

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C OPPORTUNITY KNOCKS INCORPORATED, 8020 MADISON ST., RIVER FOREST, IL 60305. D Employer identification number 26-4758403. E Telephone number 708-771-6159. G Gross receipts \$ 1,584,185.

F Name and address of principal officer: PHIL CARMODY, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No X. H(b) Are all subordinates included? Yes No.

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

J Website: WWW.OPPORTUNITYKNOCKSNOW.ORG. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 2009. M State of legal domicile: IL.

Part I Summary

1 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.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (3, 17), 4 Number of independent voting members (4, 17), 5 Total number of individuals employed (5, 59), 6 Total number of volunteers (6, 35), 7a Total unrelated business revenue (7a, 0), 7b Net unrelated business taxable income (7b, 0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (581,426, 666,600), 9 Program service revenue (414,956, 464,502), 10 Investment income (11,037, 7,628), 11 Other revenue (171,339, 243,967), 12 Total revenue (1,178,758, 1,382,697).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (1,177,503, 1,253,127), 16a Professional fundraising fees, b Total fundraising expenses (165,881), 17 Other expenses (237,709, 270,011), 18 Total expenses (1,415,212, 1,523,138), 19 Revenue less expenses (-236,454, -140,441).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (531,655, 392,061), 21 Total liabilities (53,438, 54,285), 22 Net assets or fund balances (478,217, 337,776).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer PHIL CARMODY, Date, Title PRESIDENT.

Paid Preparer Use Only: Preparer's name LINDSAY A. WALLACE, Signature LINDSAY A. WALLACE, Date, Check self-employed, PTIN P02397235, Firm's name WIELAND WALLACE INC, Firm's address 232 S. BATAVIA AVENUE, BATAVIA, IL 60510, Firm's EIN 36-4025026, Phone no. 630-406-4490.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,071,492.** including grants of \$) (Revenue \$)

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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 FOCUSING ON AFTER SOCIAL RECREATIONAL PROGRAMS GEARED TOWARDS PARTICIPANTS THAT ARE 14 AND UP.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,071,492.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 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>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, charitable contributions, and other IRS filings.

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (SEE SCHEDULE O), 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP CARMODY PRESIDENT	40 0	X		X			76,663.	0.	0.	
(2) MICHAEL CARMODY EXECUTIVE DIR.	40 0	X		X			72,115.	0.	0.	
(3) HELEN KWAN DIRECTOR	5 0	X					0.	0.	0.	
(4) CLAUDIA MARCINIAK DIRECTOR	5 0	X					0.	0.	0.	
(5) TOM MCSHANE TREASURER	3 0	X		X			0.	0.	0.	
(6) KAREN HUNTER CHAIRPERSON	3 0	X		X			0.	0.	0.	
(7) MICHELLE ANDERSON DIRECTOR	1 0	X					0.	0.	0.	
(8) TERRY BROWN SECRETARY	1 0	X		X			0.	0.	0.	
(9) RYAN FARELL DIRECTOR	0 0	X					0.	0.	0.	
(10) JONAS WHITE DIRECTOR	2 0	X					0.	0.	0.	
(11) WILLIAM FINN DIRECTOR	1 0	X					0.	0.	0.	
(12) SHERRY GINI DIRECTOR	1 0	X					0.	0.	0.	
(13) MIKE MCGARRY DIRECTOR	1 0	X					0.	0.	0.	
(14) JIM LENCIONI DIRECTOR	1 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GREG IGNOFFO VICE CHAIRPERSN	1 0	X		X				0.	0.	0.
(16) MIKE AL KARAKI DIRECTOR	1 0	X						0.	0.	0.
(17) KETHRYN KENDALL DIRECTOR	1 0	X						0.	0.	0.
(18) ZOE PHILPOTTS DIRECTOR	1 0	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	148,778.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	148,778.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0			

