nonca:	(d) ethod of de sh contribu	termin ution ar	ing nounts
1	Art -	- Woi	ks of art								
2			orical treasures								
3			ctional interests					-			
4			d publications								
5			and household goods					-			
			other vehicles								
6			planes					-			
7			40. • C. 1986 C. 1986 C. 1986 C. 1986 C. 1986 C. 1986 C. 1987								
8			al property								
9			- Publicly traded			6					
10			- Closely held stock		-	•					
11			- Partnership, LLC, or trust inte								
12	Secu	irities	- Miscellaneous								
13			conservation contribution – ructures								
14	Quali	ified	conservation contribution - Other								
15	Real	esta	e – Residential								
16	Real	esta	e – Commercial								
17	Real	esta	e - Other								
18	Colle	ctible	es								
19	Food	inve	ntory								
20			I medical supplies								
21			/								
22			artifacts								
23			specimens								
24			ical artifacts								
25			(REFRIGERATOR		X	1	4,000.	EM7			
26	Other	r.▶	(BRICK PAVERS)	X	1	4,147.				
27	Other		()			4,147.	LIIV			
	Other		`)							
			Forms 8283 received by the organize	•	Luring the tay	year for contributions for	r which the	1			
29	organ	nizati	on completed Form 8283, Part IV	. Done	e Acknowle	dement	r which the	29			
	o.g.		on sompleted Form S2SS, Fait IV	, 20110	071011101110	agomone		23	T	Yes	No
										163	140
30a			year, did the organization receive b								
			ld for at least three years from th t purposes for the entire holding						20.0		v
h				•					. 30 a		X
	b If 'Yes,' describe the arrangement in Part II.31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?										v
									. 31		<u>X</u>
	nonca	ash c	organization hire or use third part contributions?						. 32 a		X
			escribe in Part II.								
33			nization didn't report an amount n Part II.	in colu	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			
DAA			avends Destroyt's a Ast Notice								The state of the s

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPPORTUNITY KNOCKS INCORPORATED

Employer identification number 26-4758403

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OPPORTUNITY KNOCKS IS DEDICATED TO ENRICHING LIFE AND COMMUNITY. WE EXIST TO SUPPORT PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AS THEY LIVE, WORK, LEARN, GROW AND CONNECT WITHIN THEIR COMMUNITY. WE BELIEVE IN A DYNAMIC, PERSON-CENTERED, COMMUNITY-BASED APPROACH TO PROGRAMMING THAT ENGAGES THE VOICE OF ALL WARRIORS, THRIVES ON INTERDEPENDENT CONNECTIONS, ENCOURAGES EXPLORATION, CENTERS ON HOLISTIC WELLNESS AND FOSTERING HEALTHY RELATIONSHIPS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

PHILIP CARMODY, PRESDIENT, IS BROTHER OF MICHAEL CARMODY, EXECUTIVE DIRECTOR, AND BOTH PHILIP AND MICHAEL CARMODY ARE THE SONS OF JOHN CARMODY, BOARD MEMBER.

SAFEGUARDS HAVE BEEN ADDED TO REDUCE THE LIEKLIHOOD OF POTENTIAL CONFLICTS OF INTEREST. JOHN, PHILIP, AND MICHAEL CARMODY ABSTAIN FROM THE PROCESS OF DETERMINING, REVIEWING AND VOTING ON COMPENSATION FOR BOTH PHILIP AND MICHAEL CARMODY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS SUBMITTED TO THE PRESIDENT AND DISTRIBUTED TO THE BOARD FOR REVIEW,
ALLOWING AT LEAST ONE WEEK FOR REVIEW. UPON COMPLETION OF THEIR REVIEW AND APPROVAL,
THE TAX RETURN IS SIGNED BY THE PRESIDENT AND FILED.

FORM 990, PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

Employer identification number

26-4758403

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE AND UPON REQUEST.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only subr	nit origina	al (no copies needed).		
All corporations required to file an income tax return other that			s, REMICs, and	trusts must
use Form 7004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	tax returns		Taxpayer identificat	ion number (TIN)
Type or print OPPORTUNITY KNOCKS INCORPORATE	ED		26-475840	3
File by the due date for filing your return. See Number, street, and room or suite number. If a P.O. box, see in 8020 MADISON ST. City, town or post office, state, and ZIP code. For a foreign additional contents of the property of the code.		ctions.		
instructions. RIVER FOREST, IL 60305				
Enter the Return Code for the return that this application is for	or (file a se	parate application for each return)		01
Application Is For	Return Code	Application Is For		Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720 (other than individual)		09
Form 990-PF	04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
Telephone No. ► 708-771-6159 If the organization does not have an office or place of buse If this is for a Group Return, enter the organization's four check this box ►	digit Group	e United States, check this box	this is for the w	hole group,
1 I request an automatic 6-month extension of time until for the organization named above. The extension is for ▶ □ calendar year 20 or ▶ ☒ tax year beginning 7/01 , 20 19 2 If the tax year entered in line 1 is for less than 12 mont □ Change in accounting period	the organiz	ng <u>6/30</u> , ²⁰ <u>20</u> .	zation return	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions	1720, or 606	9, enter the tentative tax, less any	3 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayment	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your EFTPS (Electronic Federal Tax Payment System). See	r payment v instructions	vith this form, if required, by using	3 c \$	0.
Caution: If you are going to make an electronic funds withdra payment instructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO and Forn	n 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

