Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending , 20 2024 Check if applicable: D Employer identification number Address change OPPORTUNITY KNOCKS INCORPORATED 26-4758403 8020 MADISON ST. Telephone number Name change RIVER FOREST, IL 60305 708-771-6159 Initial return Final return/terminated **G** Gross receipts \$ Amended return 1,364,481 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 Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: WWW.OPPORTUNITYKNOCKSNOW.ORG H(c) Group exemption number Κ Form of organization: X Corporation Trust Association L Year of formation: M State of legal domicile: 2009 Part I Summary Briefly describe the organization's mission or most significant activities: OPPORTUNITY KNOCKS IS A NONPROFIT ORGANIZATION DEDICATED TO PROVIDING OPPORTUNITIES AND RESOURCES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES SO THAT THEY MAY PURUSE THEIR EDUCATIONAL, OCCUPATIONAL AND SOCIAL INTERESTS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of independent voting members of the governing body (Part VI, line 1b)..... 17 49 Total number of volunteers (estimate if necessary)..... 6 Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 581,215 581,426. Program service revenue (Part VIII, line 2g)..... 293,206. 414,956. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 2,747. 11,037. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 192,437. 171,339. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 178,758 12 069,605 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 873,257 1,177,503. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 190,599. 237,709. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,063,856. 1,415,212. Revenue less expenses. Subtract line 18 from line 12..... 5,749. -236,454. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 735,548. 531,655. 21 Total liabilities (Part X, line 26)..... 20,877. 53,438. Net assets or fund balances. Subtract line 21 from line 20..... 22 714,671. 478,217. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Here PHIL CARMODY PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature LINDSAY A. LINDSAY A. P02397235 **Paid** WALLACE WALLACE self-employed Preparer Firm's name WIELAND WALLACE INC

232 S. BATAVIA AVENUE

BATAVIA, IL 60510

Use Only

Firm's address

Yes

Nο

36-4025026 630-406-4490

Firm's EIN

Par		7
1	Check if Schedule O contains a response or note to any line in this Part III	7
'	SEE SCHEDULE O	
	2EF 2CUEDOTE O	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_
	Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	and revended, if drift, for each program sortion reported.	
<i>1</i> a	(Code:) (Expenses \$ 691,147. including grants of \$) (Revenue \$ 395,014.)	<u> </u>
-r u	OK PROGRAMS INCLUDING NEXT PHASE - NEXT PHASE ENCOMPASSES BOTH IN PERSON AND VIRTUAL	,
	PROGRAMMING FOR ALL OF PARTICIPANTS FOCUSING ON BUILDING LIFE SKILLS, HEALTH AND	_
	WELLNESS, COMMUNITY CONNECTIONS AND VOCATIONAL SKILLS FOR PARTICIPANTS THAT ARE 22	_
	AND UP; AS WELL AS FOCUSSING ON AFTER SOCIAL RECREATIONAL PROGRAMS GEARED TOWARDS	_
	PARTICIPANTS THAT ARE 14 AND UP.	_
		_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$304,667. including grants of \$) (Revenue \$19,942.))
	SOCIAL ENTERPRISES - 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.	_
		_
		_
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		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	•
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		_
N -J	Other program corvices (Describe on Schedule O.)	_
4 0	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses 995,814.	
-	. J.J., U.T.	

TEEA0102L 08/23/23

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) OPPORTUNITY KNOCKS INCORPORATED Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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			<u>. []</u>
1.	Enter the number reported in hex 2 of Form 1006 Enter, 0, if not applicable		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
	(gambling) withings to prize withers:	- 10	77	

Form 990 (2023) OPPORTUNITY KNOCKS INCORPORATED

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

			res	NO						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 49									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ						
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>									
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х						
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7f 7g		Λ						
h	as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a									
Form 1098-C?										
organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	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.).									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	150								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
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	1.		v						
	excess parachute payment(s) during the year?	15		X						
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		X						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would									
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								
	TEF 4010FL 00102102	_		0000						

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 1a Enter the number of voting members of the governing body at the end of the tax year..... 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain 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 Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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 a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 Upon request Own website Another's website 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 19 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours	box,	not che unless	s per I a di	ition more rson i irecto	e than one is both an or/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(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	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) PHILIP CARMODY	40									
PRESIDENT	0			Χ				72,865.	0.	0.
_(2) MICHAEL CARMODY EXECUTIVE DIR.	$-\frac{40}{0}$			Х				69,231.	0.	0.
(3) HELEN KWAN	5									
DIRECTOR	0	Х						0.	0.	0.
(4) CLAUDIA MARCINIAK	5									
DIRECTOR	0	Χ						0.	0.	0.
(5) TOM MCSHANE	3									
TREASURER	0	Χ		Χ				0.	0.	0.
(6) KAREN HUNTER	3									
CHAIRPERSON	0	Χ		Χ				0.	0.	0.
(7) MICHELLE ANDERSON	1									
DIRECTOR	0	Χ						0.	0.	0.
(8) TERRY BROWN	1									
SECRETARY	0	Х		X				0.	0.	0.
(9) RYAN FARELL	0									
DIRECTOR	0	Χ						0.	0.	0.
(10) JONAS WHITE	2									
DIRECTOR	0	Χ						0.	0.	0.
(11) WILLIAM FINN	1									
DIRECTOR	0	Χ						0.	0.	0.
(12) SHERRY GINI	1									
DIRECTOR	0	Χ						0.	0.	0.
(13) MIKE MCGARRY	1									
DIRECTOR	0	Χ						0.	0.	0.
(14) JIM LENCIONI	1	_								
DIRECTOR	0	X						0.	0.	0.

Part VII Section	n A. Officers, Directors, Tru	istees, i	hey	Em		oye C)	es, a	and	a Hignest Com	ipensated Emp	oyees	(conti	nued)
	(A) Name and title	(B) Average hours per week	box, offic	unles er an	Posi neck i ss pei d a d	ition more rson i irecto	than o s both r/truste	an ee)	Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) ated amount of other ensation	
		(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	rganizat d related anizatior	tion d
(15) GREG IGNO VICE CHAI		1	Х		Χ				0.	0.			0.
(16) MIKE AL K. DIRECTOR	ARAKI	1	Х						0.	0.			0.
(17) KETHRYN K DIRECTOR	ENDALL	1	Х						0.	0.			0.
(18) ZOE PHILPO	OTTS	1	Х						0.	0.			0.
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)			-										
(24)			-										
(25)			-										
1b Subtotal								٠.	142,096.	0.			0.
	tinuation sheets to Part VII, Sections 1b and 1c)								0.	0.			0.
	individuals (including but not limited										ensatio	1	<u> </u>
from the organi	ization 0												
												Yes	No
3 Did the organiz on line 1a? If "	ration list any former officer, directly systems of the succession of the systems of the system of the systems of the system	tor, truste <i>h individu</i>	e, ke <i>al</i>	ey e	mplo 	oyee 	e, or l	high	nest compensated	employee	. 3		Х
the organization	ual listed on line 1a, is the sum of n and related organizations greate	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J for	•	. 4		Х
5 Did any person for services ren	listed on line 1a receive or accruded and the organization? If "Yes"	e compen s," comple	satio	on fr Sche	om <i>dule</i>	any • <i>J f</i> o	unre or suc	late	ed organization or oerson	individual	. 5		X
	pendent Contractors table for your five highest compens	catad ind	anan	don	+ 001	ntra	otoro	tha	t received more th	222 \$100 000 of			
compensation fr	om the organization. Report compen	sation for	the c	alen	dar j	year	endir	ng v	vith or within the or	ganization's tax year			
,	(A) Name and business addi	ress							(B) Description o	of services	Compe	C) nsatio	n
	independent contractors (including by mpensation from the organization	out not limi	ited t	o the	ose I	listed	d abov	ve)	I who received more	than			

Form 990 (2023) OPPORTUNITY KNOCKS INCORPORATED 26-4758403 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с 52,018 Gifts, **d** Related organizations 1d e Government grants (contributions) 134,228 Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 395,180. Noncash contributions included in 1g 68,518 lines 1a-1f. h Total. Add lines 1a-1f 581,426 Business Code Program Service Revenue 2a PROGRAM PARTICIPATION 611710 414,956 414,956 All other program service revenue. . . g Total. Add lines 2a-2f 414,956 Investment income (including dividends, interest, and 11,037 11,037 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$_ 52,018. of contributions reported on line 1c). See Part IV, line 18 8a 357,062 **b** Less: direct expenses..... 8b 185,723 c Net income or (loss) from fundraising events 171,339 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

,178,758

425,993

0

All other revenue... Total. Add lines 11a-11d ...

