

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GOOD NEIGHBORS USA | | D Employer identification number 20-3644749 |
| | Doing business as | | E Telephone number 877-499-9898 |
| | Number and street (or P.O. box if mail is not delivered to street address) 131 N. TUSTIN AVE. STE 204 | | Room/suite |
| | City or town, state or province, country, and ZIP or foreign postal code TUSTIN CA 92780 | | G Gross receipts \$ 8,684,427 |
| F Name and address of principal officer: IL HA YI 131 N. TUSTIN AVE. STE 204 IRVINE CA 92780 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.GOODNEIGHBORS.US | | | H(c) Group exemption number |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 2005 M State of legal domicile: CA |

Part I Summary

| | | | |
|--|---|--|-------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGANIZATION COMMITTED TO BUILD A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HEALTH, HARMONY, AND DIGNITY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 7 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 6 | |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 27 | |
| | 6 Total number of volunteers (estimate if necessary) | 141 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 10,865,676 | Current Year 8,320,063 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 189,043 | 364,364 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,054,719 | 8,684,427 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 8,963,025 | 6,251,315 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 889,037 | 829,114 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 572,325 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,510,912 | 1,701,337 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 11,362,974 | 8,781,766 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -308,255 | -97,339 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 3,117,578 | End of Year 3,062,013 |
| | 21 Total liabilities (Part X, line 26) | 367,100 | 408,874 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,750,478 | 2,653,139 |

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 IL HA YI | Date | | | |
| | Type or print name and title PRESIDENT | | | | |
| Paid Preparer Use Only | Print/Type preparer's name KIWOOK UHM | Preparer's signature KIWOOK UHM | Date 05/15/24 | Check <input type="checkbox"/> if self-employed | PTIN P00845230 |
| | Firm's name MOUNTAIN, LLP | Firm's EIN 88-4118548 | | | |
| | Firm's address 3700 WILSHIRE BLVD STE 535 LOS ANGELES, CA 90010-2918 | Phone no. 213-389-0080 | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGANIZATION COMMITTED TO BUILD A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HEALTH, HARMONY, AND DIGNITY.

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 \$ **3,747,316** including grants of \$ **3,747,316**) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **1,511,433** including grants of \$ **1,511,433**) (Revenue \$)
EMERGENCY RELIEF

IN 2023, DURING THE TURKEY-SYRIA EARTHQUAKE, GNU PROVIDED EMERGENCY SUPPLIES TO 1,970 HOUSEHOLDS AND SUPPORTED 36,983 PEOPLE. ADDITIONALLY, THROUGH DONATIONS FROM BLACKYAK & NAU.COM, GNU WAS ABLE TO SUPPORT A 40-FOOT CONTAINER OF CLOTHING TO A LOCALLY BASED ORGANIZATIONS THAT ACTIVELY WORK TO AID REFUGEES IN TURKEY AND UKRAINE. FURTHERMORE, GNU SUPPORTED EXTREMELY POOR FAMILIES IN THE PHILIPPINES BY ADDRESSING THEIR BASIC NEEDS. THE OBJECTIVE OF THIS PROJECT IS TO PROVIDE VITAL CONSUMPTION SUPPORT FOR BASIC NEEDS AND CREATE OPPORTUNITIES FOR THEM TO ACHIEVE ECONOMIC SELF-SUFFICIENCY.

4c (Code:) (Expenses \$ **598,288** including grants of \$ **598,288**) (Revenue \$)
SEE SCHEDULE O

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

(Expenses \$ **2,026,558** including grants of \$ **394,278**) (Revenue \$)

4e Total program service expenses **7,883,595**

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)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | | 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? If "Yes," complete Schedule D, Part VI | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 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? If "Yes," complete Schedule F, Parts I and IV | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 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? If "Yes," complete Schedule F, Parts III and IV | | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | 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? If "Yes," complete Schedule I, Parts I and II | | 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? | | |

| | |
|----|---|
| 1a | 3 |
| 1b | 0 |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | Yes | No | | |
|--|--|------------|-----------|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 27 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 7 | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | 6 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|----------|----------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

GOOD NEIGHBORS USA
TUSTIN

131 N. TUSTIN AVENUE # 204

CA 92780

877-499-9898

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 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) IL HA YI PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) TIMOTHY HAAHS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) DAVID MARH CHAIRMAN | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) THOMAS YI TREASURER | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) GORDON TURNER DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) JOHN BYON DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) MINHO CHOI DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

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 | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1b Subtotal | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | |

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> | | 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> | | 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> | | 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 | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | 840,829 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | 7,479,234 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | 5,108,033 | | | | |
| | h Total. Add lines 1a-1f | | | 8,320,063 | | | | |
| | Program Service Revenue | 2a | Business Code | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6a Gross rents | | (i) Real | (ii) Personal | | | | |
| | | 6a | 219,548 | | | | | |
| | | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | 219,548 | | | | | |
| | d Net rental income or (loss) | | | 219,548 | | | 219,548 | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| | | 7a | | | | | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | | |
| | d Net gain or (loss) | | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | | 8a | | | | | | |
| b Less: direct expenses | | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | | |
| 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 | | | | | | | | |
| Miscellaneous Revenue | 11a OTHER REVENUE | Business Code | | 144,816 | 144,816 | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 144,816 | | | | |
| 12 Total revenue. See instructions | | | 8,684,427 | 144,816 | 0 | 219,548 | | |

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 | 6,251,315 | 6,251,315 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 768,913 | 641,853 | 39,757 | 87,303 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 60,201 | 45,240 | 6,406 | 8,555 |
| 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.) | 115,385 | 79,283 | 36,102 | |
| 12 Advertising and promotion | 540,892 | 101,047 | 54,605 | 385,240 |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 17,322 | 14,398 | 1,871 | 1,053 |
| 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 | 30,719 | 8,070 | 22,649 | |
| 23 Insurance | 113,670 | 64,675 | 38,579 | 10,416 |
| 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 PROGRAM SUPPORT | 585,307 | 585,307 | | |
| b DONOR MANAGEMENT | 121,621 | 45,669 | 16,163 | 59,789 |
| c REPAIR AND MAINTENANCE | 54,545 | 11,456 | 43,089 | |
| d UTILITIES | 54,468 | 19,050 | 33,705 | 1,713 |
| e All other expenses | 67,408 | 16,232 | 32,920 | 18,256 |
| 25 Total functional expenses. Add lines 1 through 24e | 8,781,766 | 7,883,595 | 325,846 | 572,325 |
| 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 | 336,108 | 1 | 527,074 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 333,790 | 4 | 198,366 |
| | 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 | 7,972 | 9 | 43,832 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,478,999 | | |
| | b | Less: accumulated depreciation | 10b 204,009 | 10c | 2,274,990 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 3,550 | 14 | 3,206 |
| | 15 | Other assets. See Part IV, line 11 | 130,790 | 15 | 14,545 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,117,578 | 16 | 3,062,013 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 361,107 | 17 | 406,834 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 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 | 5,993 | 25 | 2,040 |
| | 26 | Total liabilities. Add lines 17 through 25 | 367,100 | 26 | 408,874 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 2,750,478 | 27 | 2,653,139 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 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 | 2,750,478 | 32 | 2,653,139 | |
| 33 | Total liabilities and net assets/fund balances | 3,117,578 | 33 | 3,062,013 | |

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 | 8,684,427 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,781,766 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -97,339 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,750,478 |
| 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 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,653,139 |

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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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

2023

Open to Public Inspection

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|------------|-----------|------------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 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) | | | | | | 25,948,514 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 23,744,646 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|------------|-----------|------------|-----------|------------|
| 7 Amounts from line 4 | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 182,982 | 160,649 | 176,676 | 219,548 | 739,855 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 69,459 | 1,719 | | | | 71,178 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 9,362 | 49,674 | | | | 59,036 |
| 11 Total support. Add lines 7 through 10 | | | | | | 50,563,229 |