6/30/20 2019 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

CLIENT OPPKNOCK OPPORTUNITY KNOCKS INCORPORATED

26-4758403

CIN	IOPPKNOCK	0110				ORATED				6-4/5840
/21										10:34A
VO.	DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE .	CURRENT DEPR.
)EPR	. SCHEDULE ONLY									
AU	TO / TRANSPORT EQUIPMENT									
1	2012 F350 STARCRAFT BUS	5/18/12		50,131			50,131	S/L	5	
2	DODG GC W FOLDOUT RAMP	9/23/16		52,245			24,037	S/L	6	8,70
3	DODE GC WITH FOLDOUT RAMP	9/23/16		52,245			24,037	S/L	6	8,70
4	DODGE DAKOTA PICKUP	11/19/18		3,731			435	S/L	5	74
	TOTAL AUTO / TRANSPORT EQUI			158,352		0	98,640		-	18,16
FU	RNITURE AND FIXTURES				6		5			
<u> </u>	COUCH	11/01/10		500			500	S/L	8	
6	STORAGE CABINET	6/22/10		256			234	S/L	10	2
7	DESK CHAIRS	9/01/09		250			250	S/L	5	
8	DESK	12/01/09		600			575	S/L	10	2
9	FILE CABINET	12/01/09		500			479	S/L	10	2
10	LIFE SHOP FURN	8/05/13		2,200			2,200	S/L	5	
11	4 DESK- FRONT OFFICE	9/16/13		600			600	S/L	5	
12	2 OFFICE CHAIRS	1/03/14		200			200	S/L	5	
13	SHELVES/CABINETS	1/21/14		570			570	S/L	5	
14	GLASTENDER REFRIGERATOR	9/01/16		1,850			1,048	S/L	5	37
15	TRUE GLASS DOOR FRIDGE	9/01/16		4,250			2,408	S/L	5	85
16	STORAGE SYSTEM	1/02/18		527			158	S/L	5	10
72	STANDING DESK- MIKE	10/09/19		604	,			S/L	5	Ş
	TOTAL FURNITURE AND FIXTURE			12,907		0	9,222			1,48
IM	PROVEMENTS									
17	LEASEHOLD IMPROVEMENTS	1/01/10		16,929			16,929	S/L	3.5	
18	ENTRYWAY PAVER	3/01/16		2,500			1,667	S/L	5	50
19	TUFF SHED	11/09/18		1,855			124	S/L	10	18
73	BRICK PAVERS FOR WALKWAY	4/01/20		4,147				S/L	5 .	20
	TOTAL IMPROVEMENTS			25,431		0	18,720			89
MA	ACHINERY AND EQUIPMENT									
20	LAPTOP	11/01/08		2,400			2,400	S/L	5	
21	REFRIGERATOR	11/01/10		800			800	S/L	5	
22	COMPUTERS	9/10/10		4,500			4,500	S/L	5	

6/30/20

2019 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

										10:34
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE .	CURRENT DEPR.
23	NINTENDO WII	1/01/10		200			200	S/L	5	
24	EPSON PROJECTOR	1/01/10		600			600	S/L	5	
25	2 CANOPY TENTS	8/19/11		380			380	S/L	7	
26	IPAD	8/19/11		845			845	S/L	5	
27	MACBOOK PRO	3/05/12		1,448			1,448	S/L	5	
28	OSCILLATING FAN	5/25/12		175			175	S/L	7	
29	STORGE BARN	10/09/12		636			432	S/L	10	
30	POWER SYNC TRAY	12/19/12		1,009			1,009	S/L	5	
31	IPADS (12)	12/06/12		6,576			6,576	S/L	5	
32	MACBOOK	5/13/13		1,234			1,234	S/L	5	
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		1,746			1,746	S/L	5	
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243			243	S/L	5	
35	WIRELESS DESKTOP	10/22/12		954			954	S/L	5	
36	APPLE TV	12/05/12		99			99	S/L	5	
37	MONITOR / AUX CABLES	2/19/13		164			164	S/L	50	
38	MACBOOK FOR JH 5-492	5/01/13		1,199			1,199	S/L	5	
39	EQUIPMENT	6/30/13		682			682	S/L	5	
40	FURNITURE	6/30/13		4,000			4,000	S/L	5	
41	4 COMPUTERS LIFE SHOP	7/19/12		3,560			2,907	S/L	5	
42	SMART BOARD LIFE SHOP	7/31/13		4,968			4,968	S/L	5	
43	TV	4/22/14		480			480	S/L	5	
44	PHOTO PRINTER	6/12/14		130			130	S/L	5	
45	IMAC DESKTOP AND WARRANTY	7/05/13		1,415			1,415	S/L	5	
46	MACBOOK PROS AND WARRANTY	3/26/14		3,120			3,120	S/L	5	
47	IPADS (2)	7/05/13		1,396			1,396	S/L	5	
48	MACBOOK	7/15/13		1,319			1,319	S/L	5	
49	WIRELESS ROUTER	8/21/13		150			150	S/L	5	
50	REFURBISHED IMAC	3/02/14		975			975	S/L	5	
51	4 TB HARD DRIVE	8/29/13		160			160	S/L	5	
52	SONY LAPTOP AND HP PRINTER	9/17/13		1,160			1,160	S/L	5	
53	REFRIGERATOR	6/01/15		8,500			6,942	S/L	5	1
54	EXERCISE EQUIPMENT	12/01/14		12,000			11,000	S/L	5	1
55	KITCHEN CART 1-56	1/20/15		368			327	S/L	5	
56	WELLNESS EQUIPMENT	3/24/15		250			213	S/L	5	
57	APPLE TV 9-241	9/03/14		109			106	S/L	5	
58	COMPUTOR MONITOR	1/23/15		200			177	S/L	5	
59	MOBILE HOTSTOP 5-94	4/17/15		136			113	S/L	5	
60	SOFTWARE 7-96	7/24/14		525			525	S/L	3	
61	COMPUTER EQUIPMENT 6-176	5/26/15		399			327	S/L	5	