12

Total revenue. See instructions.....

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				
Do r 6b, 7	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 5	Benefits paid to or for members	142,096.	96,625.	28,419.	17,052.
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.	0.	0.
7	Other salaries and wages	890,772.	605,725.	178,154.	106,893.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	030,772.	0037123.	170,101.	100/093.
9	Other employee benefits	58,031.	39,461.	11,606.	6,964.
10	Payroll taxes	86,604.	58,891.	17,321.	10,392.
11	Fees for services (nonemployees):	5 5 7 5 5 5 5	,	,	
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	12 120	0.046		2 202
13	Office expenses	13,128.	9,846.	2 470	3,282.
14	Information technology	4,958.	2,479.	2,479.	
15	-				
16	Royalties	22 100	20.062	2 210	
17	Occupancy	33,180.	29,862.	3,318.	
	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				
22	Depreciation, depletion, and amortization	24,394.	21,955.	2,439.	
23	Insurance	32,500.	29,250.	3,250.	
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	PROGRAM RELATED SUPPLIES	41,505.	41,505.		
	FEES	26,577.	15,946.	4,252.	6,379.
С	STAFF DEVELOPMENT	12,041.	12,041.		
d	AUTO EXPENSE	9,846.	9,846.		
	All other expenses	39,580.	22,382.	17,198.	
25	Total functional expenses. Add lines 1 through 24e	1,415,212.	995,814.	268,436.	150,962.
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).				

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			389,097.	1	123,949.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	59,695.	4	89,350.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
Ø	7	Notes and loans receivable, net	_		7		
	8	Inventories for sale or use		-		8	
Assets	9	Prepaid expenses and deferred charges		_		9	
As		· · · · · · · · · · · · · · · · · · ·	i i	h h		9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	320,052.	83,476.	10c	104,390.	
	11	Investments — publicly traded securities	203,280.	11	213,966.		
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	735,548.	16	531,655.		
	17	Accounts payable and accrued expenses	13,377.	17	19,428.		
	18	Grants payable		18			
	19	Deferred revenue	7,500.	19	34,010.		
	20	Tax-exempt bond liabilities			20		
<u>e</u> s	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, dire itor, or 3 rsons	ector, trustee, 35%		22	
⊐	23	Secured mortgages and notes payable to unrelated th		_		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25		L	20,877.	26	53,438.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	!	X	·		·
<u>a</u>	27	Net assets without donor restrictions			714,671.	27	478,217.
Ba	28	Net assets with donor restrictions			,	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
ş	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
SSS	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
t A	32	Total net assets or fund balances		<u> </u>	714,671.	32	478,217.
ş	33	Total liabilities and net assets/fund balances			735,548.	33	531,655.
RΔ				L 08/23/23	. 55,510.		Form 990 (2023)

Form **990** (2023)

	TV D	1.00100			<u> </u>
Par	TXI 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)	-			758 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			212.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>454.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	14,6	671.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_		
	column (B))	10	4	78,2	217.
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				
	on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain		20		Λ
	on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform	_		,,
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	1 990	(2023)

Form **990** (2023)

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Name o	Name of the organization Employer identification number								
OPP	ORTUNITY KNOCKS INCO	RPORATED				26-475840	3		
	I Reason for Public Cha						ctions.		
The o	rganization is not a private found	dation because it is: ((For lines 1 through 12,	check o	nly one	box.)			
1	A church, convention of church	*		,	b)(1)(A)(i).			
2	A school described in section	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)					
3	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170)(b)(1)(A	A)(iii).			
4	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 gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial ¡ (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	olic described		
8	A community trust described	l in section 170(b)(1)	(A)(vi). (Complete Part I	l.)					
9	An agricultural research organ	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege		
	or university or a non-land-gra university:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or		
10	An organization that normal from activities related to its	y receives (1) more t exempt functions, sul	han 33-1/3% of its suppoject to certain exception	ort from	contrib (2) no r	utions, membership fe nore than 33-1/3% of i	es, and gross receipts ts support from gross		
	investment income and unre June 30, 1975. See section	509(a)(2). (Complete	Part III.)	,			the organization after		
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise	ed, or controlled by its sur	ported o	rganizat	ion(s), typically by givino	j the supported on. You must		
b	Type II. A supporting organiz		controlled in connection	with its	sunnort	ed organization(s) by	having control or		
	management of the supporting must complete Part IV, Sect	organization vested in ions A and C.	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You		
С	Type III functionally integrated organization(s) (see instruct	l. A supporting organiza ions). You must com	tion operated in connection plete Part IV, Sections	n with, ar 4, D, an	nd functio d E.	onally integrated with, its	supported		
d	Type III non-functionally integ functionally integrated. The instructions). You must com	organization generally	v must satisfy a distribu	nection tion requ	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
е	Check this box if the organiz	ation received a writt	ten determination from	he IRS	that it is	a Type I, Type II, Typ	e III functionally		
f	integrated, or Type III non-fu Enter the number of supported								
_	Provide the following information	-							
•	i) Name of supported organization		(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other		
			(described on lines 1-10 above (see instructions))	organizat in your g docur	overning	support (see instructions)	support (see instructions)		
				Yes	No				
					-				
(A)									
(B)									
(5)									
(C)									
(D)									
(E) Total									
iotal							İ		

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	T.	I				
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	567,693.	658,156.	507,191.	534,542.	512,908.	2,780,490.
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	567,693.	658,156.	507,191.	534,542.	512,908.	2,780,490.
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						2,780,490.
Sec	tion B. Total Support	<u> </u>					
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	567,693.	658,156.	507,191.	534,542.	512,908.	2,780,490.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	497.	199.	133.	2,747.	11,037.	14,613.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	55.7.					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	258,524.	260,751.	341,441.	239,110.	223,357.	1,323,183.
11	Total support. Add lines 7 through 10						4,118,286.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	23 (line 6, column	(f), divided by lin				67.52%
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	67.63%
16a	33-1/3% support test—2023. If to and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization did qualifies as a pub	not check a box plicly supported or	on line 13 or 16a	, and line 15 is 33	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	s box and see in	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.)