12 Gross receipts from related activities, etc. (see instructions) **12** 157,183

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**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | 46.96 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 44.84 % |
| 16a 33 1/3% support test — 2023. 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 <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test — 2022. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test — 2023. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test — 2022. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests — 2023. 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 — 2022. 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 on 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> | | |
| c 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. <i>Complete line 2 below.</i> | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i> | | | |
| 2 Activities Test. <i>Answer lines 2a and 2b below.</i> | | | |
| 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> | | Yes | No |
| 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. <i>Answer lines 3a and 3b below.</i> | | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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— <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

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

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 DETAIL

\$ 59,036

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 | BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BRIKEN ARROW OK 74012 | \$ 3,493,465 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | POONGRIM GA 2935 WAVERLY WALK PT CUMMING GA 30041 | \$ 176,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | AUTOQUEST 17 SPECTRUM POINTE #503 LAKE FOREST CA 92630 | \$ 68,820 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | BLACKYAK & NAU.COM 604 NW 11TH AVENUE PORTLAND OR 97209 | \$ 1,197,008 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314 | \$ 157,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621 | \$ 2,666 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GOOD NEIGHBORS USA

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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 | COOKUNITY 1324 E. 15TH ST. LOS ANGELES CA 90021 | \$ 13,074 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614 | \$ 19,875 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | NEW YORK IN2 ONNURI CHURCH 55 E. 59TH STREET NEW YORK NY 10022 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 16,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | JUNG HU PARK 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|------------|--|----------------------------|---|
| 13 | SEONGHO KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | EUNICE KIM 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,300 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | JONG YONG PARK 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,060 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | SUNNY HILL 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | LORD'S CHURCH OF AUSTIN 301 W. ANDERSON LN. AUSTIN TX 78752 | \$ 12,467 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | HYOJIN KIM NIRAV PATEL FOUNDATION 1120 S. VAN NESS AVE. SAN FRANCISCO CA 94110 | \$ 10,245 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|------------|--|----------------------------|---|
| 19 | YONG HWA MISSION FOUNDATION 214 LOMA DR. LOS ANGELES CA 90026 | \$ 7,340 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | ANTIOCH PRESBYTERIAN CHURCH 2720 MONTROSE AVE. MONTROSE CA 91020 | \$ 7,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | NEW GATE CHURCH 1711 N. AVON ST. BURBANK CA 91505 | \$ 6,200 | 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.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 1 | MEDICAL SUPPLY & MEDICINE | \$ 3,493,465 | |
| 2 | MEDICAL SUPPLIES | \$ 176,000 | |
| 3 | SCHOOL BACKPACKS | \$ 66,348 | |
| 3 | COVID TESTING KITS | \$ 2,472 | |
| 4 | CLOTHING | \$ 1,197,008 | |
| 5 | EDUCATION MATERIALS | \$ 157,000 | |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 6 | BEDDING AND TOILETRIES | \$ 2,666 | |
| 7 | FOODS | \$ 13,074 | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

SCHEDULE D (Form 990)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 on 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:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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 | | 1,500,000 | | 1,500,000 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 978,999 | 204,009 | 774,990 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,274,990 |

Part VII Investments – Other Securities

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, col. (B)) | | |

Part VIII Investments – Program Related

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, col. (B)) | | |

Part IX Other Assets

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, col. (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) OPERATING LEASE | 2,040 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,040 |

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA & THE PACIFIC | 0 | | | | |
| (1) | | 1 | PROGRAM | | 1,634,043 |
| EUROPE | | | | | |
| (2) | | 1 | PROGRAM | | 210,746 |
| CENTRAL AMERICA AND CARRI | | | | | |
| (3) | | 1 | PROGRAM | | 1,040,019 |
| SUB-SAHARAN AFRICA | | | | | |
| (4) | | 1 | PROGRAM | | 3,184,764 |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | 4 | | | 6,069,572 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 4 | | | 6,069,572 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | HEALTH | 3,747,316 | | | MEDICAL SUPPLY | |
| (2) | | | | EDUCATION | 261,278 | | | | |
| (3) | | | | EMERGENCY RELIEF | 1,511,433 | | | | |
| (4) | | | | WATER AND SANITATION | 97,000 | | | | |
| (5) | | | | CHILD SUPPORT | 598,288 | | | | |
| (6) | | | | INCOME GENERATION | 36,000 | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GOOD NEIGHBORS USA IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH THE FIELD OFFICES OF GOOD NEIGHBORS INTERNATIONAL, AN AFFILIATION ORGANIZED IN KOREA. PROGRAMS FUNDED BY GOOD NEIGHBORS WOULD INCLUDE STAFF ASSISTANCE, WHERE A TECHNICAL SPECIALIST WILL WORK WITH AND VISIT GOOD NEIGHBORS FIELD STAFF IN THE RESPECTIVE COUNTRIES.

PART I, LINE 3 - ACTIVITIES PER REGION

| REGION | EXPENDITURES | INVESTMENTS |
|---------------------------|--------------|-------------|
| EAST ASIA & THE PACIFIC O | \$ 1,634,043 | \$ 0 |
| EUROPE | \$ 210,746 | \$ 0 |
| CENTRAL AMERICA AND CARRI | \$ 1,040,019 | \$ 0 |
| SUB-SAHARAN AFRICA | \$ 3,184,764 | \$ 0 |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 | X | | 1,199,674 | |
| 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 | X | 1 | 13,074 | |
| 20 Drugs and medical supplies | X | 3 | 3,671,937 | INTERAGENCY GIK STANDARDS |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | X | 2 | 223,348 | INTERAGENCY GIK STANDARDS |
| 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 in 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. | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HEALTH AND NUTRITION

THE GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUS AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GN SUPPORTS COMMUNITY MEMBERS WITH IMPROVED ACCESS TO HEALTH SERVICES, FOCUSING ON DISEASE PREVENTION ACTIVITIES SUCH AS SUPPORTING HEALTH FACILITIES, PROVIDING REGULAR HEALTH CHECK-UP SERVICES, AND DISTRIBUTING DEWORMING PILLS. THEREFORE, TO IMPROVE ACCESS TO AFFORDABLE MEDICINE IN REMOTE AREAS AND VULNERABLE ENVIRONMENTS IN AFRICA, GNU SUPPORTED 500,000 TABLETS OF PRAZIQUANTEL TO THE MINISTRY OF HEALTH (MOH) IN GHANA AND 300,000 TABLETS OF PRAZIQUANTEL TO THE MOH IN CAMEROON. FURTHERMORE, GNU EXTENDED MEDICINE SUPPORT TO BOTH SOUTH SUDAN AND BURUNDI, WHICH ARE DIFFICULT TO IMPLEMENT REGULAR GN PROGRAMS. IN SOUTH SUDAN, 701,600 TABLETS OF 11 ITEMS WERE DELIVERED, WHILE IN BURUNDI, 651,000 TABLETS OF 17 ITEMS WERE PROVIDED TO THE RESPECTIVE FIELD COUNTRIES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

CHILD SUPPORT

GNU SPONSORED 2,916 CHILDREN AGES FROM 3 TO 18 IN GUATEMALA, NICARAGUA, HAITI, DOMINICAN REPUBLIC, MALAWI, CHAD, NIGER, AND NEPAL RESPECTIVELY. GNU'S CHILD SPONSORSHIP PROGRAM IS DESIGNED TO COMBAT THREE CRITICAL PROBLEMS THAT CHILDREN IN DEVELOPING COUNTRIES FACE: LACK OF EDUCATION, POOR NUTRITION, AND LITTLE TO NO ACCESS TO AFFORDABLE MEDICAL CARE. CHILD SPONSORSHIP PROGRAM ENCOURAGES DONORS TO MAKE A MONTHLY COMMITMENT THAT

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

COVERS A CHILD'S TUITION, UNIFORM, SCHOOL SUPPLIES, BOOKS, LUNCHTIME MEALS, AND MEDICAL CARE. THIS PROGRAM NOT ONLY PROVIDES THOSE IN NEED WITH AID BUT ALSO COMBATS SOME OF THE DIRECT SOURCES OF POVERTY, INCLUDING ILLITERACY, POOR HEALTH, AND LACK OF SKILLS NEEDED FOR JOB PLACEMENT. IT'S AN ECONOMICALLY SUSTAINABLE, COMMUNITY-BASED SOLUTION THAT INVESTS IN CHILDREN, GIVING THEM THE RIGHT OPPORTUNITIES TO ONE DAY BE PRODUCTIVE ADULTS WHO CONTRIBUTE POSITIVELY TO THEIR SOCIETY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