6/30/20

2019 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 3

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

3/01/21										10:34AM
NO.	DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE .	CURRENT DEPR.
62	COMPUTER 3-240	3/10/15		481			416	S/L	5	65
63	MACBOOK PRO	6/25/15		1,150			920	S/L	5	230
64	STORAGE SHED AND TOOLS	3/01/16		1,500			1,000	S/L	5	300
65	MACBOOK	10/11/16		1,409			775	S/L	5	282
66	PRINTER LS 3-204	3/05/18		325			87	S/L	5	65
67	MACBOOK PRO- JENI	8/01/17		1,198			460	S/L	5	240
68	MACBOOK PRO-KIM	8/09/17		1,249			479	S/L	5	250
69	COMPUTER MARY	10/16/17		511			170	S/L	5	102
70	MACBOOK PRO-OSCAR	8/06/19		1,299				S/L	5	238
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740				S/L	5	623
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000	6			S/L	5	533
	TOTAL MACHINERY AND EQUIPME			88,072		0	71,903			5,749
	TOTAL DEPRECIATION			284,762		0	198,485			26,288
	GRAND TOTAL DEPRECIATION			284,762		0	198,485			26,288

6/30/20	2	2019 FEDE		∆L B	00K	DEP	RECIA	TION	SCHE	RAL BOOK DEPRECIATION SCHEDULE				P/	PAGE 1
CLIENT OPPKNOCK			ОР	PORT	TINO	KNOCK	OPPORTUNITY KNOCKS INCORPORATED	PORAT	ED					26-	26-4758403
3/01/21 NO. DESCRIPTION	DATE ACQUIRED	DATE SOI D	COST/ BASIS	BUS.	CUR 179 BONIIS	SPECIAL DEPR. Allow.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDLICT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE_RATE	LIFE RA		10:34AM CURRENT DEPR.
DEPR. SCHEDULE ONLY															
AUTO / TRANSPORT EQUIPMENT															
1 2012 F350 STARCRAFT BUS	5/18/12		50,131							50,131	50,131	S/L	2		0
2 DODG GC W FOLDOUT RAMP	9/23/16		52,245							52,245	24,037		9		8,708
3 DODE GC WITH FOLDOUT RAMP	9/23/16		52,245							52,245	24,037	S/L	9		8,708
4 DODGE DAKOTA PICKUP	11/19/18	I	3,731	1						3,731	435	S/L	2		746
TOTAL AUTO / TRANSPORT EQUIP	•		158,352		0	0	0	0	0	158,352	98,640				18,162
FURNITURE AND FIXTURES															
5 соисн	11/01/10		200							200	200	S/L	∞		0
6 STORAGE CABINET	6/22/10		256							256	234	S/L	10		22
7 DESK CHAIRS	9/01/09		250							250	250	S/L	2		0
8 DESK	12/01/09		009							009	575	S/L	10		25
9 FILE CABINET	12/01/09		200							200	479	S/L	10		21
10 LIFE SHOP FURN	8/05/13		2,200							2,200	2,200	S/L	2		0
	9/16/13		009							009	009	S/L	2		0
	1/03/14		200							200	200		2		0
	1/21/14		220							220	270		2		0
	9/01/16		1,850							1,850	1,048	S/L	2		370
15 TRUE GLASS DOOR FRIDGE	9/01/16		4,250							4,250	2,408	S/L	2		820
16 STORAGE SYSTEM	1/02/18		527							527	158	S/L			105
72 STANDING DESK- MIKE	10/09/19	1	604	1						604		S/L	5		91
TOTAL FURNITURE AND FIXTURE			12,907		0	0	0	0	0	12,907	9,222				1,484
and the same of th															
											THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1				