C	tion A. Dublic Compant		•	· · · · · · · · · · · · · · · · · · ·			
	tion A. Public Support	4 > 0010	42.000	(-) 0001	4.0.000	4 3 0000	
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	 [
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>
	tion C. Computation of Pul			10		T	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •		• •		%
	Public support percentage from 2					16	olo
	tion D. Computation of Inv					1	
	Investment income percentage for	•		-			%
	Investment income percentage f						%
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check 33-1/3% support tests—2022. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	n
	line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported orga	anization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c below.	3a		
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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	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	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?	5c		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on 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 on 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		
l0a	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 line 10b below.	10a		
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.)	10b		

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

Pa	ırt l	rt IV Supporting Organizations (continued)				
11	ш	Has the organization accepted a gift or contribution from any of the following persons?)	'es	No
	аΑ	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b an				
		the governing body of a supported organization?		la		
	βA	b A family member of a person described on line 11a above?	<u> </u>	lb		
		c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part	<i>VI.</i> 11	lc		
Se	Ctio	ction B. Type I Supporting Organizations		- 1.	. 1	
1	D	Did the governing body, members of the governing body, officers acting in their official capacity, or	membership of one	,	res	No
•	0 0 0 t/	or more supported organizations have the power to regularly appoint or elect at least a majority of officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the sorganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization one supported organization, describe how the powers to appoint and/or remove officers, direct	the organization's supported ganization had more tors, or trustees			
		were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2	th b	Did the organization operate for the benefit of any supported organization other than the supported that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how benefit carried out the purposes of the supported organization(s) that operated, supervised, or cont supporting organization.	w providing such	2		
Se		ction C. Type II Supporting Organizations				
	-	otton of Type it capporting organizations		Y	Yes	No
1	V	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	s or trustees			
	0	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or I supporting organization was vested in the same persons that controlled or managed the supported	management of the			
Se	ctio	ction D. All Type III Supporting Organizations		1		
_				Y	Yes	No
1		Did the organization provide to each of its supported organizations, by the last day of the fifth mont organization's tax year, (i) a written notice describing the type and amount of support provided duri				
	У	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) organization's governing documents in effect on the date of notification, to the extent not previously	copies of the	1		
	U	organization's governing documents in effect on the date of notification, to the extent not previously	provided?			
2	0	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in the context of the conte	in Part VI how			
		the organization maintained a close and continuous working relationship with the supported organiz				
3	V	voice in the organization's investment policies and in directing the use of the organization's income	or assets at			
		all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization in this regard.	anizations played :	3		
Se		ction E. Type III Functionally Integrated Supporting Organizations				
		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instructions).			
	а	a The organization satisfied the Activities Test. Complete line 2 below.				
	ь	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
	c		vernmental entity (see in:	struc	tions	s).
2	. Д	Activities Test. Answer lines 2a and 2b below.		Г	′es	No
					162	NO
	s o re	a Did substantially all of the organization's activities during the tax year directly further the exempt pusupported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those organizations and explain how these activities directly furthered their exempt purposes, how the or responsive to those supported organizations, and how the organization determined that these activities.	supported rganization was ities constituted			
	S	substantially all of its activities.	2	2a		
	n	b Did the activities described on line 2a, above, constitute activities that, but for the organization's inverse of the organization's supported organization(s) would have been engaged in? If "Yes," explain	in Part VI the			
		reasons for the organization's position that its supported organization(s) would have engaged in the but for the organization's involvement.		2b		
3	P	Parent of Supported Organizations. Answer lines 3a and 3b below.				
	a D e	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		За		
		b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this reg</i>		3b		

SCIII	edule A (FOITH 990) 2025 OPPORTUNITY KNOCKS INCORPORATED			58403 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza [.]	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990) 2023 BAA

Pai	ત V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(conti</i> ii	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

26-4758403

Page 8

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		_	2023	_	2022	2021	 2020		2019
FUNDRAISING	TOTAL	\$	223,357. 223,357.	\$ \$	239,110. \$ 239,110. \$	341,44 341,44	 \$ 260,751. \$ 260,751.	\$ \$	258,524. 258,524.

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

th to Form 990. 990-F7 or 990-PF

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

OMB No. 1545-0047

	TUNITY KNOCKS		26-4758403					
Organiza	ation type (check one)							
Filers of	:	Section:						
Form 990 or 990-EZ		\overline{X} 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on					
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		red by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Speci	pecial Rule. See instructions.					
General	Rule							
		illing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.						
Special I	Rules							
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, liked from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	contributor, during th contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions th n <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the pa to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such lat were received lats unless the letc., contributions					
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedi e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 t the filing requirements of Schedule B (Form 990).						

Employer identification number

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

	Contributors (see instructions). Ose duplicate copies of Part i il additional s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALTER MANDER FOUNDATION		Person X Payroll
	137 N OAK PARK AVE	\$15,000.	Noncash
	OAK PARK, IL 60301		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WESTLAKE HEALTH FOUNDATION		Person X Payroll
	18 WEST 140 BUTTERFIELD RD. SU	\$15,000.	Noncash
	OAK BROOK TERRACE, IL 60181		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NOT YOUR FATHERS FOUNDATION		Person X Payroll
	400 E. RANDOLPH ST. SUITE 2305	\$ <u>27,500.</u>	Noncash
	CHICAGO, IL 60601		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANDREW / FOUNDATION X		Person X
4	ANDREW / FOUNDATION X PO BOX 770001	\$100,000.	Person X Payroll Noncash
4			Payroll
(a) No.	PO_BOX_770001		Payroll Noncash (Complete Part II for
	PO BOX 770001 CINCINNATI, OH 45277 (b)		Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
	PO BOX 770001 CINCINNATI, OH 45277 (b)		Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
	PO BOX 770001 CINCINNATI, OH 45277 (b)	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
	PO BOX 770001 CINCINNATI, OH 45277 (b)	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	PO BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash
(a) No.	PO BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

OPPORTUNITY KNOCKS INCORPORATED

Employer identification number

26-4758403

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{1s}	
		⁵	
(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
	<u> </u>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		15	i

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

Employer identification number 26-4758403

	or (10) that total more than \$1,000 the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the tota (Enter this information once. Se	al of exclusively religi	ous, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
· uici	N/A								
		(e) Transfer of gif	lt						
	Transferee's name, addres			of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, addres	Relationship of transferor to transferee							
	<u></u>								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held					
		(e) Transfer of gif							
	Transferee's name, addres	ss, and ZIP + 4	Relationship	of transferor to transferee					
		·							
(-) N-		·							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, addres		Relationship of transferor to transferee						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OPPORTUNITY KNOCKS INCORPORATED 26-4758403 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

r art iii Organizations maintaining	Ooneeno	iis oi Ait, iiis	torical ficasuics, t	other Similar A.	33013 (00110	iiiucu)				
3 Using the organization's acquisition, access items (check all that apply).	on, and other	records, check ar	y of the following that ma	ake significant use of its	collection					
a Public exhibition		d Loan o	r exchange program							
b Scholarly research		e Other								
c Preservation for future generations		_								
Part XIII.	Part XIII.									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes									
Part IV Escrow and Custodial Arr Complete if the organization	angements on answere	s ed "Yes" on Fo	orm 990, Part IV, lii	ne 9, or reported a	n amount (on				
Form 990, Part X, line 21.	4 - 10 - 11 - 11		£							
1a Is the organization an agent, trustee, cus on Form 990, Part X?	or ot	ner intermediary	tor contributions or othe	er assets not included	Yes	No				
b If "Yes," explain the arrangement in Part XII	I and complet	te the following tab	ole.							
					Amount					
c Beginning balance				1c						
d Additions during the year				1d						
e Distributions during the year				1e						
f Ending balance				1f						
2a Did the organization include an amount of	n Form 990,	Part X, line 21,	for escrow or custodial	account liability?	Yes	No				
b If "Yes," explain the arrangement in Part	XIII. Check I	here if the explar	nation has been provide	d in Part XIII		П				
Part V Endowment Funds										
Complete if the organization	n answere	ed "Yes" on Fo	orm 990, Part IV, lii	ne 10.						
(a) 0	Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back				
1a Beginning of year balance		(1)	(1)		(4)					
b Contributions										
2 Not investment a surious social										
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			4 () ()							
2 Provide the estimated percentage of the	current year	end balance (line	e 1g, column (a)) held a	as:						
a Board designated or quasi-endowment										
b Permanent endowment	 %									
C Term chaowinent										
The percentages on lines 2a, 2b, and 2c sho	ould equal 100)%.								
3a Are there endowment funds not in the posse	ession of the o	organization that a	re held and administered	for the						
organization by:					Yes	No				
(i) Unrelated organizations?					3a(i)					
(ii) Related organizations?					` '	_				
b If "Yes" on line 3a(ii), are the related org		•			. 3b					
4 Describe in Part XIII the intended uses o		ation's endowme	nt funds.							
Part VI Land, Buildings, and Equi	•									
Complete if the organization answ	ered "Yes" on	ı Form 990, Part I	V, line 11a. See Form 99	30, Part X, line 10.						
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue				
1a Land										
b Buildings										
c Leasehold improvements			100,068.	38,295.	61	L,773.				
d Equipment			324,374.	281,757.		2,617.				
e Other										
Total. Add lines 1a through 1e. (Column (d) m	ust equal For	rm 990, Part X, Ii	ne 10c, column (B))		104	1,390.				
BAA					ule D (Form 99					