DOMESTIC SHELTER

GN SHELTER SUCCESSFULLY ENROLLED 123 CLIENTS INCLUDING WOMEN AND CHILDREN FOR THE JANUARY-DECEMBER 2023 PERIOD. FROM THIS COUNT, THE DOMESTIC SHELTER ACCEPTED 90 ADULTS AND 33 CHILDREN. DOMESTIC SHELTER PROVIDED EXTENSIVE CASE MANAGEMENT EFFORTS TO SECURE EMERGENCY INCOME, MEDICAL ASSISTANCE, MENTAL HEALTH CONNECTIONS, PERSONAL IDENTIFICATION, COVID-19 TESTING, CLIENT INCENTIVES, TRANSPORTATION SERVICES, LEGAL SERVICES, HOLIDAY/SOCIAL EVENT PLANNING AND IMPLEMENTATION, AND HOUSING PLACEMENT ASSISTANCE. GOOD NEIGHBORS LA SHELTER RECEIVED MANY GIK AND PRIVATE DONATIONS FROM COMMUNITY MEMBERS IN CLOTHING, SHOES, TOILETRIES, KITCHEN UTENSILS, HYGIENE PRODUCTS, SCHOOL SUPPLIES, HAIR PRODUCTS, COATS, AND FOOD.

EDUCATION

THE EDUCATION PROJECT FOCUSES ON ADVOCATING FOR CHILDREN'S RIGHTS TO ACCESS EQUAL EDUCATION. GNU ENABLES INDIVIDUALS WHO ARE LESS LIKELY TO RECEIVE A STANDARD EDUCATION, BY PROVIDING BASIC LITERACY SKILLS SUCH AS READING, WRITING, AND NUMERACY, WHICH ARE ESSENTIAL FOR EVERYDAY USE. IN 2023, CHAD IMPLEMENTED A PROJECT AIMED AT IMPROVING THE EDUCATIONAL ENVIRONMENT BY

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

PROVIDING WATER FACILITIES AND SCHOOL MATERIALS TO HOPE SCHOOLS. THE GOAL OF THIS PROJECT WAS TO CREATE A COMFORTABLE AND SAFE LEARNING ENVIRONMENT FOR STUDENTS. AS A RESULT OF THIS INITIATIVE, 4,329 BENEFICIARIES AND FIVE SCHOOLS BENEFITED, THREE WATER TOWERS WERE REPAIRED, AND 160 SCHOOL MATERIALS WERE PROVIDED TO STUDENTS. THESE IMPROVEMENTS IN THE EDUCATIONAL ENVIRONMENT ALLOWED STUDENTS TO FOCUS MORE ON THEIR STUDIES.

WATER AND SANITATION

TO ENSURE ACCESS TO CLEAN WATER AND A SANITARY LIVING ENVIRONMENT FOR COMMUNITIES, GNU CONSTRUCTS AND MANAGES FACILITIES SUCH AS WELLS, AND WATER PUMPS. IN 2023, GNU IMPLEMENTED A PROJECT IN VARIOUS AFRICAN COUNTRIES AIMED AT IMPROVING ACCESS TO CLEAN DRINKING WATER AND SANITATION ENVIRONMENTS. IN NIGER, GNU SUPPORTED THE CONSTRUCTION OF A SOLAR WATER TOWER AND WATER TANK WITH TWO WATER STANDS, EACH HAVING SIX WATER TAPS. THROUGH THIS PROJECT, 1,552 PEOPLE (764 MEN AND 788 WOMEN) BENEFITED, WITH 95% GAINING ACCESS TO CLEAN DRINKING WATER AND 75% GAINING ACCESS TO IMPROVED HYGIENE AND SANITATION ENVIRONMENTS. IN ADDITION, GNU CONSTRUCTED SIX WATER WELLS THROUGH GOOD WATER PROJECT IN ZAMBIA IN 2023. 246 RECURRING AND ONE TIME WATER AND SANITATION PROJECT DONORS COLLECTIVELY SUPPORTED 2,090 BENEFICIARIES IN SIX DIFFERENT VILLAGES. WITH WELLS LOCATED NEAR THEIR HOMES, CHILDREN DO NOT HAVE TO TRAVEL FOR HOURS TO RETRIEVE WATER, WHICH ALLOWS THEM TO ATTEND SCHOOL.

INCOME GENERATION

THE INCOME GENERATION PROJECT SUPPORTS THE ESTABLISHMENT AND OPERATION OF CO-OPERATIVES TO EXPAND OPPORTUNITIES AND STRENGTHEN CAPABILITIES FOR RESIDENTS IN POVERTY DUE TO LIMITED RESOURCES, INFORMATION, AND LOW

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

TECHNOLOGY. IT SEEKS EQUAL ECONOMIC GROWTH IN THE COMMUNITY THROUGH INITIAL CAPITAL, TECHNICAL, AND BUSINESS COMPETENCY SUPPORT. IT HELPS DEVELOP THE COMMUNITY BY ESTABLISHING AND OPERATING SOCIAL ENTERPRISES THAT SIMULTANEOUSLY CREATE ECONOMIC AND SOCIAL VALUES. GNU PROVIDES TRAINING, RESOURCES, AND SUPPORT TO HELP FAMILIES START SMALL BUSINESSES, SUCH AS FARMING OR HANDICRAFTS, AND EARN A SUSTAINABLE INCOME. THE PROJECT ALSO FOCUSES ON BUILDING THE SKILLS AND KNOWLEDGE OF COMMUNITY MEMBERS TO MANAGE THEIR BUSINESSES EFFECTIVELY AND SUSTAINABLY.

FORM 990, PART VI - ADDITIONAL INFORMATION

SECTION B, LINE 11 B

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AFTER IT IS REVIEWED BY MANAGEMENT.

THE BOARD OF DIRECTORS REVIEWS FORM 990 AND RAISES ANY QUESTIONS TO MANAGEMENT FOR RESOLUTION.

FORM 990 IS THEN FILED ELECTRONICALLY WITH THE IRS AND POSTED GOOD NEIGHBORS USA'S WEB SITE.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ILHA YI

THOMAS YI

CHAIRMAN

TREASURER

BROTHER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ALL MEMBERS OF ITS GOVERNING BODY REVIEW THIS FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

THE PURPOSE OF A CONFLICT-OF-INTEREST POLICY IS TO PROTECT AN ORGANIZATION'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ONE OF ITS OFFICERS OR DIRECTORS, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. ALL MEMBERS AND AFFILIATES OF THE ORGANIZATION MUST COMPLETE CONFLICT-OF-INTEREST QUESTIONNAIRE ANNUALLY AND RETURN IT TO MANAGEMENT AND GOVERNING BODY. THEN, THE BOARD SHALL REVIEW EACH MEMBER QUESTIONNAIRE AND ANY OTHER DISCLOSURES REGARDING THE FINANCIAL INTERESTS OF ITS MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION SUBJECT TO REVIEW AND APPROVAL

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION SUBJECT TO REVIEW AND APPROVAL

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART XII - ADDITIONAL INFORMATION LINE 2C

THE ORGANIZATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT AND SELECTION OF ITS INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

GOOD NEIGHBORS USA

Identifying number

20-3644749

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,160,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,890,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2022 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 30,379 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|--|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|---------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 30,379 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2023 tax year (see instructions): 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