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 73,470.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 163,564.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 429,566.				
	g Noncash contributions included in lines 1a-1f	1g 73,470.				
	h Total. Add lines 1a-1f	666,600.				
	Program Service Revenue	2a <u>PROGRAM PARTICIPATION</u>		611710	464,502.	464,502.
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		464,502.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,628.	7,628.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents					
		6a	(i) Real (ii) Personal			
		6b				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory					
		7a	(i) Securities (ii) Other			
		7b				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including \$ 73,470. of contributions reported on line 1c). See Part IV, line 18		8a 445,455.			
	b Less: direct expenses		8b 201,488.			
	c Net income or (loss) from fundraising events		243,967.			
	9a Gross income from gaming activities. See Part IV, line 19		9a			
	b Less: direct expenses		9b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold		10b			
	c Net income or (loss) from sales of inventory					
	11a _____					
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,382,697.	472,130.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,778.	101,169.	29,756.	17,853.
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	962,565.	654,544.	192,513.	115,508.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	50,980.	34,666.	10,196.	6,118.
10 Payroll taxes	90,804.	61,747.	18,161.	10,896.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	14,540.	10,905.		3,635.
13 Office expenses	3,408.	1,704.	1,704.	
14 Information technology				
15 Royalties				
16 Occupancy	37,000.	33,300.	3,700.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,945.	26,950.	2,995.	
23 Insurance	38,472.	34,625.	3,847.	
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.)				
a FEES	49,461.	29,677.	7,913.	11,871.
b PROGRAM RELATED SUPPLIES	42,599.	42,599.		
c FARMING	10,166.	10,166.		
d PROFESSIONAL FEES	10,104.	7,578.	2,526.	
e All other expenses	34,316.	21,862.	12,454.	
25 Total functional expenses. Add lines 1 through 24e	1,523,138.	1,071,492.	285,765.	165,881.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	123,949.	1	118,645.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	15,000.
	4 Accounts receivable, net	89,350.	4	44,194.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 439,605.		
	b Less: accumulated depreciation	10b 349,997.	104,390.	10c 89,608.
	11 Investments – publicly traded securities	213,966.	11	124,614.
	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 33)	531,655.	16	392,061.	
Liabilities	17 Accounts payable and accrued expenses	19,428.	17	52,010.
	18 Grants payable		18	
	19 Deferred revenue	34,010.	19	2,275.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	53,438.	26	54,285.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	478,217.	27	337,776.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	478,217.	32	337,776.
33 Total liabilities and net assets/fund balances.	531,655.	33	392,061.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,382,697.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,523,138.
3	Revenue less expenses. Subtract line 2 from line 1	3	-140,441.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	478,217.
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	337,776.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization OPPORTUNITY KNOCKS INCORPORATED	Employer identification number 26-4758403
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	658,156.	507,191.	534,542.	512,908.	593,130.	2,805,927.
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.	658,156.	507,191.	534,542.	512,908.	593,130.	2,805,927.
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.						2,805,927.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	658,156.	507,191.	534,542.	512,908.	593,130.	2,805,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	199.	133.	2,747.	11,037.	7,628.	21,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	260,751.	341,441.	239,110.	223,357.	317,437.	1,382,096.
11 Total support. Add lines 7 through 10.						4,209,767.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	66.65 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	67.52 %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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.						
6 Total. Add lines 1 through 5.						
7a 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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

BAA

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

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
SPECIAL EVENTS	\$ 317,437.	\$ 223,357.	\$ 239,110.	\$ 341,441.	\$ 260,751.
TOTAL	<u>\$ 317,437.</u>	<u>\$ 223,357.</u>	<u>\$ 239,110.</u>	<u>\$ 341,441.</u>	<u>\$ 260,751.</u>

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

OPPORTUNITY KNOCKS INCORPORATED

Employer identification number

26-4758403

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

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

Name of organization OPPORTUNITY KNOCKS INCORPORATED	Employer identification number 26-4758403
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALTER MANDER FOUNDATION ----- 137 N OAK PARK AVE ----- OAK PARK, IL 60301 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANDY ARQUETTE ----- 210 HOME AVE. ----- OAK PARK, IL 60302 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HELEN BRACH FOUNDATION GRANT ----- 104 S. MICHIGAN AVE ----- CHICAGO, IL 60603 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GAIL CARMODY ----- 1200 REDMON RD. ----- MARSHALL, NC 28753 -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MARGARET GIPSON ----- 107 GALE AVE ----- RIVER FOREST, IL 60305 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WESTLAKE HEALTH FOUNDATION ----- 18 WEST 140 BUTTERFIELD RD. SU ----- OAK BROOK TERRACE, IL 60181 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OPPORTUNITY KNOCKS INCORPORATED	Employer identification number 26-4758403
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NOT YOUR FATHERS FOUNDATION 400 E. RANDOLPH ST. SUITE 2305 CHICAGO, IL 60601	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OPPORTUNITY KNOCKS INCORPORATED

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 ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

2 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number of easements, total acreage, number of easements on a certified historic structure, and number of easements on a historic structure.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 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)?
9 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.
1b 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.
2 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.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,068.	54,033.	46,035.
d Equipment		339,537.	295,964.	43,573.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				89,608.

Part VII Investments – Other Securities **N/A**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		

Part VIII Investments – Program Related **N/A**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		

Part IX Other Assets **N/A**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....	

Part X Other Liabilities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

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

Part XIII Supplemental Information

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

PART X - 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

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of nongovernment grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OK GALA (event type)	OK CLASSIC (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	330,040.	148,665.	40,220.	518,925.
	2 Less: Contributions	62,638.	6,832.	4,000.	73,470.
	3 Gross income (line 1 minus line 2)	267,402.	141,833.	36,220.	445,455.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	137,825.	31,209.	32,454.	201,488.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				201,488.
	11 Net income summary. Subtract line 10 from line 3, column (d)				243,967.

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

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

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
-
- 10 a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
-

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. . . \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

Employer identification number

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

Part 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	(d) Method of determining noncash contribution amounts
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				
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				
24 Archeological artifacts				
25 Other (MISC))		99	73,470	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

OPPORTUNITY KNOCKS INCORPORATED

Employer identification number

26-4758403

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

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

PHILIP CARMODY, PRESIDENT, 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 LIKELIHOOD 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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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.