IN DESCRIPT	tion of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
	I derivatives		(c) motion of randation cost of one of jour market value
-	neld equity interests		
3) Other			
_			
A) B)			
C)			
D)			
D) E)			
(F)			
G)			
H)			
(l) 			
	n (b) must equal Form 990, Part X, line 12, column (B))		
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	on Form 990 Part IV lin	N/A e 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		(,,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Columi	n (b) must equal Form 990, Part X, line 13, column (B))		7
	Other Assets	N/	
Total. (Columi	Other Assets Complete if the organization answered "Yes" of	N/	
Part IX (1)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" of	N/. on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets Complete if the organization answered "Yes" (a) D (a) D mn (b) must equal Form 990, Part X, line 15,	N/. on Form 990, Part IV, lin escription	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets Complete if the organization answered "Yes" (a) D (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities	N/. on Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columnation of the columnation of the c	Other Assets Complete if the organization answered "Yes" (a) D (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" of	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columnation of the columnation of the c	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	N/. on Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columnation of the columnation of the c	Other Assets Complete if the organization answered "Yes" (a) D (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" of	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columnary X) (1) Federal (2)	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columna of Columna of Colum	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Columna of Columna of Colum	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X (1) Federa (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colument X) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (10)	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	n Form 990, Part IV, lin escription column (B))	e 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Colument X) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets Complete if the organization answered "Yes" (a) D mn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" (a) Desc	on Form 990, Part IV, linescription column (B))	e 11e or 11f. See Form 990, Part X, line 25. (b) Book value (b) Book value (b) Book value (b) Book value

Part XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	Return N/A
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1 Tota	I revenue, gains, and other support per audited financial statements		1
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net	unrealized gains (losses) on investments	2a	
b Dona	ated services and use of facilities	2b	
c Reco	overies of prior year grants	2c	
d Othe	r (Describe in Part XIII.)	2d	
e Add	lines 2a through 2d.		2e
3 Sub	ract line 2e from line 1		3
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a	
b Othe	r (Describe in Part XIII.)	4b	
	lines 4a and 4b		4c
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return N/A
	Complete if the organization answered "Yes" on Form 990,		
1 Tota		Part IV, line 12a.	1
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
2 Amo	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	Part IV, line 12a.	
2 Amo	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statementsunts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.	
2 Amoa Donab Prior	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b	
2 Amoa Donab Priorc Other	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	Part IV, line 12a. 2a 2b 2c	
2 Amoa Donab Priorc Othed Othe	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities year adjustments.	2a	1
2 Amoa Donab Priorc Othed Othee Add	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	1
 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subt 4 Amo 	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	2e
 2 Amo a Dona b Prior c Othe d Othe e Add 3 Subt 4 Amo a Inve 	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	2e
 2 Amo a Dona b Prior c Other d Other e Add 3 Substitute 4 Amo a Inverse b Other 	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	2e 3
 2 Amo a Dona b Prior c Othe d Othe e Add 3 Substitute 4 Amo a Inverse b Othe c Add 	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	2e 3
 2 Amo a Dona b Prior c Othe d Othe e Add 3 Substitute 4 Amo a Inve b Othe c Add 5 Tota 	Complete if the organization answered "Yes" on Form 990, I expenses and losses per audited financial statements	2a	2e 3

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 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 YEAR END, THE ORGANIZATION HAD

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

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

SCHEDULE G (Form 990)

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.

2000

Open to Public Inspection

Name of the organization					E	mployer identific	ation number
OPPORTUNITY KNOCKS INCORPORATED						26-475840	3
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organizate quired to comp	ation answolete this p	ered "Yes" art.	on Form 990, Part IV, lin	ne 17.		
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that a	pply.	
a Mail solicitations			е	Solicitation of non-	-governme	ent grants	
b Internet and email solicitations	5		f	Solicitation of gove	ernment g	rants	
c Phone solicitations			g	Special fundraising	g events		
d In-person solicitations							
2a Did the organization have a written o	r oral agreemen	t with anv i	individual (including officers, directo	rs. trustee	s. or kev	
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services?		Yes X No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	riduals or entities ne organization	s (fundraise	ers) pursua	nt to agreements under v	which the f	undraiser is to	be
(Name and address of individual		(iii) Did	fundraiser	4.50	(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custor of contr	dy or control ibutions?	(iv) Gross receipts from activity	fundrai	tained by) ser listed in lumn (i)	(or retained by) organization
		Yes	No			(i)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
		<u> </u>					
Total					L .		0.
3 List all states in which the organization or licensing.	on is registered	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	n registration

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.

Je Je			(a) Event #1 OK GALA (event type)	(b) Event #2 OTHER EVENTS (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
Revenue	1	Gross receipts	281,744.	127,336.		409,080.		
~	2	Less: Contributions	45,238.	6,780.		52,018.		
	3	Gross income (line 1 minus line 2)	236,506.	120,556.		357,062.		
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Expe	7	Food and beverages						
Direct Expenses	8	Entertainment						
Δ	9	Other direct expenses	122,719.	63,004.		185,723.		
	10 11	Direct expense summary. Add lines 4 thrones income summary. Subtract line 10 from	• , ,			=00//=01		
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye e 6a.	s" on Form 990, Pa	rt IV, line 19, or re			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
~	1	Gross revenue						
ses	2	Cash prizes						
zxper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses		0.				
	6	Volunteer labor	Yes%	Yes % No	Yes%			
	7	Direct expense summary. Add lines 2 thr						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)				
а	Is th		g activities in each of th	nese states?				
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							

BAA

Sche	dule G (Form 990) 2023	OPPORTUNITY KNO	CKS INCORPORATED	26-4758	8403	Page 3
11	Does the organization conduct gar				Yes	No
12	Is the organization a grantor, benefic administer charitable gaming?				Yes	No
	Indicate the percentage of gaming at The organization's facility	•		13a		0/0
	An outside facility					
	Enter the name and address of the p					
	Name					- – – – -
	Address					
b	Does the organization have a conflight "Yes," enter the amount of gam of gaming revenue retained by the If "Yes," enter name and address of Name	ing revenue received by the third party \$ the third party:	m whom the organization receivence organization \$	and the amou	nt	∏No
	Address				. – – – – .	
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а	Is the organization required under state gaming license?				Yes	□No
b	Enter the amount of distributions req organization's own exempt activiti	uired under state law to be	distributed to other exempt organiza		res	∐No
Par	Supplemental Informa and Part III, lines 9, 9th	o, 10b, 15b, 15c, 16,	planations required by Part and 17b, as applicable. Als	I, line 2b, columns so provide any addit	(iii) and (v ional	/);

Schedule G (Form 990) 2023 BAA TEEA3703L 06/08/23

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OP:	PORTUNITY KNOCKS INCORPORATED			26-	4758	403		
Pa	rt I Types 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:	ethod of osh contri	d) determir bution a	ning mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous				<u> </u>			
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				<u> </u>			
24	Archeological artifacts							
25	Other (MISC)		65	68,518.	FMV			
26	Other ()							
27	Other ()				<u> </u>			
28	Other ()				<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				29			
	organization completed Form 6265, Fait V, Donet	e Ackilowieug	gement		23		Yes	No
							165	NO
30a	During the year, did the organization receive by contri							
	it must hold for at least 3 years from the date of t for exempt purposes for the entire holding period			•		. 30 a		Х
ı	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •				30 a		Λ
31		cv that requir	res the review of any r	nonstandard contribution	ns?	. 31		Х
	a Does the organization hire or use third parties or					<u> </u>		21
JZ	contributions?					. 32a		Х
	If "Yes." describe in Part II.							