20-3644749

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--------------------------|--------------------|---------------|----------|-----------------|-------------------|--------------|---------------|----------|
| Prior MACRS: | | | | | | | | | |
| 17 | FURNITURE AND FIXTURE | 10/15/07 | 2,941 | | | 2,941 | 7 HY 200DB | 2,941 | 0 |
| 18 | COMPUTER | 10/15/07 | 2,058 | | | 2,058 | 5 HY 200DB | 2,058 | 0 |
| 19 | COMPUTER | 10/15/07 | 1,196 | | | 1,196 | 5 HY 200DB | 1,196 | 0 |
| 20 | EQUIPMENT | 10/15/07 | 3,435 | | | 3,435 | 5 HY 200DB | 3,435 | 0 |
| 21 | EQUIPMENT | 10/15/07 | 2,567 | | | 2,567 | 5 HY 200DB | 2,567 | 0 |
| 22 | EQUIPMENT | 10/15/07 | 896 | | | 896 | 5 HY 200DB | 896 | 0 |
| | | | <u>13,093</u> | | | <u>13,093</u> | | <u>13,093</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | |
| 1 | FURNITURE | 11/12/10 | 700 | | | 700 | 7 MO S/L | 700 | 0 |
| 2 | FURNITURE | 11/12/10 | 500 | | | 500 | 7 MO S/L | 500 | 0 |
| 3 | PROJECTOR | 12/30/10 | 603 | | | 603 | 5 MO S/L | 603 | 0 |
| 4 | DUPLICATOR | 2/08/10 | 713 | | | 713 | 5 MO S/L | 713 | 0 |
| 5 | TELEPHONE | 1/18/10 | 3,867 | | | 3,867 | 5 MO S/L | 3,867 | 0 |
| 7 | COMPUTER | 7/30/11 | 647 | | | 647 | 5 MO S/L | 647 | 0 |
| 8 | COMPUTER | 12/27/11 | 1,973 | | | 1,973 | 5 MO S/L | 1,973 | 0 |
| 9 | SOFTWARE | 5/03/11 | 993 | | | 993 | 5 MO S/L | 993 | 0 |
| 10 | OFFICE FURNITURE | 1/17/12 | 1,173 | | | 1,173 | 7 MO S/L | 1,173 | 0 |
| 12 | COMPUTER | 1/17/12 | 1,967 | | | 1,967 | 5 MO S/L | 1,967 | 0 |
| 13 | CAMERA | 2/29/12 | 1,634 | | | 1,634 | 5 MO S/L | 1,634 | 0 |
| 14 | CAMERA | 4/30/12 | 1,855 | | | 1,855 | 5 MO S/L | 1,855 | 0 |
| 15 | NOTE BOOK | 9/07/12 | 886 | | | 886 | 5 MO S/L | 886 | 0 |
| 16 | OFFICE EQUIPMENT | 9/07/12 | 696 | | | 696 | 7 MO S/L | 696 | 0 |
| 24 | COMPUTER | 3/12/10 | 730 | | | 730 | 5 MO S/L | 730 | 0 |
| 25 | COMPUTER | 6/21/10 | 1,316 | | | 1,316 | 5 MO S/L | 1,316 | 0 |
| 26 | COMPUTER | 7/12/10 | 869 | | | 869 | 5 MO S/L | 869 | 0 |
| 30 | FURNITURE AND FIXTURE | 8/29/16 | 350 | | | 350 | 7 MO S/L | 317 | 33 |
| 31 | COMPUTER | 7/22/16 | 743 | | | 743 | 5 MO S/L | 743 | 0 |
| 32 | COMPUTER | 1/31/17 | 2,375 | | | 2,375 | 5 MO S/L | 2,375 | 0 |
| 33 | COMPUTER | 3/06/17 | 867 | | | 867 | 5 MO S/L | 867 | 0 |
| 34 | COMPUTER | 6/06/17 | 146 | | | 146 | 5 MO S/L | 146 | 0 |
| 35 | FURNITURE | 1/17/17 | 780 | | | 780 | 7 MO S/L | 663 | 111 |
| 36 | FURNITURE | 1/26/17 | 1,049 | | | 1,049 | 7 MO S/L | 889 | 149 |
| 37 | OFFICE EQUIPMENT | 3/30/17 | 97 | | | 97 | 7 MO S/L | 80 | 14 |
| 38 | OFFICE EQUIPMENT | 5/08/17 | 276 | | | 276 | 7 MO S/L | 223 | 39 |
| 39 | FURNITURE-SHELTER | 10/10/17 | 12,757 | | | 12,757 | 7 MO S/L | 9,532 | 1,817 |
| 40 | FURNITURE-SHELTER | 10/25/17 | 1,875 | | | 1,875 | 7 MO S/L | 1,390 | 267 |
| 41 | FURNITURE-SHELTER | 10/26/17 | 1,626 | | | 1,626 | 7 MO S/L | 1,203 | 231 |
| 42 | FURNITURE-SHELTER | 10/31/17 | 981 | | | 981 | 7 MO S/L | 724 | 139 |
| 43 | FURNITURE-SHELTER | 11/07/17 | 523 | | | 523 | 7 MO S/L | 384 | 75 |
| 44 | FURNITURE-SHELTER | 11/10/17 | 891 | | | 891 | 7 MO S/L | 654 | 127 |
| 45 | FURNITURE-SHELTER | 11/14/17 | 1,795 | | | 1,795 | 7 MO S/L | 1,315 | 255 |
| 46 | FURNITURE-SHELTER | 11/17/17 | 620 | | | 620 | 7 MO S/L | 453 | 89 |
| 47 | FURNITURE-SHELTER | 11/14/17 | 3,296 | | | 3,296 | 7 MO S/L | 2,417 | 470 |
| 48 | FURNITURE-SHELTER | 11/30/17 | 900 | | | 900 | 7 MO S/L | 658 | 128 |
| 49 | FURNITURE-SHELTER | 11/28/17 | 552 | | | 552 | 7 MO S/L | 401 | 78 |
| 50 | FURNITURE-SHELTER | 11/17/17 | 219 | | | 219 | 7 MO S/L | 160 | 32 |
| 51 | FURNITURE-SHELTER | 12/11/17 | 900 | | | 900 | 7 MO S/L | 650 | 128 |
| 53 | COMPUTER-SHELTER | 10/30/17 | 1,748 | | | 1,748 | 5 MO S/L | 1,748 | 0 |
| 54 | CAMERA-SHELTER | 12/18/17 | 702 | | | 702 | 5 MO S/L | 702 | 0 |
| 55 | OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | | | 109 | 7 MO S/L | 80 | 16 |
| 56 | LHI-SHELTER | 11/01/17 | 122 | | | 122 | 39 MO S/L | 16 | 3 |
| 57 | LHI-SHELTER | 11/03/17 | 272 | | | 272 | 39 MO S/L | 36 | 6 |
| 58 | LHI-SHELTER | 11/10/17 | 900 | | | 900 | 39 MO S/L | 117 | 23 |
| 59 | LHI-SHELTER | 11/10/17 | 641 | | | 641 | 39 MO S/L | 83 | 17 |
| 60 | LHI-SHELTER | 11/13/17 | 431 | | | 431 | 39 MO S/L | 56 | 11 |
| 61 | LHI-SHELTER | 11/15/17 | 600 | | | 600 | 39 MO S/L | 78 | 15 |
| 62 | LHI-SHELTER | 11/15/17 | 810 | | | 810 | 39 MO S/L | 105 | 21 |
| 63 | LHI-SHELTER | 11/20/17 | 800 | | | 800 | 39 MO S/L | 103 | 20 |
| 64 | FURNITURE-SHELTER | 11/30/17 | 900 | | | 900 | 7 MO S/L | 654 | 128 |
| 65 | FURNITURE-SHELTER | 12/05/17 | 700 | | | 700 | 7 MO S/L | 507 | 100 |
| 66 | LHI-SHELTER | 12/07/17 | 327 | | | 327 | 39 MO S/L | 42 | 8 |
| 67 | LHI-SHELTER | 12/11/17 | 100 | | | 100 | 39 MO S/L | 13 | 2 |
| 68 | LHI-SHELTER | 12/11/17 | 240 | | | 240 | 39 MO S/L | 31 | 6 |
| 69 | LHI-SHELTER | 12/13/17 | 600 | | | 600 | 39 MO S/L | 77 | 15 |
| 70 | LHI-SHELTER | 12/14/17 | 520 | | | 520 | 39 MO S/L | 67 | 13 |
| 71 | LHI-SHELTER | 12/14/17 | 1,500 | | | 1,500 | 39 MO S/L | 193 | 38 |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|--|-------------------|--------------------|------------------|----------|------------------|-------------------|--------------|----------------|---------------|
| 73 | COMPUTER | 7/24/18 | 916 | | | 916 | 5 MO S/L | 818 | 98 |
| 74 | COMPUTER | 7/24/18 | 168 | | | 168 | 5 MO S/L | 148 | 20 |
| 75 | COMPUTER | 7/24/18 | 195 | | | 195 | 5 MO S/L | 170 | 25 |
| 76 | COMPUTER | 5/20/19 | 1,278 | | | 1,278 | 5 MO S/L | 926 | 255 |
| 77 | LHI | 12/31/19 | 2,400 | | | 2,400 | 39 MO S/L | 182 | 61 |
| 78 | LAND | 5/29/18 | 1,500,000 | | | 1,500,000 | 0 -- Land | 0 | 0 |
| 80 | BUILDING | 5/29/18 | 875,000 | | | 875,000 | 39 MO S/L | 100,591 | 22,091 |
| 81 | FURNITURE-SHELTER | 3/03/20 | 130 | | | 130 | 7 MO S/L | 53 | 18 |
| 82 | FURNITURE-SHELTER | 3/03/20 | 700 | | | 700 | 7 MO S/L | 283 | 100 |
| 83 | FURNITURE-SHELTER | 3/03/20 | 800 | | | 800 | 7 MO S/L | 323 | 114 |
| 84 | FURNITURE-SHELTER | 3/03/20 | 3,000 | | | 3,000 | 7 MO S/L | 1,214 | 427 |
| 85 | FURNITURE-SHELTER | 9/23/20 | 399 | | | 399 | 7 MO S/L | 129 | 57 |
| 86 | EQUIPMENT - BLDG. | 11/05/20 | 5,880 | | | 5,880 | 7 MO S/L | 1,811 | 838 |
| 87 | COMPUTER-SHELTER | 2/24/21 | 539 | | | 539 | 5 MO S/L | 199 | 108 |
| 88 | COMPUTER | 3/28/21 | 1,459 | | | 1,459 | 5 MO S/L | 514 | 291 |
| 89 | COMPUTER | 5/12/21 | 603 | | | 603 | 5 MO S/L | 198 | 120 |
| 90 | COMPUTER | 10/31/21 | 544 | | | 544 | 5 MO S/L | 127 | 108 |
| 91 | COMPUTER | 10/31/21 | 973 | | | 973 | 5 MO S/L | 227 | 194 |
| 92 | COMPUTER | 12/22/21 | 1,458 | | | 1,458 | 5 MO S/L | 299 | 290 |
| 93 | COMPUTER | 1/04/22 | 867 | | | 867 | 5 MO S/L | 171 | 173 |
| 94 | COMPUTER | 9/27/22 | 613 | | | 613 | 5 MO S/L | 32 | 123 |
| 95 | COMPUTER | 10/21/22 | 1,222 | | | 1,222 | 5 MO S/L | 48 | 244 |
| Total Other Depreciation | | | <u>2,465,906</u> | | | <u>2,465,906</u> | | <u>160,537</u> | <u>30,379</u> |
| Total ACRS and Other Depreciation | | | <u>2,465,906</u> | | | <u>2,465,906</u> | | <u>160,537</u> | <u>30,379</u> |
| Amortization: | | | | | | | | | |
| 27 | WEBSITE | 9/03/08 | 76,650 | | | 76,650 | 15 MO Amort | 76,650 | 0 |
| 79 | CLOSING FEE | 5/29/18 | 5,113 | | | 5,113 | 15 MO Amort | 1,567 | 340 |
| | | | <u>81,763</u> | | | <u>81,763</u> | | <u>78,217</u> | <u>340</u> |
| Grand Totals | | | 2,560,762 | | | 2,560,762 | | 251,847 | 30,719 |
| Less: Dispositions and Transfers | | | 0 | | | 0 | | 0 | 0 |
| Less: Start-up/Org Expense | | | 0 | | | 0 | | 0 | 0 |
| Net Grand Totals | | | <u>2,560,762</u> | | | <u>2,560,762</u> | | <u>251,847</u> | <u>30,719</u> |