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
DEPR. SCHEDULE ONLY										
<u>AUTO / TRANSPORT EQUIPMENT</u>										
1	2012 F350 STARCRAFT BUS	5/18/12		50,131			50,131	S/L	5	0
2	DODG GC W FOLDOUT RAMP	9/23/16		52,245			52,245	S/L	6	0
3	DODE GC WITH FOLDOUT RAMP	9/23/16		52,245			52,245	S/L	6	0
4	DODGE DAKOTA PICKUP	11/19/18		3,731			3,731	S/L	5	0
	TOTAL AUTO / TRANSPORT EQUI			158,352		0	158,352			0
<u>FURNITURE AND FIXTURES</u>										
5	COUCH	11/01/10		500			500	S/L	8	0
6	STORAGE CABINET	6/22/10		256			256	S/L	10	0
7	DESK CHAIRS	9/01/09		250			250	S/L	5	0
8	DESK	12/01/09		600			600	S/L	10	0
9	FILE CABINET	12/01/09		500			500	S/L	10	0
10	LIFE SHOP FURN	8/05/13		2,200			2,200	S/L	5	0
11	4 DESK- FRONT OFFICE	9/16/13		600			600	S/L	5	0
12	2 OFFICE CHAIRS	1/03/14		200			200	S/L	5	0
13	SHELVES/CABINETS	1/21/14		570			570	S/L	5	0
14	GLASTENDER REFRIGERATOR	9/01/16		1,850			1,850	S/L	5	0
15	TRUE GLASS DOOR FRIDGE	9/01/16		4,250			4,250	S/L	5	0
16	STORAGE SYSTEM	1/02/18		527			527	S/L	5	0
72	STANDING DESK- MIKE	10/09/19		604			575	S/L	5	29
76	DISHWASHER	1/24/22		673			326	S/L	5	135
78	SUPPLIES CART	6/28/22		531			212	S/L	5	106
80	EXERCISE BIKE	6/30/22		4,136			1,654	S/L	5	827
83	STANDING DESKS	VARIOUS		2,811			749	S/L	5	562
91	PATIO FURNITURE	3/30/24		3,862			193	S/L	5	772
	TOTAL FURNITURE AND FIXTURE			24,920		0	16,012			2,431
<u>IMPROVEMENTS</u>										
17	LEASEHOLD IMPROVEMENTS	1/01/10		16,929			16,929	S/L	3.5	0
18	ENTRYWAY PAVER	3/01/16		2,500			2,500	S/L	5	0
19	TUFF SHED	11/09/18		1,855			1,054	S/L	10	186
73	BRICK PAVERS FOR WALKWAY	4/01/20		4,147			3,523	S/L	5	624
77	BATHROOM REMODEL	6/27/22		4,556			1,822	S/L	5	911
79	LIFESHOP REMODEL	6/30/22		15,250			6,100	S/L	5	3,050

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10:49AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
87	LIFESHOP REMDEL	3/30/23		18,128			4,532	S/L	5	3,626
88	REMODEL OF SECOND FLOOR	3/30/24		14,103			705	S/L	5	2,821
89	GAZEBO WITH ROOF	3/30/24		6,100			305	S/L	5	1,220
94	REMODEL OF NORTHSIDE ROOMS	3/30/24		16,500			825	S/L	5	3,300
	TOTAL IMPROVEMENTS			100,068		0	38,295			15,738
	MACHINERY AND EQUIPMENT									
20	LAPTOP	11/01/08		2,400			2,400	S/L	5	0
21	REFRIGERATOR	11/01/10		800			800	S/L	5	0
22	COMPUTERS	9/10/10		4,500			4,500	S/L	5	0
23	NINTENDO WII	1/01/10		200			200	S/L	5	0
24	EPSON PROJECTOR	1/01/10		600			600	S/L	5	0
25	2 CANOPY TENTS	8/19/11		380			380	S/L	7	0
26	IPAD	8/19/11		845			845	S/L	5	0
27	MACBOOK PRO	3/05/12		1,448			1,448	S/L	5	0
28	OSCILLATING FAN	5/25/12		175			175	S/L	7	0
29	STORGE BARN	10/09/12		636			636	S/L	10	0
30	POWER SYNC TRAY	12/19/12		1,009			1,009	S/L	5	0
31	IPADS (12)	12/06/12		6,576			6,576	S/L	5	0
32	MACBOOK	5/13/13		1,234			1,234	S/L	5	0
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		1,746			1,746	S/L	5	0
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243			243	S/L	5	0
35	WIRELESS DESKTOP	10/22/12		954			954	S/L	5	0
36	APPLE TV	12/05/12		99			99	S/L	5	0
37	MONITOR / AUX CABLES	2/19/13		164			164	S/L	50	0
38	MACBOOK FOR JH 5-492	5/01/13		1,199			1,199	S/L	5	0
39	EQUIPMENT	6/30/13		682			682	S/L	5	0
40	FURNITURE	6/30/13		4,000			4,000	S/L	5	0
41	4 COMPUTERS LIFE SHOP	7/19/12		3,560			2,907	S/L	5	0
42	SMART BOARD LIFE SHOP	7/31/13		4,968			4,968	S/L	5	0
43	TV	4/22/14		480			480	S/L	5	0
44	PHOTO PRINTER	6/12/14		130			130	S/L	5	0
45	IMAC DESKTOP AND WARRANTY	7/05/13		1,415			1,415	S/L	5	0
46	MACBOOK PROS AND WARRANTY	3/26/14		3,120			3,120	S/L	5	0
47	IPADS (2)	7/05/13		1,396			1,396	S/L	5	0
48	MACBOOK	7/15/13		1,319			1,319	S/L	5	0
49	WIRELESS ROUTER	8/21/13		150			150	S/L	5	0
50	REFURBISHED IMAC	3/02/14		975			975	S/L	5	0