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

describe in Part II.

Schedule M (Form 990) 2023

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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.

BAA TEEA4602L 07/25/23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

OPPORTUNITY KNOCKS INCORPORATED

Open to Public Inspection

OMB No. 1545-0047

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.

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number		
OPPORTUNITY KNOCKS INCORPORATED	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.

BAA TEEA4902L 07/24/23 **Schedule O (Form 990) 2023**

2023 TAX RETURN

	PREPARER REVIEW COPY
Client:	OPPKNOCK
Prepared for:	OPPORTUNITY KNOCKS INCORPORATED 8020 MADISON ST. RIVER FOREST, IL 60305 708-771-6159
Prepared by:	LINDSAY A. WALLACE WIELAND WALLACE INC 232 S. BATAVIA AVENUE BATAVIA, IL 60510 630-406-4490
Date:	FEBRUARY 22, 2025
Comments:	
Route to:	

FDIL2001L 05/20/23

2023 Exempt Org. Return prepared for:

OPPORTUNITY KNOCKS INCORPORATED 8020 MADISON ST.

RIVER FOREST, IL 60305

Wieland Wallace Inc 232 S. Batavia Avenue Batavia, IL 60510

Wieland Wallace Inc 232 S. Batavia Avenue Batavia, IL 60510

OPPORTUNITY KNOCKS INCORPORATED 8020 MADISON ST. RIVER FOREST, IL 60305

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CLIENT OPPKNOCK OPPORTUNITY KNOCKS

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۷0.	DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE	CURRENT DEPR.
EPR	R. 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			52,245	S/L	6	
3	DODE GC WITH FOLDOUT RAMP	9/23/16		52,245			52,245	S/L	6	
4	DODGE DAKOTA PICKUP	11/19/18		3,731			3,419	S/L	5	31
	TOTAL AUTO / TRANSPORT EQUI			158,352		0	158,040			31
FU	RNITURE AND FIXTURES									
5	COUCH	11/01/10		500			500	S/L	8	
6	STORAGE CABINET	6/22/10		256			256	S/L	10	
7	DESK CHAIRS	9/01/09		250			250	S/L	5	
8	DESK	12/01/09		600			600	S/L	10	
9	FILE CABINET	12/01/09		500			500	S/L	10	
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			1,850	S/L	5	
15	TRUE GLASS DOOR FRIDGE	9/01/16		4,250			4,250	S/L	5	
16	STORAGE SYSTEM	1/02/18		527			527	S/L	5	
72	STANDING DESK- MIKE	10/09/19		604			454	S/L	5	12
76	DISHWASHER	1/24/22		673			191	S/L	5	13
78	SUPPLIES CART	6/28/22		531			106	S/L	5	10
80	EXERCISE BIKE	6/30/22		4,136			827	S/L	5	82
83	STANDING DESKS	VARIOUS		2,811			187	S/L	5	56
91	PATIO FURNITURE	3/30/24		3,862	-			S/L	5 -	19
	TOTAL FURNITURE AND FIXTURE			24,920		0	14,068			1,94
IM	PROVEMENTS									
17	LEASEHOLD IMPROVEMENTS	1/01/10		16,929			16,929	S/L	3.5	
18	ENTRYWAY PAVER	3/01/16		2,500			2,500	S/L	5	
19	TUFF SHED	11/09/18		1,855			868	S/L	10	18
73	BRICK PAVERS FOR WALKWAY	4/01/20		4,147			2,694	S/L	5	82
77	BATHROOM REMODEL	6/27/22		4,556			911	S/L	5	91
79	LIFESHOP REMODEL	6/30/22		15,250			3,050	S/L	5	3,05

6/30/24 2023 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

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10.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	1 155	CURRENT DEPR.
87	LIFESHOP REMDEL	3/30/23	SULU	18,128	<u> </u>	SUA _	906	S/L	5	3,6
88	REMODEL OF SECOND FLOOR	3/30/24		14,103			300	S/L	5	0,
89	GAZEBO WITH ROOF	3/30/24		6,100				S/L	5	
92	REMODEL OF NORTHSIDE ROOMS	3/30/24		16,500				S/L	5	
	TOTAL IMPROVEMENTS			100,068	-	0	27,858		-	10
MA	ACHINERY AND EQUIPMENT			100,008		U	27,000			10
 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	
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			636	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	

2/22/25

2023 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD_	LIFE _	CURRENT DEPR.
51	4 TB HARD DRIVE	8/29/13		160			160	S/L	5	0
52	SONY LAPTOP AND HP PRINTER	9/17/13		1,160			1,160	S/L	5	0
53	REFRIGERATOR	6/01/15		8,500			8,500	S/L	5	0
54	EXERCISE EQUIPMENT	12/01/14		12,000			12,000	S/L	5	0
55	KITCHEN CART 1-56	1/20/15		368			368	S/L	5	0
56	WELLNESS EQUIPMENT	3/24/15		250			250	S/L	5	0
57	APPLE TV 9-241	9/03/14		109			109	S/L	5	C
58	COMPUTOR MONITOR	1/23/15		200			200	S/L	5	C
59	MOBILE HOTSTOP 5-94	4/17/15		136			136	S/L	5	C
60	SOFTWARE 7-96	7/24/14		525			525	S/L	3	(
61	COMPUTER EQUIPMENT 6-176	5/26/15		399			399	S/L	5	C
62	COMPUTER 3-240	3/10/15		481			481	S/L	5	C
63	MACBOOK PRO	6/25/15		1,150			1,150	S/L	5	(
64	STORAGE SHED AND TOOLS	3/01/16		1,500			1,500	S/L	5	(
65	MACBOOK	10/11/16		1,409			1,409	S/L	5	(
66	PRINTER LS 3-204	3/05/18		325			325	S/L	5	(
67	MACBOOK PRO- JENI	8/01/17		1,198			1,198	S/L	5	(
68	MACBOOK PRO-KIM	8/09/17		1,249			1,249	S/L	5	(
69	COMPUTER MARY	10/16/17		511			511	S/L	5	(
70	MACBOOK PRO-OSCAR	8/06/19		1,299			1,018	S/L	5	260
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740			2,867	S/L	5	748
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000			2,933	S/L	5	800
75	DELL COMPUTER PHIL	12/21/20		1,799			900	S/L	5	360
81	I-PADS AND MACBOOKS FOR STA	VARIOUS		24,057			6,014	S/L	5	4,811
82	SMART BOARDS	VARIOUS		11,836			2,959	S/L	5	2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597			373	S/L	5	1,119
85	DELL LAPTOP	1/06/23		1,215			122	S/L	5	243
86	THREE LAPTOPS	5/01/23		3,781			126	S/L	5	756
90	THREE MACBOOKS	3/30/24		4,743				S/L	5	237
	TOTAL MACHINERY AND EQUIPME			141,100		0	95,692		_	11,70
	TOTAL DEPRECIATION			424,440		0	295,658		- -	24,39
	GRAND TOTAL DEPRECIATION			424,440		0	295,658		_	24,39