20-3644749

CA Asset Report

FYE: 12/31/2023

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | CA Prior | CA Current | Federal Current | Difference Fed - CA |
|----------------------------|--------------------------|--------------------|---------------|-------------------|---------------|---------------|--------------------|------------------------|
| Prior MACRS: | | | | | | | | |
| 17 | FURNITURE AND FIXTURE | 10/15/07 | 2,941 | 2,941 | 2,941 | 0 | 0 | 0 |
| 18 | COMPUTER | 10/15/07 | 2,058 | 2,058 | 2,058 | 0 | 0 | 0 |
| 19 | COMPUTER | 10/15/07 | 1,196 | 1,196 | 1,196 | 0 | 0 | 0 |
| 20 | EQUIPMENT | 10/15/07 | 3,435 | 3,435 | 3,435 | 0 | 0 | 0 |
| 21 | EQUIPMENT | 10/15/07 | 2,567 | 2,567 | 2,567 | 0 | 0 | 0 |
| 22 | EQUIPMENT | 10/15/07 | 896 | 896 | 896 | 0 | 0 | 0 |
| | | | <u>13,093</u> | <u>13,093</u> | <u>13,093</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | |
| 1 | FURNITURE | 11/12/10 | 700 | 700 | 700 | 0 | 0 | 0 |
| 2 | FURNITURE | 11/12/10 | 500 | 500 | 500 | 0 | 0 | 0 |
| 3 | PROJECTOR | 12/30/10 | 603 | 603 | 603 | 0 | 0 | 0 |
| 4 | DUPLICATOR | 2/08/10 | 713 | 713 | 713 | 0 | 0 | 0 |
| 5 | TELEPHONE | 1/18/10 | 3,867 | 3,867 | 3,867 | 0 | 0 | 0 |
| 7 | COMPUTER | 7/30/11 | 647 | 647 | 647 | 0 | 0 | 0 |
| 8 | COMPUTER | 12/27/11 | 1,973 | 1,973 | 1,973 | 0 | 0 | 0 |
| 9 | SOFTWARE | 5/03/11 | 993 | 993 | 993 | 0 | 0 | 0 |
| 10 | OFFICE FURNITURE | 1/17/12 | 1,173 | 1,173 | 1,173 | 0 | 0 | 0 |
| 12 | COMPUTER | 1/17/12 | 1,967 | 1,967 | 1,967 | 0 | 0 | 0 |
| 13 | CAMERA | 2/29/12 | 1,634 | 1,634 | 1,634 | 0 | 0 | 0 |
| 14 | CAMERA | 4/30/12 | 1,855 | 1,855 | 1,855 | 0 | 0 | 0 |
| 15 | NOTE BOOK | 9/07/12 | 886 | 886 | 886 | 0 | 0 | 0 |
| 16 | OFFICE EQUIPMENT | 9/07/12 | 696 | 696 | 696 | 0 | 0 | 0 |
| 24 | COMPUTER | 3/12/10 | 730 | 730 | 730 | 0 | 0 | 0 |
| 25 | COMPUTER | 6/21/10 | 1,316 | 1,316 | 1,316 | 0 | 0 | 0 |
| 26 | COMPUTER | 7/12/10 | 869 | 869 | 869 | 0 | 0 | 0 |
| 30 | FURNITURE AND FIXTURE | 8/29/16 | 350 | 350 | 317 | 33 | 33 | 0 |
| 31 | COMPUTER | 7/22/16 | 743 | 743 | 743 | 0 | 0 | 0 |
| 32 | COMPUTER | 1/31/17 | 2,375 | 2,375 | 2,375 | 0 | 0 | 0 |
| 33 | COMPUTER | 3/06/17 | 867 | 867 | 867 | 0 | 0 | 0 |
| 34 | COMPUTER | 6/06/17 | 146 | 146 | 146 | 0 | 0 | 0 |
| 35 | FURNITURE | 1/17/17 | 780 | 780 | 663 | 111 | 111 | 0 |
| 36 | FURNITURE | 1/26/17 | 1,049 | 1,049 | 889 | 149 | 149 | 0 |
| 37 | OFFICE EQUIPMENT | 3/30/17 | 97 | 97 | 80 | 14 | 14 | 0 |
| 38 | OFFICE EQUIPMENT | 5/08/17 | 276 | 276 | 223 | 39 | 39 | 0 |
| 39 | FURNITURE-SHELTER | 10/10/17 | 12,757 | 12,757 | 9,532 | 1,817 | 1,817 | 0 |
| 40 | FURNITURE-SHELTER | 10/25/17 | 1,875 | 1,875 | 1,390 | 267 | 267 | 0 |
| 41 | FURNITURE-SHELTER | 10/26/17 | 1,626 | 1,626 | 1,203 | 231 | 231 | 0 |
| 42 | FURNITURE-SHELTER | 10/31/17 | 981 | 981 | 724 | 139 | 139 | 0 |
| 43 | FURNITURE-SHELTER | 11/07/17 | 523 | 523 | 384 | 75 | 75 | 0 |
| 44 | FURNITURE-SHELTER | 11/10/17 | 891 | 891 | 654 | 127 | 127 | 0 |
| 45 | FURNITURE-SHELTER | 11/14/17 | 1,795 | 1,795 | 1,315 | 255 | 255 | 0 |
| 46 | FURNITURE-SHELTER | 11/17/17 | 620 | 620 | 453 | 89 | 89 | 0 |
| 47 | FURNITURE-SHELTER | 11/14/17 | 3,296 | 3,296 | 2,417 | 470 | 470 | 0 |
| 48 | FURNITURE-SHELTER | 11/30/17 | 900 | 900 | 658 | 128 | 128 | 0 |
| 49 | FURNITURE-SHELTER | 11/28/17 | 552 | 552 | 401 | 78 | 78 | 0 |
| 50 | FURNITURE-SHELTER | 11/17/17 | 219 | 219 | 160 | 32 | 32 | 0 |
| 51 | FURNITURE-SHELTER | 12/11/17 | 900 | 900 | 650 | 128 | 128 | 0 |
| 53 | COMPUTER-SHELTER | 10/30/17 | 1,748 | 1,748 | 1,748 | 0 | 0 | 0 |
| 54 | CAMERA-SHELTER | 12/18/17 | 702 | 702 | 702 | 0 | 0 | 0 |
| 55 | OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | 109 | 80 | 16 | 16 | 0 |
| 56 | LHI-SHELTER | 11/01/17 | 122 | 122 | 16 | 3 | 3 | 0 |
| 57 | LHI-SHELTER | 11/03/17 | 272 | 272 | 36 | 6 | 6 | 0 |
| 58 | LHI-SHELTER | 11/10/17 | 900 | 900 | 117 | 23 | 23 | 0 |
| 59 | LHI-SHELTER | 11/10/17 | 641 | 641 | 83 | 17 | 17 | 0 |
| 60 | LHI-SHELTER | 11/13/17 | 431 | 431 | 56 | 11 | 11 | 0 |
| 61 | LHI-SHELTER | 11/15/17 | 600 | 600 | 78 | 15 | 15 | 0 |
| 62 | LHI-SHELTER | 11/15/17 | 810 | 810 | 105 | 21 | 21 | 0 |
| 63 | LHI-SHELTER | 11/20/17 | 800 | 800 | 103 | 20 | 20 | 0 |
| 64 | FURNITURE-SHELTER | 11/30/17 | 900 | 900 | 654 | 128 | 128 | 0 |
| 65 | FURNITURE-SHELTER | 12/05/17 | 700 | 700 | 507 | 100 | 100 | 0 |
| 66 | LHI-SHELTER | 12/07/17 | 327 | 327 | 42 | 8 | 8 | 0 |
| 67 | LHI-SHELTER | 12/11/17 | 100 | 100 | 13 | 2 | 2 | 0 |
| 68 | LHI-SHELTER | 12/11/17 | 240 | 240 | 31 | 6 | 6 | 0 |
| 69 | LHI-SHELTER | 12/13/17 | 600 | 600 | 77 | 15 | 15 | 0 |
| 70 | LHI-SHELTER | 12/14/17 | 520 | 520 | 67 | 13 | 13 | 0 |
| 71 | LHI-SHELTER | 12/14/17 | 1,500 | 1,500 | 193 | 38 | 38 | 0 |