6/30/20	2019	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	IL BO	OK DE	PRECI	TION	SCHE	DULE				P/	PAGE 2
CLIENT OPPKNOCK		OP	PORTUN	IITY KNO	OPPORTUNITY KNOCKS INCORPORATED	RPORAT	ED					79-7	26-4758403
3/01/21 NO. DESCRIPTION	DATE DATE ACOUNTED	COST/ BASIS	CUR BUS. 179 PCT. BONIIS	R SPECIAL 9 DEPR. US ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS RFDLICT	DEPR. BASIS	PRIOR DFPR.	METHOD	LIFE RATE		10:34AM CURRENT DFPR.
PROVEMENT:			ì										
17 LEASEHOLD IMPROVEMENTS	1/01/10	16,929						16,929	16,929	N/S	3.5		0
18 ENTRYWAY PAVER	3/01/16	2,500						2,500	1,667	S/L	2		200
19 TUFF SHED	11/09/18	1,855						1,855	124	S/L	10		186
73 BRICK PAVERS FOR WALKWAY	4/01/20	4,147						4,147		S/L	2		207
TOTAL IMPROVEMENTS		25,431		0	0	0 0	0	25,431	18,720				893
MACHINERY AND EQUIPMENT													
20 LAPTOP	11/01/08	2,400						2,400	2,400	S/L	2		0
21 REFRIGERATOR	11/01/10	800						800	800	S/L	Ŋ		0
22 COMPUTERS	9/10/10	4,500						4,500	4,500	S/L	Ω.		0
23 NINTENDO WII	1/01/10	200						200	200	S/L	2		0
24 EPSON PROJECTOR	1/01/10	009					è	009	009	S/L	2		0
25 2 CANOPY TENTS	8/19/11	380						380	380	S/L	7		0
26 IPAD	8/19/11	845						845	845	S/L	2		0
27 MACBOOK PRO	3/05/12	1,448						1,448	1,448	S/L	2		0
28 OSCILLATING FAN	5/25/12	175						175	175	S/L	7		0
29 STORGE BARN	10/09/12	989						989	432	S/L	10		64
30 POWER SYNC TRAY	12/19/12	1,009						1,009	1,009	S/L	2		0
31 IPADS (12)	12/06/12	9/2/9						9/5/9	9/2/9	S/L	2		0
32 MACBOOK	5/13/13	1,234						1,234	1,234	S/L	c)		0
33 CAMERAS (GRAPHIC DESIGN)	10/06/12	1,746						1,746	1,746	S/L	5		0
34 CAMERAS (GRAPHIC DESIGN)	10/11/12	243						243	243	S/L	2		0
35 WIRELESS DESKTOP	10/22/12	954						954	954	S/L	വ		0
36 APPLE TV	12/05/12	66						66	66	S/L	22		0

6/30/20	201	9 FEDE	RAL BOO	K DEP	RECIA	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	DULE				PAGE 3
CLIENT OPPKNOCK			OPPORTUNITY KNOCKS INCORPORATED	Y KNOC	S INCOF	RPORATED				N	26-4758403
3/01/21			Š	SPECIAL	PRIOR 179/		6				10:34AM
NODESCRIPTION	ACQUIRED SOLD	D BASIS	PCT_ BONUS	ALLOW.	SP. DFPR.	DEPR. REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE	IFE RATE	CURRENI DEPR
37 MONITOR / AUX CABLES	2/19/13		164				164	164	S/L	20	0
38 MACBOOK FOR JH 5-492	5/01/13	-	1,199				1,199	1,199	S/L	5	0
39 EQUIPMENT	6/30/13		682				682	682	S/L	5	0
40 FURNITURE	6/30/13	4	4,000				4,000	4,000	S/L	2	0
41 4 COMPUTERS LIFE SHOP	7/19/12	en'	3,560				3,560	2,907	S/L	2	0
42 SMART BOARD LIFE SHOP	7/31/13	4	4,968				4,968	4,968	S/L	2	0
43 TV	4/22/14		480				480	480	S/L	വ	0
44 PHOTO PRINTER	6/12/14		130				130	130	S/L	2	0
45 IMAC DESKTOP AND WARRANTY	7/05/13	-	1,415				1,415	1,415	S/L	22	0
46 MACBOOK PROS AND WARRANTY	3/26/14	ന്	3,120				3,120	3,120	S/L	2	0
47 IPADS (2)	7/05/13	-	1,396				1,396	1,396	S/L	2	0
48 MACBOOK	7/15/13	<u>-</u>	1,319				1,319	1,319	S/L	Ŋ	0
49 WIRELESS ROUTER	8/21/13		150				150	150	S/L	5	0
50 REFURBISHED IMAC	3/02/14		975				975	975	S/L	2	0
51 4 TB HARD DRIVE	8/29/13		160			6	160	160	S/L	5	0
52 SONY LAPTOP AND HP PRINTER	9/17/13	_	1,160				1,160	1,160	S/L	5	0
53 REFRIGERATOR	6/01/15	∞`	8,500				8,500	6,942	S/L	2	1,558
54 EXERCISE EQUIPMENT	12/01/14	12,	12,000				12,000	11,000	S/L	2	1,000
55 KITCHEN CART 1-56	1/20/15		368				368	327	S/L	2	41
56 WELLNESS EQUIPMENT	3/24/15		250				250	213	S/L	2	37
57 APPLE TV 9-241	9/03/14		109				109	106	S/L	2	က
58 COMPUTOR MONITOR	1/23/15		200				200	177	S/L	5	23
59 MOBILE HOTSTOP 5-94	4/17/15		136				136	113	S/L	2	23
60 SOFTWARE 7-96	7/24/14		525				525	525	S/L	က	0
61 COMPUTER EQUIPMENT 6-176	5/26/15		399				399	327	S/L	22	72
62 COMPUTER 3-240	3/10/15		481				481	416	S/L	5	99
63 MACBOOK PRO	6/25/15	1,	1,150				1,150	920	S/L	2	230