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10:49AM

NO.	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	0
58	COMPUTOR MONITOR	1/23/15		200			200	S/L	5	0
59	MOBILE HOTSTOP 5-94	4/17/15		136			136	S/L	5	0
60	SOFTWARE 7-96	7/24/14		525			525	S/L	3	0
61	COMPUTER EQUIPMENT 6-176	5/26/15		399			399	S/L	5	0
62	COMPUTER 3-240	3/10/15		481			481	S/L	5	0
63	MACBOOK PRO	6/25/15		1,150			1,150	S/L	5	0
64	STORAGE SHED AND TOOLS	3/01/16		1,500			1,500	S/L	5	0
65	MACBOOK	10/11/16		1,409			1,409	S/L	5	0
66	PRINTER LS 3-204	3/05/18		325			325	S/L	5	0
67	MACBOOK PRO- JENI	8/01/17		1,198			1,198	S/L	5	0
68	MACBOOK PRO-KIM	8/09/17		1,249			1,249	S/L	5	0
69	COMPUTER MARY	10/16/17		511			511	S/L	5	0
70	MACBOOK PRO-OSCAR	8/06/19		1,299			1,278	S/L	5	21
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740			3,615	S/L	5	125
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000			3,733	S/L	5	267
75	DELL COMPUTER PHIL	12/21/20		1,799			1,260	S/L	5	360
81	I-PADS AND MACBOOKS FOR STA	VARIOUS		24,057			10,825	S/L	5	4,811
82	SMART BOARDS	VARIOUS		11,836			5,326	S/L	5	2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597			1,492	S/L	5	1,119
85	DELL LAPTOP	1/06/23		1,215			365	S/L	5	243
86	THREE LAPTOPS	5/01/23		3,781			882	S/L	5	756
90	THREE MACBOOKS	3/30/24		4,743			237	S/L	5	949
92	LAPTOPS	3/30/25		4,266				S/L	5	213
93	RAISED GARDEN BEDS	3/30/25		10,898				S/L	5	545
	TOTAL MACHINERY AND EQUIPME			156,264		0	107,393			11,776
	TOTAL DEPRECIATION			439,604		0	320,052			29,945
	GRAND TOTAL DEPRECIATION			439,604		0	320,052			29,945

6/30/25

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

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.
DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
1	2012 F350 STARCRAFT BUS	5/18/12		50,131							50,131	50,131	S/L	5		0
2	DODG GC W FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6		0
3	DODE GC WITH FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6		0
4	DODGE DAKOTA PICKUP	11/19/18		3,731							3,731	3,731	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			158,352		0	0	0	0	0	158,352	158,352				0
FURNITURE AND FIXTURES																
5	COUCH	11/01/10		500							500	500	S/L	8		0
6	STORAGE CABINET	6/22/10		256							256	256	S/L	10		0
7	DESK CHAIRS	9/01/09		250							250	250	S/L	5		0
8	DESK	12/01/09		600							600	600	S/L	10		0
9	FILE CABINET	12/01/09		500							500	500	S/L	10		0
10	LIFE SHOP FURN	8/05/13		2,200							2,200	2,200	S/L	5		0
11	4 DESK- FRONT OFFICE	9/16/13		600							600	600	S/L	5		0
12	2 OFFICE CHAIRS	1/03/14		200							200	200	S/L	5		0
13	SHELVES/CABINETS	1/21/14		570							570	570	S/L	5		0
14	GLASTENDER REFRIGERATOR	9/01/16		1,850							1,850	1,850	S/L	5		0
15	TRUE GLASS DOOR FRIDGE	9/01/16		4,250							4,250	4,250	S/L	5		0
16	STORAGE SYSTEM	1/02/18		527							527	527	S/L	5		0
72	STANDING DESK- MIKE	10/09/19		604							604	575	S/L	5		29
76	DISHWASHER	1/24/22		673							673	326	S/L	5		135
78	SUPPLIES CART	6/28/22		531							531	212	S/L	5		106
80	EXERCISE BIKE	6/30/22		4,136							4,136	1,654	S/L	5		827