CA Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Basis for Depr | CA Prior | CA Current | Federal Current | Difference Fed - CA |
|--|-------------------|--------------------|------------------|-------------------|----------------|---------------|--------------------|------------------------|
| 73 | COMPUTER | 7/24/18 | 916 | 916 | 818 | 98 | 98 | 0 |
| 74 | COMPUTER | 7/24/18 | 168 | 168 | 148 | 20 | 20 | 0 |
| 75 | COMPUTER | 7/24/18 | 195 | 195 | 170 | 25 | 25 | 0 |
| 76 | COMPUTER | 5/20/19 | 1,278 | 1,278 | 926 | 255 | 255 | 0 |
| 77 | LHI | 12/31/19 | 2,400 | 2,400 | 182 | 61 | 61 | 0 |
| 78 | LAND | 5/29/18 | 1,500,000 | 1,500,000 | 0 | 0 | 0 | 0 |
| 80 | BUILDING | 5/29/18 | 875,000 | 875,000 | 100,591 | 22,091 | 22,091 | 0 |
| 81 | FURNITURE-SHELTER | 3/03/20 | 130 | 130 | 53 | 18 | 18 | 0 |
| 82 | FURNITURE-SHELTER | 3/03/20 | 700 | 700 | 283 | 100 | 100 | 0 |
| 83 | FURNITURE-SHELTER | 3/03/20 | 800 | 800 | 323 | 114 | 114 | 0 |
| 84 | FURNITURE-SHELTER | 3/03/20 | 3,000 | 3,000 | 1,214 | 427 | 427 | 0 |
| 85 | FURNITURE-SHELTER | 9/23/20 | 399 | 399 | 129 | 57 | 57 | 0 |
| 86 | EQUIPMENT - BLDG. | 11/05/20 | 5,880 | 5,880 | 1,811 | 838 | 838 | 0 |
| 87 | COMPUTER-SHELTER | 2/24/21 | 539 | 539 | 199 | 108 | 108 | 0 |
| 88 | COMPUTER | 3/28/21 | 1,459 | 1,459 | 514 | 291 | 291 | 0 |
| 89 | COMPUTER | 5/12/21 | 603 | 603 | 198 | 120 | 120 | 0 |
| 90 | COMPUTER | 10/31/21 | 544 | 544 | 127 | 108 | 108 | 0 |
| 91 | COMPUTER | 10/31/21 | 973 | 973 | 227 | 194 | 194 | 0 |
| 92 | COMPUTER | 12/22/21 | 1,458 | 1,458 | 299 | 290 | 290 | 0 |
| 93 | COMPUTER | 1/04/22 | 867 | 867 | 171 | 173 | 173 | 0 |
| 94 | COMPUTER | 9/27/22 | 613 | 613 | 32 | 123 | 123 | 0 |
| 95 | COMPUTER | 10/21/22 | 1,222 | 1,222 | 48 | 244 | 244 | 0 |
| Total Other Depreciation | | | <u>2,465,906</u> | <u>2,465,906</u> | <u>160,537</u> | <u>30,379</u> | <u>30,379</u> | <u>0</u> |
| Total ACRS and Other Depreciation | | | <u>2,465,906</u> | <u>2,465,906</u> | <u>160,537</u> | <u>30,379</u> | <u>30,379</u> | <u>0</u> |
| Amortization: | | | | | | | | |
| 27 | WEBSITE | 9/03/08 | 76,650 | 76,650 | 76,650 | 0 | 0 | 0 |
| 79 | CLOSING FEE | 5/29/18 | 5,113 | 5,113 | 1,567 | 340 | 340 | 0 |
| | | | <u>81,763</u> | <u>81,763</u> | <u>78,217</u> | <u>340</u> | <u>340</u> | <u>0</u> |
| Grand Totals | | | <u>2,560,762</u> | <u>2,560,762</u> | <u>251,847</u> | <u>30,719</u> | <u>30,719</u> | <u>0</u> |
| Less: Dispositions | | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Less: Start-up/Org Expense | | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Net Grand Totals | | | <u>2,560,762</u> | <u>2,560,762</u> | <u>251,847</u> | <u>30,719</u> | <u>30,719</u> | <u>0</u> |