4	33	Z	300	282	65	240	250	102	238	623	533	49	8	8	N SASSAGE		************	- 10	
PAGE	26-4758403	10:34AM CURRENT DEPR.	36	28	Ψ	77	25	10	23	79	55	5,749	26,288	26,288					
		RATE																	
		当	. 2	5	. 2	- 2	- 5	- 5	. 5	. 5	. 21								
		METHOD	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L								
		PRIOR DEPR.	1,000	775	87	460	479	170				71,903	198,485	198,485					
DULE		DEPR. BASIS	1,500	1,409	325	1,198	1,249	511	1,299	3,740	4,000	88,072	284,762	284,762					
뿡		SALVAG /BASIS REDUCT										0							
S	ATED	978										0		0					
OE.	POR	PRIOR DEC. BAL DEPR.																	
2019 FEDERAL BOOK DEPRECIATION SCHEDULE	OPPORTUNITY KNOCKS INCORPORATED	PRIOR 179/ BONUS/ SP. DEPR.										0	0	0					
DEP	NOC	SPECIAL DEPR. ALLOW.										0	0	0					
OK	ITY K	!										0		0					
BO	TUN	CUR 179 BONIIS																	
SAL	PPO	BUS.	0	<u>_</u>	2	<u>∞</u>	6.	-	6	0	9	2	1 24	.2∥ 					
FEDER	0	COST/ BASIS	1,500	1,409	325	1,198	1,24	51	1,29	3,74	4,000	88,072	284,762	284,762					
119		DATE SOLD																	
72		DATE ACQUIRED	3/01/16	10/11/16	3/05/18	8/01/17	8/09/17	10/16/17	8/06/19	9/01/19	11/01/19								
120	CLIENT OPPKNOCK	DESCRIPTION	STORAGE SHED AND TOOLS	MACBOOK	PRINTER LS 3-204	MACBOOK PRO- JENI	MACBOOK PRO-KIM	COMPUTER MARY	MACBOOK PRO-OSCAR	COMPUTERS FOR COMPUTER LAB	COMMERCIAL REFRIGERATORS	TOTAL MACHINERY AND EQUIPME	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION					
6/30/20	LIENT	3/01/21 NO.			99 B	67 N	N 89	69	70 N	71	74 (-	,-	J					

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

Year Ended June 30, 2020

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	6
Notes to Financial Statements	7

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Independent Auditor's Report

To the Board of Directors Opportunity Knocks Incorporated

Report on the Financial Statements

We have audited the accompanying financial statements of Opportunity Knocks Incorporated (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020 and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Opportunity Knocks Incorporated as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The financial statements of Opportunity Knocks Incorporated as of June 30, 2019 were audited by other auditors, whose report dated January 14, 2020, expressed an unmodified opinion on the statements.

Wieland & Company, Inc.

March 3, 2021

STATEMENTS OF FINANCIAL POSITION

June 30, 2020 and 2019

CURRENT ASSETS Cash \$ 429,137 \$ 179,162 Accounts receivable, net 3,839 26,688 Unconditional promises to give with donor restrictions 30,000 20,800 Unconditional promises to give without donor restrictions 18,000 — TOTAL CURRENT ASSETS 480,976 226,650 FIXED ASSETS Vehicles 158,352 158,352 158,352 Furniture and equipment 100,881 91,338 Leasehold improvements 25,431 21,284 Total Fixed Assets' 284,764 270,974 Less accumulated depreciation and amortization 224,594 198,300 NET FIXED ASSETS 60,170 72,668 TOTAL ASSETS \$ 541,146 \$ 299,318 CURRENT LIABILITIES Accounts payable 847 \$ 4,057 Deferred program revenue 2,900 4,375 Accrued payroll 22,985 21,873 Accrued liabilities 1,651 1,790 TOTAL CURRENT LIABILITIES 28,383 32,095 LONG-TERM LIABILITIES 131,127 - TOTAL LONG-TERM LIABILITIES 131,127 - TOTAL LIABI		_	2020		2019
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SBA Economic Disaster Loan 131,127 - TOTAL LONG-TERM LIABILITIES 131,127 - TOTAL LIABILITIES 159,510 32,095 NET ASSETS Without donor restrictions 351,636 246,423 With donor restrictions 30,000 20,800 TOTAL NET ASSETS 381,636 267,223	TOTAL CURRENT LIABILITIES	S	28,383		32,095
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With donor restrictions 30,000 20,800 TOTAL NET ASSETS 381,636 267,223			351.636		246.423
TOTAL NET ASSETS 381,636 267,223					
		-	25,530		
TOTAL LIABILITIES AND NET ASSETS \$541,146_\$299,318	TOTAL NET ASSETS	S _	381,636		267,223
	TOTAL LIABILITIES AND NET ASSETS	S \$_	541,146	\$_	299,318