6/30/25

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

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.
83	STANDING DESKS	VARIOUS		2,811							2,811	749	S/L	5		562
91	PATIO FURNITURE	3/30/24		3,862							3,862	193	S/L	5		772
	TOTAL FURNITURE AND FIXTURE			24,920		0	0	0	0	0	24,920	16,012				2,431
IMPROVEMENTS																
17	LEASEHOLD IMPROVEMENTS	1/01/10		16,929							16,929	16,929	S/L	3.5		0
18	ENTRYWAY PAVER	3/01/16		2,500							2,500	2,500	S/L	5		0
19	TUFF SHED	11/09/18		1,855							1,855	1,054	S/L	10		186
73	BRICK PAVERS FOR WALKWAY	4/01/20		4,147							4,147	3,523	S/L	5		624
77	BATHROOM REMODEL	6/27/22		4,556							4,556	1,822	S/L	5		911
79	LIFESHOP REMODEL	6/30/22		15,250							15,250	6,100	S/L	5		3,050
87	LIFESHOP REMDEL	3/30/23		18,128							18,128	4,532	S/L	5		3,626
88	REMODEL OF SECOND FLOOR	3/30/24		14,103							14,103	705	S/L	5		2,821
89	GAZEBO WITH ROOF	3/30/24		6,100							6,100	305	S/L	5		1,220
94	REMODEL OF NORTHSIDE ROOMS	3/30/24		16,500							16,500	825	S/L	5		3,300
	TOTAL IMPROVEMENTS			100,068		0	0	0	0	0	100,068	38,295				15,738
MACHINERY AND EQUIPMENT																
20	LAPTOP	11/01/08		2,400							2,400	2,400	S/L	5		0
21	REFRIGERATOR	11/01/10		800							800	800	S/L	5		0
22	COMPUTERS	9/10/10		4,500							4,500	4,500	S/L	5		0
23	NINTENDO WII	1/01/10		200							200	200	S/L	5		0
24	EPSON PROJECTOR	1/01/10		600							600	600	S/L	5		0
25	2 CANOPY TENTS	8/19/11		380							380	380	S/L	7		0
26	IPAD	8/19/11		845							845	845	S/L	5		0

6/30/25

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

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.
27	MACBOOK PRO	3/05/12		1,448							1,448	1,448	S/L	5		0
28	OSCILLATING FAN	5/25/12		175							175	175	S/L	7		0
29	STORGE BARN	10/09/12		636							636	636	S/L	10		0
30	POWER SYNC TRAY	12/19/12		1,009							1,009	1,009	S/L	5		0
31	IPADS (12)	12/06/12		6,576							6,576	6,576	S/L	5		0
32	MACBOOK	5/13/13		1,234							1,234	1,234	S/L	5		0
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		1,746							1,746	1,746	S/L	5		0
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243							243	243	S/L	5		0
35	WIRELESS DESKTOP	10/22/12		954							954	954	S/L	5		0
36	APPLE TV	12/05/12		99							99	99	S/L	5		0
37	MONITOR / AUX CABLES	2/19/13		164							164	164	S/L	50		0
38	MACBOOK FOR JH 5-492	5/01/13		1,199							1,199	1,199	S/L	5		0
39	EQUIPMENT	6/30/13		682							682	682	S/L	5		0
40	FURNITURE	6/30/13		4,000							4,000	4,000	S/L	5		0
41	4 COMPUTERS LIFE SHOP	7/19/12		3,560							3,560	2,907	S/L	5		0
42	SMART BOARD LIFE SHOP	7/31/13		4,968							4,968	4,968	S/L	5		0
43	TV	4/22/14		480							480	480	S/L	5		0
44	PHOTO PRINTER	6/12/14		130							130	130	S/L	5		0
45	IMAC DESKTOP AND WARRANTY	7/05/13		1,415							1,415	1,415	S/L	5		0
46	MACBOOK PROS AND WARRANTY	3/26/14		3,120							3,120	3,120	S/L	5		0
47	IPADS (2)	7/05/13		1,396							1,396	1,396	S/L	5		0
48	MACBOOK	7/15/13		1,319							1,319	1,319	S/L	5		0
49	WIRELESS ROUTER	8/21/13		150							150	150	S/L	5		0
50	REFURBISHED IMAC	3/02/14		975							975	975	S/L	5		0
51	4 TB HARD DRIVE	8/29/13		160							160	160	S/L	5		0
52	SONY LAPTOP AND HP PRINTER	9/17/13		1,160							1,160	1,160	S/L	5		0
53	REFRIGERATOR	6/01/15		8,500							8,500	8,500	S/L	5		0

6/30/25

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

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.
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							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							136	136	S/L	5		0
60	SOFTWARE 7-96	7/24/14		525							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		481							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		325							325	325	S/L	5		0
67	MACBOOK PRO- JENI	8/01/17		1,198							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		511							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							24,057	10,825	S/L	5		4,811
82	SMART BOARDS	VARIOUS		11,836							11,836	5,326	S/L	5		2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597							5,597	1,492	S/L	5		1,119
85	DELL LAPTOP	1/06/23		1,215							1,215	365	S/L	5		243
86	THREE LAPTOPS	5/01/23		3,781							3,781	882	S/L	5		756
90	THREE MACBOOKS	3/30/24		4,743							4,743	237	S/L	5		949
92	LAPTOPS	3/30/25		4,266							4,266		S/L	5		213

6/30/25

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

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93	RAISED GARDEN BEDS	3/30/25		10,898							10,898		S/L	5		545
	TOTAL MACHINERY AND EQUIPME			156,264		0	0	0	0	0	156,264	107,393				11,776
	TOTAL DEPRECIATION			<u>439,604</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,604</u>	<u>320,052</u>				<u>29,945</u>
	GRAND TOTAL DEPRECIATION			<u>439,604</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,604</u>	<u>320,052</u>				<u>29,945</u>