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

2/25														10:2
NO. DESCRIPTION	DATE <u>ACQUIRED</u> .	DATE COST. SOLD BASIS	′ Bl	CUR JS. 179 CT. BONUS	SPECIA DEPR ALLOV		PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE_RATE	CURREN DEPR.
DEPR. SCHEDULE ONLY														
AUTO / TRANSPORT EQUIPMENT														
1 2012 F350 STARCRAFT BUS	5/18/12	50	,131							50,131	50,131	S/L	5	
2 DODG GC W FOLDOUT RAMP	9/23/16	52	,245							52,245	52,245	S/L	6	
3 DODE GC WITH FOLDOUT RAMP	9/23/16	52	,245							52,245	52,245	S/L	6	
4 DODGE DAKOTA PICKUP	11/19/18		,731					_		3,731	3,419	S/L	5	
TOTAL AUTO / TRANSPORT EQUIP		158	,352)	0	() 0	0	158,352	158,040			
FURNITURE AND FIXTURES														
5 COUCH	11/01/10		500							500	500	S/L	8	
6 STORAGE CABINET	6/22/10		256							256	256	S/L	10	
7 DESK CHAIRS	9/01/09		250							250	250	S/L	5	
8 DESK	12/01/09		600							600	600	S/L	10	
9 FILE CABINET	12/01/09		500							500	500	S/L	10	
10 LIFE SHOP FURN	8/05/13	2	,200							2,200	2,200	S/L	5	
11 4 DESK- FRONT OFFICE	9/16/13		600							600	600	S/L	5	
12 2 OFFICE CHAIRS	1/03/14		200							200	200	S/L	5	
13 SHELVES/CABINETS	1/21/14		570							570	570	S/L	5	
14 GLASTENDER REFRIGERATOR	9/01/16	1	,850							1,850	1,850	S/L	5	
15 TRUE GLASS DOOR FRIDGE	9/01/16	4	,250							4,250	4,250	S/L	5	
16 STORAGE SYSTEM	1/02/18		527							527	527	S/L	5	
72 STANDING DESK- MIKE	10/09/19		604							604	454	S/L	5	
76 DISHWASHER	1/24/22		673							673	191	S/L	5	
78 SUPPLIES CART	6/28/22		531							531	106	S/L	5	
80 EXERCISE BIKE	6/30/22	1	,136							4,136	827	S/L	5	

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

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2/25														10:24
NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
83 STANDING DESKS	VARIOUS		2,811							2,811	187	S/L	5	
91 PATIO FURNITURE	3/30/24	_	3,862							3,862		S/L	5	
TOTAL FURNITURE AND FIXTURE			24,920		0	0	() 0	0	24,920	14,068			1
IMPROVEMENTS														
17 LEASEHOLD IMPROVEMENTS	1/01/10		16,929							16,929	16,929	S/L	3.5	
18 ENTRYWAY PAVER	3/01/16		2,500							2,500	2,500	S/L	5	
19 TUFF SHED	11/09/18		1,855							1,855	868	S/L	10	
73 BRICK PAVERS FOR WALKWAY	4/01/20		4,147							4,147	2,694	S/L	5	
77 BATHROOM REMODEL	6/27/22		4,556							4,556	911	S/L	5	
79 LIFESHOP REMODEL	6/30/22		15,250							15,250	3,050	S/L	5	3
87 LIFESHOP REMDEL	3/30/23		18,128							18,128	906	S/L	5	3
88 REMODEL OF SECOND FLOOR	3/30/24		14,103							14,103		S/L	5	
89 GAZEBO WITH ROOF	3/30/24		6,100							6,100		S/L	5	
92 REMODEL OF NORTHSIDE ROOMS	3/30/24	_	16,500							16,500		S/L	5	
TOTAL IMPROVEMENTS			100,068		0	0	() 0	0	100,068	27,858			10
MACHINERY AND EQUIPMENT														
20 LAPTOP	11/01/08		2,400							2,400	2,400	S/L	5	
21 REFRIGERATOR	11/01/10		800							800	800	S/L	5	
22 COMPUTERS	9/10/10		4,500							4,500	4,500	S/L	5	
23 NINTENDO WII	1/01/10		200							200	200	S/L	5	
24 EPSON PROJECTOR	1/01/10		600							600	600	S/L	5	
25 2 CANOPY TENTS	8/19/11		380							380	380	S/L	7	
26 IPAD	8/19/11		845							845	845	S/L	5	

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

NO	DESCRIPTION	DATE ACQUIRED	DATE COST		US. CT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
27	MACBOOK PRO	3/05/12		,448							1,448	1,448	S/L	5		
28	OSCILLATING FAN	5/25/12		175							175	175	S/L	7		
29	STORGE BARN	10/09/12		636							636	636	S/L	10		
30	POWER SYNC TRAY	12/19/12		,009							1,009	1,009	S/L	5		
31	IPADS (12)	12/06/12	(,576							6,576	6,576	S/L	5		
32	MACBOOK	5/13/13		,234							1,234	1,234	S/L	5		
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		,746							1,746	1,746	S/L	5		
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243							243	243	S/L	5		
35	WIRELESS DESKTOP	10/22/12		954							954	954	S/L	5		
36	APPLE TV	12/05/12		99							99	99	S/L	5		
37	MONITOR / AUX CABLES	2/19/13		164							164	164	S/L	50		
38	MACBOOK FOR JH 5-492	5/01/13		,199							1,199	1,199	S/L	5		
39	EQUIPMENT	6/30/13		682							682	682	S/L	5		
40	FURNITURE	6/30/13	4	,000							4,000	4,000	S/L	5		
41	4 COMPUTERS LIFE SHOP	7/19/12	;	,560							3,560	2,907	S/L	5		
42	SMART BOARD LIFE SHOP	7/31/13	4	,968							4,968	4,968	S/L	5		
43	TV	4/22/14		480							480	480	S/L	5		
44	PHOTO PRINTER	6/12/14		130							130	130	S/L	5		
45	IMAC DESKTOP AND WARRANTY	7/05/13		,415							1,415	1,415	S/L	5		
46	MACBOOK PROS AND WARRANTY	3/26/14	;	,120							3,120	3,120	S/L	5		
47	IPADS (2)	7/05/13		,396							1,396	1,396	S/L	5		
48	MACBOOK	7/15/13		,319							1,319	1,319	S/L	5		
49	WIRELESS ROUTER	8/21/13		150							150	150	S/L	5		
50	REFURBISHED IMAC	3/02/14		975							975	975	S/L	5		
51	4 TB HARD DRIVE	8/29/13		160							160	160	S/L	5		
52	SONY LAPTOP AND HP PRINTER	9/17/13		,160							1,160	1,160	S/L	5		
53	REFRIGERATOR	6/01/15	8	,500							8,500	8,500	S/L	5		

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED .	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE</u> _	RATE	CURRENT DEPR.
54	EXERCISE EQUIPMENT	12/01/14		12,000)						12,000	12,000	S/L	5		0
55	KITCHEN CART 1-56	1/20/15		368	3						368	368	S/L	5		0
56	WELLNESS EQUIPMENT	3/24/15		250)						250	250	S/L	5		0
57	APPLE TV 9-241	9/03/14		109	9						109	109	S/L	5		0
58	COMPUTOR MONITOR	1/23/15		200)						200	200	S/L	5		0
59	MOBILE HOTSTOP 5-94	4/17/15		136	6						136	136	S/L	5		0
60	SOFTWARE 7-96	7/24/14		52!	5						525	525	S/L	3		0
61	COMPUTER EQUIPMENT 6-176	5/26/15		399	9						399	399	S/L	5		0
62	COMPUTER 3-240	3/10/15		48	1						481	481	S/L	5		0
63	MACBOOK PRO	6/25/15		1,150)						1,150	1,150	S/L	5		0
64	STORAGE SHED AND TOOLS	3/01/16		1,500)						1,500	1,500	S/L	5		0
65	MACBOOK	10/11/16		1,409	9						1,409	1,409	S/L	5		0
66	PRINTER LS 3-204	3/05/18		32!	5						325	325	S/L	5		0
67	MACBOOK PRO- JENI	8/01/17		1,198	3						1,198	1,198	S/L	5		0
68	MACBOOK PRO-KIM	8/09/17		1,249	9						1,249	1,249	S/L	5		0
69	COMPUTER MARY	10/16/17		51	l						511	511	S/L	5		0
70	MACBOOK PRO-OSCAR	8/06/19		1,299	9						1,299	1,018	S/L	5		260
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740)						3,740	2,867	S/L	5		748
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000)						4,000	2,933	S/L	5		800
75	DELL COMPUTER PHIL	12/21/20		1,799	9						1,799	900	S/L	5		360
81	I-PADS AND MACBOOKS FOR STAF	VARIOUS		24,057	7						24,057	6,014	S/L	5		4,811
82	SMART BOARDS	VARIOUS		11,836	6						11,836	2,959	S/L	5		2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597	7						5,597	373	S/L	5		1,119
85	DELL LAPTOP	1/06/23		1,21	5						1,215	122	S/L	5		243
86	THREE LAPTOPS	5/01/23		3,78	l						3,781	126	S/L	5		756
90	THREE MACBOOKS	3/30/24	-	4,743	3					<u> </u>	4,743		S/L	5	_	237
	TOTAL MACHINERY AND EQUIPME			141,100)	0	0	C) 0	0	141,100	95,692				11,701