See Accompanying Notes to Financial Statements.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2020 and 2019

	Yea	Year Ended June 30, 2020	2020	Year	Year Ended June 30, 2019	19
	Without	With		Without	With	
	Donor	Donor	2020	Donor	Donor	2019
	Restrictions	Restrictions	Totals	Restrictions	Restrictions	Totals
SUPPORT AND REVENUES						
Special events (net cost of direct benefit to						
donors (2020 \$134,796; 2019, \$228,960) \$	258,524	\$ \$	258,524 \$	3 261,261 \$	\$	261,261
Grants and contributions	537,693	30,000	567,693	330,442	20,800	351,242
Program income	226,165	I	226,165	230,516	I	230,516
In-kind donations	12,647	Ī	12,647	8,231	I	8,231
Interest income	497	I	497	222	1	222
Net assets released from restrictions	20,800	(20,800)	1		I	1
TOTAL SUPPORT AND REVENUES	1,056,326	9,200	1,065,526	830,672	20,800	851,472
EXPENSES						
Program services						
Life Shop	249,495	l	249,495	211,934	I	211,934
After Opps	222,097	1	222,097	193,634	I	193,634
Social Enterprise	258,976	I	258,976	213,144	I	213,144
Management and general	138,760	I	138,760	184,871	l	184,871
Fundraising	81,785		81,785	76,676		76,676
TOTAL EXPENSES	951,113	Ī	951,113	880,259		880,259
CHANGE IN NET ASSETS	105,213	9,200	114,413	(49,587)	20,800	(28,787)
NET ASSETS, BEGINNING OF YEAR	246,423	20,800	267,223	296,010	1	296,010
NET ASSETS, END OF YEAR \$	351,636	\$ 30,000 \$	381,636 \$	246,423 \$	20,800 \$	267,223
) eas	Non-	See Accompanying Notes to Einancial Statements	ol Ctotomonte			

See Accompanying Notes to Financial Statements.

STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended June 30, 2020 and 2019

(Continued)

STATEMENTS OF FUNCTIONAL EXPENSES (CONTINUED)

Years Ended June 30, 2020 and 2019

				2019	6			
			Program Services		Total	Management		
	l	Life	After	Social	Program	and		Total
	ı	Shop	Opps	Enterprise	Services	General	Fundraising	2019
Payroll	₩.	142,550 \$	120,619 \$	111,688 \$	374,857 \$	105,411 \$	\$ 000'89	548,268
Payroll tax		13,361	13,361	13,361	40,083	3,563	891	44,537
Supplies		11,012	10,715	42,036	63,763	2,046	1,661	67,470
Employee benefits		10,431	10,431	10,431	31,293	3,477	1	34,770
Advertising and promotion		09	250	I	310	5,437	က	5,750
Automobile expense		1,635	1,635	1,636	4,906	1	1	4,906
Bad debt		1,286	1,286	1,286	3,858	4,000	I	7,858
Board development		1	I		1	1,835	1	1,835
Contributions and donations		ĺ	I	l	Ī	1	645	645
Depreciation		8,104	8,104	8,104	24,312	2,701	I	27,013
Farming		I	I	4,191	4,191	72	1	4,263
Fees			1	l	Ì	17,040	5,310	22,350
Insurance		8,240	8,240	8,240	24,720	2,747	1	27,467
License and fees		I	545	1	545	3,994	I	4,539
Occupancy		11,020	11,020	11,020	33,060	6,654	1	39,714
Office expense		45	217	1	262	10,825	I	11,087
Postage		1	1		1	1,378	1	1,378
Printing and copying		1,151	1,151	1,151	3,453	ſ	I	3,453
Professional services		I	1,361	1	1,361	12,169	1	13,530
Repairs and maintenance		1	1		1	523	1	523
Staff development		3,000	3,082	ĺ	6,082	655	166	6,903
Travel		I	1,617	1	1,617	86	1	1,715
Volunteer expenses	ļ	39	1		39	246	1	285
TOTAL EXPENSES	U	211 934 \$	193 634 \$	213 144 \$	618 712 \$	184 871 \$	76 676 \$	880 259
	,	- 11	11	,	- 11	11	0 (0))) [[]

See Accompanying Notes to Financial Statements.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2020 and 2019

	2020	2019
CASH FLOW FROM OPERATING ACTIVITIES Change in net assets Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	\$ 114,413	\$ (28,787)
Depreciation	26,288	27,014
Bad Debts	17,677	7,858
Noncash fixed asset donations	(8,147)	
Changes in operating assets and liabilities:		()
Accounts receivable	5,172	(12,737)
Unconditional promises to give without donor restrictions	(18,000)	(18,800)
Unconditional promises to give with donor restrictions	(9,200)	17,000
Prepaid expenses	_	5,175
Accounts payable	(3,210)	
Deferred program revenues	(1,475)	
Accrued payroll	1,112	(2,470)
Accrued liabilites	(139)	647
NET CASH PROVIDED (USED) BY OPERATING ACTIVITES	124,491	(7,109)
CASH FLOWS FROM INVESTING ACTIVITIES Payments for the purchase of fixed assets	(5,643)	(1,855)
NET CASH USED BY INVESTING ACTIVITES	(5,643)	(1,855)
CASH FLOW FROM FINANCING ACTIVITIES Proceeds of SBA Economic Disaster Loans	131,127	
NET CASH PROVIDED BY FINANCING ACTIVITIES	131,127	
NET INCREASE (DECREASE) IN CASH	249,975	(8,964)
CASH BEGINNING OF YEAR	179,162	188,126
CASH END OF YEAR \$	\$ 429,137	\$ 179,162
NONCASH OPERATING ACTIVITIES Donated fixed assets	\$8,147	\$\$
TOTAL NONCASH OPERATING ACTIVITES	8,147	\$ 3,731

See Accompanying Notes to Financial Statements.