6/30/26

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

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DEPR. SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
1	2012 F350 STARCRAFT BUS	5/18/12		50,131							50,131	50,131	S/L	5		0
2	DODG GC W FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6		0
3	DODE GC WITH FOLDOUT RAMP	9/23/16		52,245							52,245	52,245	S/L	6		0
4	DODGE DAKOTA PICKUP	11/19/18		3,731							3,731	3,731	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			158,352		0	0	0	0	0	158,352	158,352				0
FURNITURE AND FIXTURES																
5	COUCH	11/01/10		500							500	500	S/L	8		0
6	STORAGE CABINET	6/22/10		256							256	256	S/L	10		0
7	DESK CHAIRS	9/01/09		250							250	250	S/L	5		0
8	DESK	12/01/09		600							600	600	S/L	10		0
9	FILE CABINET	12/01/09		500							500	500	S/L	10		0
10	LIFE SHOP FURN	8/05/13		2,200							2,200	2,200	S/L	5		0
11	4 DESK- FRONT OFFICE	9/16/13		600							600	600	S/L	5		0
12	2 OFFICE CHAIRS	1/03/14		200							200	200	S/L	5		0
13	SHELVES/CABINETS	1/21/14		570							570	570	S/L	5		0
14	GLASTENDER REFRIGERATOR	9/01/16		1,850							1,850	1,850	S/L	5		0
15	TRUE GLASS DOOR FRIDGE	9/01/16		4,250							4,250	4,250	S/L	5		0
16	STORAGE SYSTEM	1/02/18		527							527	527	S/L	5		0
72	STANDING DESK- MIKE	10/09/19		604							604	604	S/L	5		0
76	DISHWASHER	1/24/22		673							673	461	S/L	5		135
78	SUPPLIES CART	6/28/22		531							531	318	S/L	5		106
80	EXERCISE BIKE	6/30/22		4,136							4,136	2,481	S/L	5		827

6/30/26

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

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OPPORTUNITY KNOCKS INCORPORATED

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83	STANDING DESKS	VARIOUS		2,811							2,811	1,311	S/L	5		562
91	PATIO FURNITURE	3/30/24		3,862							3,862	965	S/L	5		772
	TOTAL FURNITURE AND FIXTURE			24,920		0	0	0	0	0	24,920	18,443				2,402
IMPROVEMENTS																
17	LEASEHOLD IMPROVEMENTS	1/01/10		16,929							16,929	16,929	S/L	3.5		0
18	ENTRYWAY PAVER	3/01/16		2,500							2,500	2,500	S/L	5		0
19	TUFF SHED	11/09/18		1,855							1,855	1,240	S/L	10		186
73	BRICK PAVERS FOR WALKWAY	4/01/20		4,147							4,147	4,147	S/L	5		0
77	BATHROOM REMODEL	6/27/22		4,556							4,556	2,733	S/L	5		911
79	LIFESHOP REMODEL	6/30/22		15,250							15,250	9,150	S/L	5		3,050
87	LIFESHOP REMDEL	3/30/23		18,128							18,128	8,158	S/L	5		3,626
88	REMODEL OF SECOND FLOOR	3/30/24		14,103							14,103	3,526	S/L	5		2,821
89	GAZEBO WITH ROOF	3/30/24		6,100							6,100	1,525	S/L	5		1,220
94	REMODEL OF NORTHSIDE ROOMS	3/30/24		16,500							16,500	4,125	S/L	5		3,300
	TOTAL IMPROVEMENTS			100,068		0	0	0	0	0	100,068	54,033				15,114
MACHINERY AND EQUIPMENT																
20	LAPTOP	11/01/08		2,400							2,400	2,400	S/L	5		0
21	REFRIGERATOR	11/01/10		800							800	800	S/L	5		0
22	COMPUTERS	9/10/10		4,500							4,500	4,500	S/L	5		0
23	NINTENDO WII	1/01/10		200							200	200	S/L	5		0
24	EPSON PROJECTOR	1/01/10		600							600	600	S/L	5		0
25	2 CANOPY TENTS	8/19/11		380							380	380	S/L	7		0
26	IPAD	8/19/11		845							845	845	S/L	5		0