20-3644749

AMT Asset Report

FYE: 12/31/2023

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--------------------------|--------------------|---------------|----------|------------------|-------------------|--------------|---------------|----------|
| Prior MACRS: | | | | | | | | | |
| 17 | FURNITURE AND FIXTURE | 10/15/07 | 2,941 | | | 2,941 | 7 HY 200DB | 2,941 | 0 |
| 18 | COMPUTER | 10/15/07 | 2,058 | | | 2,058 | 5 HY 200DB | 2,058 | 0 |
| 19 | COMPUTER | 10/15/07 | 1,196 | | | 1,196 | 5 HY 200DB | 1,196 | 0 |
| 20 | EQUIPMENT | 10/15/07 | 3,435 | | | 3,435 | 5 HY 200DB | 3,435 | 0 |
| 21 | EQUIPMENT | 10/15/07 | 2,567 | | | 2,567 | 5 HY 200DB | 2,567 | 0 |
| 22 | EQUIPMENT | 10/15/07 | 896 | | | 896 | 5 HY 200DB | 896 | 0 |
| | | | <u>13,093</u> | | | <u>13,093</u> | | <u>13,093</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | |
| 1 | FURNITURE | 11/12/10 | 700 | | | 700 | 7 MO S/L | 700 | 0 |
| 2 | FURNITURE | 11/12/10 | 500 | | | 500 | 7 MO S/L | 500 | 0 |
| 3 | PROJECTOR | 12/30/10 | 603 | | | 603 | 5 MO S/L | 603 | 0 |
| 4 | DUPLICATOR | 2/08/10 | 713 | | | 713 | 5 MO S/L | 713 | 0 |
| 5 | TELEPHONE | 1/18/10 | 3,867 | | | 3,867 | 5 MO S/L | 3,867 | 0 |
| 7 | COMPUTER | 7/30/11 | 647 | | | 647 | 5 MO S/L | 647 | 0 |
| 8 | COMPUTER | 12/27/11 | 1,973 | | | 1,973 | 5 MO S/L | 1,973 | 0 |
| 9 | SOFTWARE | 5/03/11 | 993 | | | 993 | 5 MO S/L | 993 | 0 |
| 10 | OFFICE FURNITURE | 1/17/12 | 1,173 | | | 1,173 | 7 MO S/L | 1,173 | 0 |
| 12 | COMPUTER | 1/17/12 | 1,967 | | | 1,967 | 5 MO S/L | 1,967 | 0 |
| 13 | CAMERA | 2/29/12 | 1,634 | | | 1,634 | 5 MO S/L | 1,634 | 0 |
| 14 | CAMERA | 4/30/12 | 1,855 | | | 1,855 | 5 MO S/L | 1,855 | 0 |
| 15 | NOTE BOOK | 9/07/12 | 886 | | | 886 | 5 MO S/L | 886 | 0 |
| 16 | OFFICE EQUIPMENT | 9/07/12 | 696 | | | 696 | 7 MO S/L | 696 | 0 |
| 24 | COMPUTER | 3/12/10 | 730 | | | 730 | 5 MO S/L | 730 | 0 |
| 25 | COMPUTER | 6/21/10 | 1,316 | | | 1,316 | 5 MO S/L | 1,316 | 0 |
| 26 | COMPUTER | 7/12/10 | 869 | | | 869 | 5 MO S/L | 869 | 0 |
| 30 | FURNITURE AND FIXTURE | 8/29/16 | 350 | | | 350 | 7 MO S/L | 317 | 33 |
| 31 | COMPUTER | 7/22/16 | 743 | | | 743 | 5 MO S/L | 743 | 0 |
| 32 | COMPUTER | 1/31/17 | 2,375 | | | 2,375 | 5 MO S/L | 2,375 | 0 |
| 33 | COMPUTER | 3/06/17 | 867 | | | 867 | 5 MO S/L | 867 | 0 |
| 34 | COMPUTER | 6/06/17 | 146 | | | 146 | 5 MO S/L | 146 | 0 |
| 35 | FURNITURE | 1/17/17 | 780 | | | 780 | 7 MO S/L | 663 | 111 |
| 36 | FURNITURE | 1/26/17 | 1,049 | | | 1,049 | 7 MO S/L | 889 | 149 |
| 37 | OFFICE EQUIPMENT | 3/30/17 | 97 | | | 97 | 7 MO S/L | 80 | 14 |
| 38 | OFFICE EQUIPMENT | 5/08/17 | 0 | | | 0 | 0 HY | 0 | 0 |
| 39 | FURNITURE-SHELTER | 10/10/17 | 12,757 | | | 12,757 | 7 MO S/L | 9,532 | 1,817 |
| 40 | FURNITURE-SHELTER | 10/25/17 | 1,875 | | | 1,875 | 7 MO S/L | 1,390 | 267 |
| 41 | FURNITURE-SHELTER | 10/26/17 | 1,626 | | | 1,626 | 7 MO S/L | 1,203 | 231 |
| 42 | FURNITURE-SHELTER | 10/31/17 | 981 | | | 981 | 7 MO S/L | 724 | 139 |
| 43 | FURNITURE-SHELTER | 11/07/17 | 523 | | | 523 | 7 MO S/L | 384 | 75 |
| 44 | FURNITURE-SHELTER | 11/10/17 | 891 | | | 891 | 7 MO S/L | 654 | 127 |
| 45 | FURNITURE-SHELTER | 11/14/17 | 1,795 | | | 1,795 | 7 MO S/L | 1,315 | 255 |
| 46 | FURNITURE-SHELTER | 11/17/17 | 620 | | | 620 | 7 MO S/L | 453 | 89 |
| 47 | FURNITURE-SHELTER | 11/14/17 | 3,296 | | | 3,296 | 7 MO S/L | 2,417 | 470 |
| 48 | FURNITURE-SHELTER | 11/30/17 | 900 | | | 900 | 7 MO S/L | 658 | 128 |
| 49 | FURNITURE-SHELTER | 11/28/17 | 552 | | | 552 | 7 MO S/L | 401 | 78 |
| 50 | FURNITURE-SHELTER | 11/17/17 | 219 | | | 219 | 7 MO S/L | 160 | 32 |
| 51 | FURNITURE-SHELTER | 12/11/17 | 900 | | | 900 | 7 MO S/L | 650 | 128 |
| 53 | COMPUTER-SHELTER | 10/30/17 | 1,748 | | | 1,748 | 5 MO S/L | 1,748 | 0 |
| 54 | CAMERA-SHELTER | 12/18/17 | 702 | | | 702 | 5 MO S/L | 702 | 0 |
| 55 | OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | | | 109 | 7 MO S/L | 80 | 16 |
| 56 | LHI-SHELTER | 11/01/17 | 122 | | | 122 | 39 MO S/L | 16 | 3 |
| 57 | LHI-SHELTER | 11/03/17 | 272 | | | 272 | 39 MO S/L | 36 | 6 |
| 58 | LHI-SHELTER | 11/10/17 | 900 | | | 900 | 39 MO S/L | 117 | 23 |
| 59 | LHI-SHELTER | 11/10/17 | 641 | | | 641 | 39 MO S/L | 83 | 17 |
| 60 | LHI-SHELTER | 11/13/17 | 431 | | | 431 | 39 MO S/L | 56 | 11 |
| 61 | LHI-SHELTER | 11/15/17 | 600 | | | 600 | 39 MO S/L | 78 | 15 |
| 62 | LHI-SHELTER | 11/15/17 | 810 | | | 810 | 39 MO S/L | 105 | 21 |
| 63 | LHI-SHELTER | 11/20/17 | 800 | | | 800 | 39 MO S/L | 103 | 20 |
| 64 | FURNITURE-SHELTER | 11/30/17 | 900 | | | 900 | 7 MO S/L | 654 | 128 |
| 65 | FURNITURE-SHELTER | 12/05/17 | 700 | | | 700 | 7 MO S/L | 507 | 100 |
| 66 | LHI-SHELTER | 12/07/17 | 327 | | | 327 | 39 MO S/L | 42 | 8 |
| 67 | LHI-SHELTER | 12/11/17 | 100 | | | 100 | 39 MO S/L | 13 | 2 |
| 68 | LHI-SHELTER | 12/11/17 | 240 | | | 240 | 39 MO S/L | 31 | 6 |
| 69 | LHI-SHELTER | 12/13/17 | 600 | | | 600 | 39 MO S/L | 77 | 15 |
| 70 | LHI-SHELTER | 12/14/17 | 520 | | | 520 | 39 MO S/L | 67 | 13 |
| 71 | LHI-SHELTER | 12/14/17 | 1,500 | | | 1,500 | 39 MO S/L | 193 | 38 |