NOTE A - NATURE OF ACTIVITIES

Opportunity Knocks Incorporated (the Organization) is an Illinois not-for-profit corporation founded in March 2009. The Organization is dedicated to enriching life and community. The Organization exists to support people with intellectual and developmental disabilities (Warriors) as they live, work, learn, grow and connect within their community. The Organization believes in a dynamic, person-centered, and community-based approach to programming that engages the voice of all Warriors, thrives on interdependent connections, encourages exploration, centers on holistic wellness and fostering healthy relationships. A summary of the Organization's program services are described below:

After Opps

After Opps is an after-school/after-work program that offers social and recreational activities of all kinds. Each session's activities are determined through a collaborative partnership between participants and Organization's staff.

Life Shop

Life Shop is an alternative-style day program that takes a Warrior centered approach to adult life in the community. Designed for Warriors older than age 22, focusing on building life skills, health and wellness, community connections and vocational skills.

Social Enterprise

Social Enterprise is a Knockout Brand which has three initiatives that aims to sustain meaningful and gainful vocational skill-building opportunities while also producing a revenue stream to support Organization's operations. The enterprises include Knockout Pickles, Knockout Catering and Knockout Farm.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and accordingly reflect all significant receivables, payables and other liabilities. The Organization reports information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions.

Revenue Recognition

Grants, gifts and contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions in the statement of activities.

Conditional promises to give are recognized as support when the conditions on which they depend are substantially met. Support from grants and other agreements that in substance constitute exchanges for services from the Organization is recognized when earned.

Special event revenues are recognized when the underlying event occurs or when contributions are made that are unconditional.

Program revenue is recognized when earned for the period.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Use of Estimates

The preparation of financial statements in conformity with auditing standards generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly-liquid investments with an initial maturity of three months or less to be cash equivalents. At June 30, 2020 and 2019, there were no cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probably uncollectible amounts through charge to net assets and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Accounts are considered delinquent when not collected within negotiated terms.

Allowance for Doubtful Accounts

The Organization carries its accounts receivable at cost less an allowance for doubtful accounts. On a periodic basis, the Organization evaluates its accounts receivable and establishes the amount of the allowance for doubtful accounts based on history of past write-offs and collections and current credit conditions. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to trade accounts receivable. At June 30, 2020, the allowance for doubtful accounts was \$5,500.

Pledges Receivable

When a donor has unconditionally promised to contribute funds in future periods, the Organization recognizes the fair value of the pledge receivable. Pledges expected to be collected within one year are recorded as a contribution and a receivable at net realizable value, which approximates fair value. Pledges expected to be collected after one year are recorded as a contribution and a receivable at the present value of the expected future cash flows.

Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. The Organization reports expirations of donor restrictions when the donated or acquired assets are place in service as instructed by the donor.

Purchased property and equipment are recorded at acquisition cost. Depreciation is charged against income over the estimated useful lives of the related property and equipment of five years under the straight-line method (see Note D).

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Functional Allocation of Expenses

The costs of providing the Organization's programs and supporting services are summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs are allocated among the programs and supporting services benefited.

Income Taxes

The Organization applied for and has been granted tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and is classified as a public charity. Accordingly, income taxes are not provided for in the financial statements.

The financial statement effects of a tax position taken or expected to be taken are recognized when it is more likely than not, based on technical merits, that the position will be sustained upon examination. As of June 30, 2020, the Organization had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.

Donated Services and Goods

Donated services are recognized as revenues and corresponding expenses in the statement of activities when they create or enhance nonfinancial assets, or require specialized skills which would need to be purchased if not donated. Donated goods used in operations are recognized at estimated fair values when received (see Note F).

Advertising Costs

Advertising cost, except for costs associated with direct-response advertising, are charged to operations when incurred. The costs of direct-response advertising are capitalized and amortized over the period during which future benefits are expected to be received. At June 30, 2020, the Organization has no costs associated with direct-response advertising. Advertising and promotions expense was \$6,668 and \$5,750 during the years ended June 30, 2020 and 2019, respectively.

Management Review

Management has evaluated subsequent events to March 3, 2021, the date on which the financial statements were available to be issued.