6/30/26

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

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27	MACBOOK PRO	3/05/12		1,448							1,448	1,448	S/L	5		0
28	OSCILLATING FAN	5/25/12		175							175	175	S/L	7		0
29	STORGE BARN	10/09/12		636							636	636	S/L	10		0
30	POWER SYNC TRAY	12/19/12		1,009							1,009	1,009	S/L	5		0
31	IPADS (12)	12/06/12		6,576							6,576	6,576	S/L	5		0
32	MACBOOK	5/13/13		1,234							1,234	1,234	S/L	5		0
33	CAMERAS (GRAPHIC DESIGN)	10/06/12		1,746							1,746	1,746	S/L	5		0
34	CAMERAS (GRAPHIC DESIGN)	10/11/12		243							243	243	S/L	5		0
35	WIRELESS DESKTOP	10/22/12		954							954	954	S/L	5		0
36	APPLE TV	12/05/12		99							99	99	S/L	5		0
37	MONITOR / AUX CABLES	2/19/13		164							164	164	S/L	50		0
38	MACBOOK FOR JH 5-492	5/01/13		1,199							1,199	1,199	S/L	5		0
39	EQUIPMENT	6/30/13		682							682	682	S/L	5		0
40	FURNITURE	6/30/13		4,000							4,000	4,000	S/L	5		0
41	4 COMPUTERS LIFE SHOP	7/19/12		3,560							3,560	2,907	S/L	5		0
42	SMART BOARD LIFE SHOP	7/31/13		4,968							4,968	4,968	S/L	5		0
43	TV	4/22/14		480							480	480	S/L	5		0
44	PHOTO PRINTER	6/12/14		130							130	130	S/L	5		0
45	IMAC DESKTOP AND WARRANTY	7/05/13		1,415							1,415	1,415	S/L	5		0
46	MACBOOK PROS AND WARRANTY	3/26/14		3,120							3,120	3,120	S/L	5		0
47	IPADS (2)	7/05/13		1,396							1,396	1,396	S/L	5		0
48	MACBOOK	7/15/13		1,319							1,319	1,319	S/L	5		0
49	WIRELESS ROUTER	8/21/13		150							150	150	S/L	5		0
50	REFURBISHED IMAC	3/02/14		975							975	975	S/L	5		0
51	4 TB HARD DRIVE	8/29/13		160							160	160	S/L	5		0
52	SONY LAPTOP AND HP PRINTER	9/17/13		1,160							1,160	1,160	S/L	5		0
53	REFRIGERATOR	6/01/15		8,500							8,500	8,500	S/L	5		0

6/30/26

2025 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

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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							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							136	136	S/L	5		0
60	SOFTWARE 7-96	7/24/14		525							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		481							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		325							325	325	S/L	5		0
67	MACBOOK PRO- JENI	8/01/17		1,198							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		511							511	511	S/L	5		0
70	MACBOOK PRO-OSCAR	8/06/19		1,299							1,299	1,299	S/L	5		0
71	COMPUTERS FOR COMPUTER LAB	9/01/19		3,740							3,740	3,740	S/L	5		0
74	COMMERCIAL REFRIGERATORS	11/01/19		4,000							4,000	4,000	S/L	5		0
75	DELL COMPUTER PHIL	12/21/20		1,799							1,799	1,620	S/L	5		179
81	I-PADS AND MACBOOKS FOR STAF	VARIOUS		24,057							24,057	15,636	S/L	5		4,811
82	SMART BOARDS	VARIOUS		11,836							11,836	7,693	S/L	5		2,367
84	TWO MACBOOKS AND MONITORS	VARIOUS		5,597							5,597	2,611	S/L	5		1,119
85	DELL LAPTOP	1/06/23		1,215							1,215	608	S/L	5		243
86	THREE LAPTOPS	5/01/23		3,781							3,781	1,638	S/L	5		756
90	THREE MACBOOKS	3/30/24		4,743							4,743	1,186	S/L	5		949
92	LAPTOPS	3/30/25		4,266							4,266	213	S/L	5		853

6/30/26

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PAGE 5

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93	RAISED GARDEN BEDS	3/30/25		10,898							10,898	545	S/L	5		2,180
	TOTAL MACHINERY AND EQUIPME			156,264		0	0	0	0	0	156,264	119,169				13,457
	TOTAL DEPRECIATION			<u>439,604</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,604</u>	<u>349,997</u>				<u>30,973</u>
	GRAND TOTAL DEPRECIATION			<u>439,604</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,604</u>	<u>349,997</u>				<u>30,973</u>

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 04/24

ID: 2BN

ILVA0212L 09/18/24

For Office Use Only

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # _____

Report for the Fiscal Period:
Beginning 7/01/24
& Ending 6/30/25
MO DAY YR

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Reviewed Financial Statements
 - Copy of Form IFC
 - \$15 Annual Report Filing Fee
 - \$100 Late Report Filing Fee