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2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CL	IENT	OPP	KNO	CK
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OPPORTUNITY KNOCKS INCORPORATED

ľ	2/22/25															10:24AM
	NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	LIFE .	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			424,440		0	0	0	0	0	424,440	295,658				24,394
	GRAND TOTAL DEPRECIATION			424,440		0	0	0	0	0	424,440	295,658				24,394

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

NO	DESCRIPTION	DATE ACQUIRED	DATE C	OST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	10:24, CURRENT DEPR.
DEPR. SCHE	DULE ONLY														
AUTO / TI	RANSPORT EQUIPMENT														
1 2012 F	350 STARCRAFT BUS	5/18/12		50,131							50,131	50,131	S/L	5	
2 DODG	GC W FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6	
3 DODE	GC WITH FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6	
4 DODGE	E DAKOTA PICKUP	11/19/18		3,731							3,731	3,731	S/L	5	
TOTAL	. AUTO / TRANSPORT EQUIP			158,352		0	0		0 0	0	158,352	158,352			
FURNITUR	E AND FIXTURES														
5 COUCH	1	11/01/10		500							500	500	S/L	8	
6 STORA	AGE CABINET	6/22/10		256							256	256	S/L	10	
7 DESK	CHAIRS	9/01/09		250							250	250	S/L	5	
8 DESK		12/01/09		600							600	600	S/L	10	
9 FILE C	ABINET	12/01/09		500							500	500	S/L	10	
10 LIFE S	HOP FURN	8/05/13		2,200							2,200	2,200	S/L	5	
11 4 DESF	K- FRONT OFFICE	9/16/13		600							600	600	S/L	5	
12 2 OFFI	CE CHAIRS	1/03/14		200							200	200	S/L	5	
13 SHELV	ES/CABINETS	1/21/14		570							570	570	S/L	5	
14 GLAST	ENDER REFRIGERATOR	9/01/16		1,850							1,850	1,850	S/L	5	
15 TRUE (GLASS DOOR FRIDGE	9/01/16		4,250							4,250	4,250	S/L	5	
16 STORA	AGE SYSTEM	1/02/18		527							527	527	S/L	5	
72 STAND	DING DESK- MIKE	10/09/19		604							604	575	S/L	5	
76 DISHW		1/24/22		673							673	326	S/L	5	
78 SUPPL		6/28/22		531							531	212	S/L	5	
80 EXERC	ISE BIKE	6/30/22		4,136							4,136	1,654	S/L	5	

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

/25														10:24
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURREN DEPR.
83 STANDING DESKS	VARIOUS		2,811							2,811	749	S/L	5	
91 PATIO FURNITURE	3/30/24		3,862							3,862	193	S/L	5	
TOTAL FURNITURE AND FIXTURE			24,920		0	0	() 0	0	24,920	16,012			2
IMPROVEMENTS														
17 LEASEHOLD IMPROVEMENTS	1/01/10		16,929							16,929	16,929	S/L	3.5	
18 ENTRYWAY PAVER	3/01/16		2,500							2,500	2,500	S/L	5	
19 TUFF SHED	11/09/18		1,855							1,855	1,054	S/L	10	
73 BRICK PAVERS FOR WALKWAY	4/01/20		4,147							4,147	3,523	S/L	5	
77 BATHROOM REMODEL	6/27/22		4,556							4,556	1,822	S/L	5	
79 LIFESHOP REMODEL	6/30/22		15,250							15,250	6,100	S/L	5	3
87 LIFESHOP REMDEL	3/30/23		18,128							18,128	4,532	S/L	5	3
88 REMODEL OF SECOND FLOOR	3/30/24		14,103							14,103	705	S/L	5	2
89 GAZEBO WITH ROOF	3/30/24		6,100							6,100	305	S/L	5	1
92 REMODEL OF NORTHSIDE ROOMS	3/30/24		16,500							16,500	825	S/L	5	3
TOTAL IMPROVEMENTS			100,068		0	0	() 0	0	100,068	38,295			15
MACHINERY AND EQUIPMENT														
20 LAPTOP	11/01/08		2,400							2,400	2,400	S/L	5	
21 REFRIGERATOR	11/01/10		800							800	800	S/L	5	
22 COMPUTERS	9/10/10		4,500							4,500	4,500	S/L	5	
23 NINTENDO WII	1/01/10		200							200	200	S/L	5	
24 EPSON PROJECTOR	1/01/10		600							600	600	S/L	5	
25 2 CANOPY TENTS	8/19/11		380							380	380	S/L	7	
26 IPAD	8/19/11		845							845	845	S/L	5	

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

NO.	DESCRIPTION	DATE ACQUIRED	DATE C	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _	RATE	CURREN' DEPR.
27	MACBOOK PRO	3/05/12		1,448							1,448	1,448	S/L	5		
28	OSCILLATING FAN	5/25/12		175							175	175	S/L	7		
29	STORGE BARN	10/09/12		636							636	636	S/L	10		
30	POWER SYNC TRAY	12/19/12		1,009							1,009	1,009	S/L	5		
31	IPADS (12)	12/06/12		6,576							6,576	6,576	S/L	5		
32	MACBOOK	5/13/13		1,234							1,234	1,234	S/L	5		
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		1,746							1,746	1,746	S/L	5		
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243							243	243	S/L	5		
35	WIRELESS DESKTOP	10/22/12		954							954	954	S/L	5		
36	APPLE TV	12/05/12		99							99	99	S/L	5		
37	MONITOR / AUX CABLES	2/19/13		164							164	164	S/L	50		
38	MACBOOK FOR JH 5-492	5/01/13		1,199							1,199	1,199	S/L	5		
39	EQUIPMENT	6/30/13		682							682	682	S/L	5		
40	FURNITURE	6/30/13		4,000							4,000	4,000	S/L	5		
41	4 COMPUTERS LIFE SHOP	7/19/12		3,560							3,560	2,907	S/L	5		
42	SMART BOARD LIFE SHOP	7/31/13		4,968							4,968	4,968	S/L	5		
43	TV	4/22/14		480							480	480	S/L	5		
44	PHOTO PRINTER	6/12/14		130							130	130	S/L	5		
45	IMAC DESKTOP AND WARRANTY	7/05/13		1,415							1,415	1,415	S/L	5		
46	MACBOOK PROS AND WARRANTY	3/26/14		3,120							3,120	3,120	S/L	5		
47	IPADS (2)	7/05/13		1,396							1,396	1,396	S/L	5		
48	MACBOOK	7/15/13		1,319							1,319	1,319	S/L	5		
49	WIRELESS ROUTER	8/21/13		150							150	150	S/L	5		
50	REFURBISHED IMAC	3/02/14		975							975	975	S/L	5		
51	4 TB HARD DRIVE	8/29/13		160							160	160	S/L	5		
52	SONY LAPTOP AND HP PRINTER	9/17/13		1,160							1,160	1,160	S/L	5		
53	REFRIGERATOR	6/01/15		8,500							8,500	8,500	S/L	5		