NOTE C - RESTRICTIONS ON NET ASSETS

Net assets with donor restrictions are restricted for the following purposes:

As of June 30, 2020: Warrior Wellness initiative	\$ 30,000
As of June 30, 2019: Time restriction	\$ 20,800

NOTE D - PROPERTY AND EQUIPMENT

Property and equipment are stated at cost. Depreciation and amortization is computed using the straight-lined method over the following estimated useful lives:

Y	9	a	rs	
	0	u		•

Vehicles 5 - 6 Furniture and equipment 5 - 10

Leasehold improvements Shorter of useful life or lease term

Depreciation and amortization expense was \$26,288 and \$27,014 for the years ended June 30, 2020 and 2019, respectively.

NOTE E - NEW ACCOUNTING STANDARDS

Revenue from Contracts

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606), which supersedes the revenue recognition requirements in Accounting Standards Codification 605, Revenue Recognition. ASU No. 2014-09 provides for a single five-step model to be applied to all revenue contracts with customers. ASU No. 2014-09 also requires additional financial statement disclosures about the nature, amount, timing and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments. ASU No. 2014-09 is effective for annual reporting periods beginning after December 15, 2018. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively for all periods presented.

Contributions received and made

In June 2018, the FASB issued ASU No. 2018-08, Not-for-Profit Entities (Topic 958) – Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. ASU No. 2018-08 improves the current guidance on determining whether transactions are contributions or exchange transactions. ASU No. 2018-08 also requires determining if a contribution is conditional on the basis of whether an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. ASU No. 2018-08 is effective for resource recipients for annual reporting periods beginning after December 15, 2018 and for resource providers for annual reporting periods beginning after December 15, 2019. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively for all periods presented.

Leases

In February 2016, the FASB issued ASU No. 2016-02, Leases, which is intended to improve financial reporting about leasing transactions. ASU No. 2016-02 requires that leased assets be recognized as assets on the statement of financial position and the liabilities for the obligations under the lease also be recognized on the statement of financial position. ASU No. 2016-02 requires disclosures to help investors and other financial statement users better understand the amount, timing and uncertainty of cash flows arising from leases. The required disclosures include qualitative and quantitative requirements. The requirements of Topic 842 were originally effective for reporting periods beginning after December 15, 2020, but the implementation date was extended one year due to the Covid-19 pandemic. Early adoption is permitted. ASU No. 2016-02 must be adopted using a modified retrospective transition and provides for certain practical expedients. Transition will require application of the new guidance at the beginning of the earliest comparative period presented. The Organization is currently evaluating the methods of adoption allowed by ASU No. 2016-02 and the effect that ASU No. 2016-02 is expected to have on its financial position, results of operations, cash flows and related disclosures.

NOTE F - DONATED SERVICES AND GOODS

Donated services are recognized as in-kind revenues at their estimated fair value when they create or enhance nonfinancial assets, or they require specialized skills which would need to be purchased if they were not donated. The Organization receives donated services from a variety of unpaid volunteers assisting the Organization in its programs. No amounts have been recognized for these services as the criteria for recognition of such volunteer efforts have not been satisfied.

Donated goods are recognized as a contribution at their estimated fair value when donated to the Organization. The Organization received donated goods for its several auctions valued at \$71,925 and \$74,310 during the years ended June 30, 2020 and 2019, respectively. The value of the donated goods for auctions is included in the cost of direct donor benefits and reported as a reduction in special events revenue on the statement of activities.

Donated vehicles are recognized as contributions at their estimated fair value when donated to the Organization. During the year ended June 30, 2019, the Organization received a donated vehicle for organizational use valued at \$3,731. The value of the donated vehicle is included in the in-kind revenues in the statement of activities and in the vehicles on the statement of financial position.

Donated space is recognized as a contribution at estimated fair value when donated to the Organization. The Organization received donated space valued at \$4,500 for each of the years ended June 30, 2020 and 2019. The value of the donated space is included in the in-kind revenue and occupancy expenses on the statement of functional expenses.

NOTE G - COMMITMENTS

The Organization leases its facility under a five-year non-cancellable operating lease that commenced on July 1, 2016. Rent expense was \$33,600 during each of the years ended June 30, 2020 and 2019

Future minimum rental payments under the terms of the lease is as follows:

Year Ending June 30:		
2021	\$ 33,600	_
TOTAL	\$ 33,600	

NOTE H - SMALL BUSINESS ADMINISTRATION ECONOMIC DISASTER LOANS

During the fiscal year ended June 30, 2020, the Organization received \$131,127 through COVID-19 programs that were sponsored by the United States and administered by the Small Business Administration (the "SBA"). The most notable program was the Payroll Protection Program (or "PPP"). The Organization's PPP loan, \$131,127, has a two-year term and bears interest at 1% per annum. Under the PPP, the Organization can be granted forgiveness for all or a portion of these loans based on the Organization's spending on payroll and utilities. The Organization anticipates the loan will be completely forgiven and will recognize the related revenue in the period it is so notified.

NOTE I - RETIREMENT PLAN

The Company sponsors a 403(b) plan for certain employees. The Organization does not provide a matching contribution.

NOTE J - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs, the Organization maintains a line of credit with maximum borrowings of \$50,000. There was no balance outstanding at June 30, 2020 or 2019.

Financial assets at year-end available to meet cash needs for general expenditure within one year of \$450,976 consist of cash of \$429,317 and receivables of \$21,839. There were \$30,000 of assets unavailable for general expenditures within one year due to donor-imposed restrictions for specific purposes.