Make Checks Payable to Illinois Charity Bureau Fund

PMT #	_____
AMT	_____
INIT	_____

Federal ID # **26-4758403**

Yes No

Are contributions to the organization tax deductible? Yes No

Date organization was created: _____
MO DAY YR

<p>Legal Name: OPPORTUNITY KNOCKS INCORPORATED</p> <p>Mail Address: 8020 MADISON ST.</p> <p>City, State: RIVER FOREST, IL 60305</p> <p>Zip Code: _____</p>	<p>YEAR-END AMOUNTS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">A</td> <td style="width: 10%;">ASSETS</td> <td style="width: 10%;">A</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">392,061.</td> </tr> <tr> <td>B</td> <td>LIABILITIES</td> <td>B</td> <td>\$</td> <td></td> <td style="text-align: right;">54,285.</td> </tr> <tr> <td>C</td> <td>NET ASSETS</td> <td>C</td> <td>\$</td> <td></td> <td style="text-align: right;">337,776.</td> </tr> </table>	A	ASSETS	A	\$		392,061.	B	LIABILITIES	B	\$		54,285.	C	NET ASSETS	C	\$		337,776.																																				
A	ASSETS	A	\$		392,061.																																																		
B	LIABILITIES	B	\$		54,285.																																																		
C	NET ASSETS	C	\$		337,776.																																																		
<p>I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR</p> <p>D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E GOVERNMENT GRANTS AND MEMBERSHIP DUES</p> <p>F OTHER REVENUES SEE STATEMENT 1</p> <p>G TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">PERCENTAGE</td> <td style="width: 10%;"></td> <td style="width: 10%;">AMOUNT</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">89.19 %</td> <td>D</td> <td>\$</td> <td></td> <td style="text-align: right;">1,412,993.</td> </tr> <tr> <td></td> <td style="text-align: center;">10.32 %</td> <td>E</td> <td>\$</td> <td></td> <td style="text-align: right;">163,564.</td> </tr> <tr> <td></td> <td style="text-align: center;">0.48 %</td> <td>F</td> <td>\$</td> <td></td> <td style="text-align: right;">7,628.</td> </tr> <tr> <td></td> <td style="text-align: center;">100%</td> <td>G</td> <td>\$</td> <td></td> <td style="text-align: right;">1,584,185.</td> </tr> </table>		PERCENTAGE		AMOUNT				89.19 %	D	\$		1,412,993.		10.32 %	E	\$		163,564.		0.48 %	F	\$		7,628.		100%	G	\$		1,584,185.																								
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	0.48 %	F	\$		7,628.																																																		
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<p>II SUMMARY OF ALL EXPENDITURES DURING THE YEAR</p> <p>H OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____</p> <p>K GRANTS TO OTHER CHARITABLE ORGANIZATIONS % _____</p> <p>L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M MANAGEMENT AND GENERAL EXPENSE</p> <p>N FUNDRAISING EXPENSE</p> <p>O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">PERCENTAGE</td> <td style="width: 10%;"></td> <td style="width: 10%;">AMOUNT</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">62.13 %</td> <td>H</td> <td>\$</td> <td></td> <td style="text-align: right;">1,071,492.</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> <td>I</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">62.13 %</td> <td>J</td> <td>\$</td> <td></td> <td style="text-align: right;">1,071,492.</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> <td>K</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">62.13 %</td> <td>L</td> <td>\$</td> <td></td> <td style="text-align: right;">1,071,492.</td> </tr> <tr> <td></td> <td style="text-align: center;">16.57 %</td> <td>M</td> <td>\$</td> <td></td> <td style="text-align: right;">285,765.</td> </tr> <tr> <td></td> <td style="text-align: center;">21.30 %</td> <td>N</td> <td>\$</td> <td></td> <td style="text-align: right;">367,369.</td> </tr> <tr> <td></td> <td style="text-align: center;">100%</td> <td>O</td> <td>\$</td> <td></td> <td style="text-align: right;">1,724,626.</td> </tr> </table>		PERCENTAGE		AMOUNT				62.13 %	H	\$		1,071,492.		%	I	\$				62.13 %	J	\$		1,071,492.		%	K	\$				62.13 %	L	\$		1,071,492.		16.57 %	M	\$		285,765.		21.30 %	N	\$		367,369.		100%	O	\$		1,724,626.
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<p>III SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES</p> <p><small>(Attach Attorney General Report of Individual Fundraising Campaign – (Form IFC). One for each PFR.)</small></p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">PERCENTAGE</td> <td style="width: 10%;"></td> <td style="width: 10%;">AMOUNT</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">100%</td> <td>P</td> <td>\$</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> <td>Q</td> <td>\$</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> <td>R</td> <td>\$</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td></td> <td></td> <td>S</td> <td>\$</td> <td></td> <td style="text-align: right;">0.</td> </tr> </table>		PERCENTAGE		AMOUNT				100%	P	\$		0.		%	Q	\$		0.		%	R	\$		0.			S	\$		0.																								
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<p>IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T NAME, TITLE: PHILIP CARMODY, PRESIDENT</p> <p>U NAME, TITLE: MICHAEL CARMODY, EXEC DIRECTOR</p> <p>V NAME, TITLE: ANNA KELLAR, PROG DIRECTOR</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">AMOUNT</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">76,663.</td> <td>T</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">72,115.</td> <td>U</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">61,135.</td> <td>V</td> <td>\$</td> <td></td> <td></td> </tr> </table>		AMOUNT						76,663.	T	\$				72,115.	U	\$				61,135.	V	\$																																
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<p>V CHARITABLE PROGRAM DESCRIPTION: <small>CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</small></p> <p>W DESCRIPTION: SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS</p> <p>X DESCRIPTION: _____</p> <p>Y DESCRIPTION: _____</p>	<p>List on back side of Instructions CODE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">CODE</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>W</td> <td>#</td> <td></td> <td></td> <td></td> <td style="text-align: right;">121</td> </tr> <tr> <td>X</td> <td>#</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Y</td> <td>#</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		CODE					W	#				121	X	#					Y	#																																		
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IF THE 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?		X
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?		X
3	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
4	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
5	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
6a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
6b	IF 'YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____.		
7	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
8	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
9	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
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

MICHAEL CARMODY

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

LINDSAY A. WALLACE

PREPARER (PRINT NAME)

SIGNATURE

DATE

CLIENT OPPKNOCK

OPPORTUNITY KNOCKS INCORPORATED

26-4758403

11/07/25

10:49AM

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

INTEREST.....	\$	7,628.
	TOTAL	<u><u>\$ 7,628.</u></u>

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