

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OPPORTUNITY KNOCKS
Number and street (or P O box, if mail is not delivered to street address) Room/suite
70 SW CENTURY DR PMB 249
City or town, state or province, country, and ZIP or foreign postal code
BEND, OR 97702

D Employer identification number
30-0468254
E Telephone number
(541) 318-4650
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: WWW OPP-KNOCKS ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 103,263

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	36,950	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	21,447	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	44,866	12	Salaries, other compensation, and employee benefits	12	57,759
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	3,547
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	3,238
b	Less cost or other basis and sales expenses	5b	40	15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-40	16	Other expenses (describe in Schedule O)	16	21,085
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	85,629
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,594
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,229
c	Less direct expenses from gaming and fundraising events	6c		20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	18,823
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,223				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 2017-11-08 Date
JIM SCHELL PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name GREGORY S FOWLER CPA Preparer's signature Date 2017-11-09 Check [X] if self-employed PTIN P00877967
Firm's name FOWLER & CO INC Firm's EIN 46-3905349
Firm's address PO BOX 243 BEND, OR 977090243 Phone no (541) 537-4312

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

Additional Data

Software ID:

Software Version:

EIN: 30-0468254

Name: OPPORTUNITY KNOCKS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDED TRAINING, EDUCATION, AND PROBLEM-SOLVING OPPORTUNITIES FOR THE BUSINESS COMMUNITY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

Form 990EZ, Part IV - List of Officers, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GREG FOWLER DIRECTOR	2 00	0		
STEVE CURLEY DIRECTOR	2 00	0		
GEORELL BRACELIN DIRECTOR	2 00	0		
BRIAN CASH DIRECTOR	2 00	0		
VIC MARTINEZ DIRECTOR	2 00	0		
JIM SCHELL PRESIDENT	2 00	0		
ALY WAIBEL EXECUTIVE DI	40 00	0		
SHANNON MARA DIRECTOR	2 00	0		
ALAN DALE DIRECTOR	2 00	0		
VALARIE REKWARD DIRECTOR	2 00	0		
LISA SHROPSHIRE DIRECTOR	2 00	0		
RICH LYON DIRECTOR	2 00	0		
PRESTON CALLICOTT DIRECTOR	2 00	0		
JAY RIKER DIRECTOR	2 00	0		
KEN STREATER DIRECTOR	2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MEG CHUN DIRECTOR	2 00	0		
JAMIE CHRISTMAN DIRECTOR	2 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization
OPPORTUNITY KNOCKS

Employer identification number

30-0468254

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 4,795 OFFICE 1,009 TRAVEL 825 CONFERENCES/MEETINGS 1,519 SEMINAR EXPENSES 8,337 INTEREST EXPENSE 2 INSURANCE 1,245 BANK & MERCHANT FEES 1,806 DUES & SUBSCRIPTIONS 1,427 LICENSES & FEES 100 NON-INVESTMENT DEPRECIATION 20 TOTAL 21,085

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 4,164 4,573 693 0 LESS ACCUMULATED DEPRECIATION 633 0 TOTAL 4,224 4,573

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 3,223 S-T BORROWING 4,890 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF PROVIDING TRAINING, EDUCATION, AND PROBLEM-SOLVING OPPORTUNITIES FOR THE BUSINESS COMMUNITY