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

2/22/25)														10:24AM
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	<u>LIFE</u> <u>RAT</u>	CURRENT E DEPR.
54	EXERCISE EQUIPMENT	12/01/14		12,000)						12,000	12,000	S/L	5	0
55	KITCHEN CART 1-56	1/20/15		368	3						368	368	S/L	5	0
56	WELLNESS EQUIPMENT	3/24/15		250)						250	250	S/L	5	0
57	APPLE TV 9-241	9/03/14		109)						109	109	S/L	5	0
58	COMPUTOR MONITOR	1/23/15		200)						200	200	S/L	5	0
59	MOBILE HOTSTOP 5-94	4/17/15		136	6						136	136	S/L	5	0
60	SOFTWARE 7-96	7/24/14		52!	5						525	525	S/L	3	0
61	COMPUTER EQUIPMENT 6-176	5/26/15		399)						399	399	S/L	5	0
62	COMPUTER 3-240	3/10/15		48							481	481	S/L	5	0
63	MACBOOK PRO	6/25/15		1,150)						1,150	1,150	S/L	5	0
64	STORAGE SHED AND TOOLS	3/01/16		1,500)						1,500	1,500	S/L	5	0
65	MACBOOK	10/11/16		1,409)						1,409	1,409	S/L	5	0
66	PRINTER LS 3-204	3/05/18		32!	5						325	325	S/L	5	0
67	MACBOOK PRO- JENI	8/01/17		1,198	3						1,198	1,198	S/L	5	0
68	MACBOOK PRO-KIM	8/09/17		1,249)						1,249	1,249	S/L	5	0
69	COMPUTER MARY	10/16/17		51	1						511	511	S/L	5	0
70	MACBOOK PRO-OSCAR	8/06/19		1,299)						1,299	1,278	S/L	5	21
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740)						3,740	3,615	S/L	5	125
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000)						4,000	3,733	S/L	5	267
75	DELL COMPUTER PHIL	12/21/20		1,799)						1,799	1,260	S/L	5	360
81	I-PADS AND MACBOOKS FOR STAF	VARIOUS		24,057	7						24,057	10,825	S/L	5	4,811
82	SMART BOARDS	VARIOUS		11,836	5						11,836	5,326	S/L	5	2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597	7						5,597	1,492	S/L	5	1,119
85	DELL LAPTOP	1/06/23		1,21	5						1,215	365	S/L	5	243
86	THREE LAPTOPS	5/01/23		3,78							3,781	882	S/L	5	756
90	THREE MACBOOKS	3/30/24	· -	4,743	3					<u> </u>	4,743	237	S/L	5	949
	TOTAL MACHINERY AND EQUIPME			141,100)	0	0	C) 0	0	141,100	107,393			11,018

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2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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OPPORTUNITY KNOCKS INCORPORATED

2/22/25															10:24AM
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE .	RATE .	CURRENT DEPR.
TOTAL DEPRECIATION			424,440		0	0	0	0	0	424,440	320,052				29,187
GRAND TOTAL DEPRECIATION			424,440		0	0	0	0	0	424,440	320,052			;	29,187

		11	LINOIS CHARITABLE	OPCANIZATION AN	INITAL DEDOL	эт		Form AG990-I
For	Office L	I L Ise Only		ey General Kwame Raou		\ 1		Revised 04/24
		<u> </u>		: Bureau, 115 S. LaSalle S				ILVA0212L 09/18/24
PMT	#			icago, IL 60603	50	CO #	<u> </u>	
АМТ				ne Fiscal Period:		X	Copy of	all items attached: IRS Return Financial Statements
			Beginning	7/01/23	Make Checks			ed Financial Statement
INIT	_		& Ending	6/30/24	Payable to Illinois Charity Bureau Fund	X :	\$15 Anr	Form IFC nual Report Filing Fee
Fede	eral ID	#26-4758403		MO DAY YR	24.044.4.14	□ ;	\$100 La	te Report Filing Fee
		outions to the organization		Date	organization was cre	ated:	МО	DAY YR
L	egal N	lame: OPPORTUNIT	Y KNOCKS INCORPORATED		YEAR-END AMOUNTS			
Ma	ail Ado	dress: 8020 MADIS	ON ST.		7411001110			
	City	State: <u>RIVER FORE</u> :	ST TI 60305		A ASSETS	Α	\$	531,655.
	Oity,	otate. KIVLK IOKL	51, IL 00303		B LIABILITIES	В	\$	53,438.
	Zip	Code:			C NET ASSETS	С	\$	478,217.
ı	SU	MMARY OF ALL RE	EVENUE ITEMS DURING TH	HE YEAR	PERCENTAGE			AMOUNT
	D	PUBLIC SUPPORT, CO	ONTRIBUTIONS AND PROGRAM	SERVICE REV. (GROSS AMTS.)	89.35 %	D	\$	1,219,216.
	Е	GOVERNMENT GRAN	TS AND MEMBERSHIP DUES		9.84 %	Е	\$	134,228.
	F	OTHER REVENUES	SEE	STATEMENT 1	0.81 %	F	\$	11,037.
	G	TOTAL REVENUES, IN	ICOME AND CONTRIBUTIONS RE	ECEIVED (ADD D, E, & F)	100%	G	\$	1,364,481.
II	SU	MMARY OF ALL EX	(PENDITURES DURING TH	E YEAR				
	Н	OPERATING CHARITA	ABLE PROGRAM EXPENSE		62.20 %	н	\$	995,814.
	ı	EDUCATION PROGRA	M SERVICE EXPENSE		90	I	\$	
	J	TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (A	ADD H & I)	62.20 %	J	\$	995,814.
	J1	JOINT COSTS ALLOCA	ATED TO PROGRAM SERVICES (INCLUDED IN J): \$				
	K	GRANTS TO OTHER O	CHARITABLE ORGANIZATIONS		%	K	\$	
	L	TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITU	JRE (ADD J & K)	62.20 %	L	\$	995,814.
	M	MANAGEMENT AND G	GENERAL EXPENSE		16.77 %	М	\$	268,436.
	N	FUNDRAISING EXPEN	ISE		21.03 %	N	\$	336,685.
	0	TOTAL EXPENDITURE	ES THIS PERIOD (ADD L, M, & N)		100%	0	\$	1,600,935.
Ш	SU	MMARY OF ALL PA	AID FUNDRAISER & CONS	JLTANT ACTIVITIES				
	(Atta	ch Attorney General Report of Ind	ividual Fundraising Campaign — (Form IFC). O	ne for each PFR.)				
	PR	OFESSIONAL FUNI	DRAISERS:					
	Р	TOTAL AMOUNT RAIS	ED BY PAID PROFESSIONAL FU	NDRAISERS	100%	Р	\$	0.

Q TOTAL FUNDRAISERS FEES AND EXPENSES

R NET RECEIVED BY THE CHARITY (P MINUS Q=R)PROFESSIONAL FUNDRAISING CONSULTANTS:

U NAME, TITLE: PHILIP CARMODY, PRESIDENT

DESCRIPTION:

DESCRIPTION:

DESCRIPTION:

V NAME, TITLE: MICHAEL CARMODY, EXEC DIRECTOR

\$ TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS

NAME, TITLE: KIMBERLY MEARES-SUPRENANT, PROGRAM DIR

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68,634.

72,865.

69,231.

List on back side of Instructions

CODE

121

Q \$
R \$

S \$

T \$

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V \$

W #

X #

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IF T	HE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?	1		Х
2	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 PART 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?	2		Х
3	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3		Х
4	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4		Х
5	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5		Х
6 a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6		Х
6 b	IF 'YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$			
7	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7		Х
8	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8		Х
9	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9		Х
10	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	SEE STATEMENT 2			
11	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)	SIGNATURE	DATE
,		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
LINDSAY A. WALLACE		
PREPARER (PRINT NAME)	SIGNATURE	DATE
PREPARER (PRINT NAME)	SIGNATURE	DATE

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2/22/25

ILLINOIS STATEMENTS

PAGE 1

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

STATEMENT 1 FORM AG990-IL, PAGE 1, LINE F OTHER REVENUES

STATEMENT 2 FORM AG990-IL, PAGE 2, QUESTION 10 NAME AND ADDRESS OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS

HINDSDALE BANK 9801W. HIGGINS, BOX 32, ROSEMONT, IL 60018