AMT Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-------|--|--------------------|---------------|----------|------------------|-------------------|--------------|---------------|--------------|
| 73 | COMPUTER | 7/24/18 | 916 | | | 916 | 5 MO S/L | 818 | 98 |
| 74 | COMPUTER | 7/24/18 | 168 | | | 168 | 5 MO S/L | 148 | 20 |
| 75 | COMPUTER | 7/24/18 | 195 | | | 195 | 5 MO S/L | 170 | 25 |
| 76 | COMPUTER | 5/20/19 | 1,278 | | | 1,278 | 5 MO S/L | 926 | 255 |
| 77 | LHI | 12/31/19 | 0 | | | 0 | 0 HY | 0 | 0 |
| 78 | LAND | 5/29/18 | 0 | | | 0 | 0 HY | 0 | 0 |
| 80 | BUILDING | 5/29/18 | 0 | | | 0 | 0 HY | 0 | 0 |
| 81 | FURNITURE-SHELTER | 3/03/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 82 | FURNITURE-SHELTER | 3/03/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 83 | FURNITURE-SHELTER | 3/03/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 84 | FURNITURE-SHELTER | 3/03/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 85 | FURNITURE-SHELTER | 9/23/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 86 | EQUIPMENT - BLDG. | 11/05/20 | 0 | | | 0 | 0 HY | 0 | 0 |
| 87 | COMPUTER-SHELTER | 2/24/21 | 539 | | | 539 | 5 MO S/L | 199 | 108 |
| 88 | COMPUTER | 3/28/21 | 0 | | | 0 | 0 HY | 0 | 0 |
| 89 | COMPUTER | 5/12/21 | 0 | | | 0 | 0 HY | 0 | 0 |
| 90 | COMPUTER | 10/31/21 | 0 | | | 0 | 0 HY | 0 | 0 |
| 91 | COMPUTER | 10/31/21 | 0 | | | 0 | 0 HY | 0 | 0 |
| 92 | COMPUTER | 12/22/21 | 0 | | | 0 | 0 HY | 0 | 0 |
| 93 | COMPUTER | 1/04/22 | 0 | | | 0 | 0 HY | 0 | 0 |
| 94 | COMPUTER | 9/27/22 | 0 | | | 0 | 0 HY | 0 | 0 |
| 95 | COMPUTER | 10/21/22 | 0 | | | 0 | 0 HY | 0 | 0 |
| | Total Other Depreciation | | <u>69,582</u> | | | <u>69,582</u> | | <u>54,112</u> | <u>5,091</u> |
| | Total ACRS and Other Depreciation | | <u>69,582</u> | | | <u>69,582</u> | | <u>54,112</u> | <u>5,091</u> |
| | Grand Totals | | 82,675 | | | 82,675 | | 67,205 | 5,091 |
| | Less: Dispositions and Transfers | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>82,675</u> | | | <u>82,675</u> | | <u>67,205</u> | <u>5,091</u> |

Depreciation Adjustment Report

All Business Activities

| <u>Form</u> | <u>Unit</u> | <u>Asset</u> | <u>Description</u> | <u>Tax</u> | <u>AMT</u> | <u>AMT Adjustments/ Preferences</u> |
|----------------------------------|-------------|--------------|-----------------------|------------|------------|---|
| <u>MACRS Adjustments:</u> | | | | | | |
| Page 1 | 1 | 17 | FURNITURE AND FIXTURE | 0 | 0 | 0 |
| Page 1 | 1 | 18 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 19 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 20 | EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 21 | EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 22 | EQUIPMENT | 0 | 0 | 0 |
| | | | | <u>0</u> | <u>0</u> | <u>0</u> |
| | | | | <u>0</u> | <u>0</u> | <u>0</u> |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---------------------|-----------------------|-----------------|---------------|----------|----------|
| Prior MACRS: | | | | | |
| 17 | FURNITURE AND FIXTURE | 10/15/07 | 2,941 | 0 | 0 |
| 18 | COMPUTER | 10/15/07 | 2,058 | 0 | 0 |
| 19 | COMPUTER | 10/15/07 | 1,196 | 0 | 0 |
| 20 | EQUIPMENT | 10/15/07 | 3,435 | 0 | 0 |
| 21 | EQUIPMENT | 10/15/07 | 2,567 | 0 | 0 |
| 22 | EQUIPMENT | 10/15/07 | 896 | 0 | 0 |
| | | | <u>13,093</u> | <u>0</u> | <u>0</u> |

Other Depreciation:

| | | | | | |
|----|--------------------------|----------|--------|-------|-------|
| 1 | FURNITURE | 11/12/10 | 700 | 0 | 0 |
| 2 | FURNITURE | 11/12/10 | 500 | 0 | 0 |
| 3 | PROJECTOR | 12/30/10 | 603 | 0 | 0 |
| 4 | DUPPLICATOR | 2/08/10 | 713 | 0 | 0 |
| 5 | TELEPHONE | 1/18/10 | 3,867 | 0 | 0 |
| 7 | COMPUTER | 7/30/11 | 647 | 0 | 0 |
| 8 | COMPUTER | 12/27/11 | 1,973 | 0 | 0 |
| 9 | SOFTWARE | 5/03/11 | 993 | 0 | 0 |
| 10 | OFFICE FURNITURE | 1/17/12 | 1,173 | 0 | 0 |
| 12 | COMPUTER | 1/17/12 | 1,967 | 0 | 0 |
| 13 | CAMERA | 2/29/12 | 1,634 | 0 | 0 |
| 14 | CAMERA | 4/30/12 | 1,855 | 0 | 0 |
| 15 | NOTE BOOK | 9/07/12 | 886 | 0 | 0 |
| 16 | OFFICE EQUIPMENT | 9/07/12 | 696 | 0 | 0 |
| 24 | COMPUTER | 3/12/10 | 730 | 0 | 0 |
| 25 | COMPUTER | 6/21/10 | 1,316 | 0 | 0 |
| 26 | COMPUTER | 7/12/10 | 869 | 0 | 0 |
| 30 | FURNITURE AND FIXTURE | 8/29/16 | 350 | 0 | 0 |
| 31 | COMPUTER | 7/22/16 | 743 | 0 | 0 |
| 32 | COMPUTER | 1/31/17 | 2,375 | 0 | 0 |
| 33 | COMPUTER | 3/06/17 | 867 | 0 | 0 |
| 34 | COMPUTER | 6/06/17 | 146 | 0 | 0 |
| 35 | FURNITURE | 1/17/17 | 780 | 6 | 6 |
| 36 | FURNITURE | 1/26/17 | 1,049 | 11 | 11 |
| 37 | OFFICE EQUIPMENT | 3/30/17 | 97 | 3 | 3 |
| 38 | OFFICE EQUIPMENT | 5/08/17 | 276 | 14 | 0 |
| 39 | FURNITURE-SHELTER | 10/10/17 | 12,757 | 1,408 | 1,408 |
| 40 | FURNITURE-SHELTER | 10/25/17 | 1,875 | 218 | 218 |
| 41 | FURNITURE-SHELTER | 10/26/17 | 1,626 | 192 | 192 |
| 42 | FURNITURE-SHELTER | 10/31/17 | 981 | 118 | 118 |
| 43 | FURNITURE-SHELTER | 11/07/17 | 523 | 64 | 64 |
| 44 | FURNITURE-SHELTER | 11/10/17 | 891 | 110 | 110 |
| 45 | FURNITURE-SHELTER | 11/14/17 | 1,795 | 225 | 225 |
| 46 | FURNITURE-SHELTER | 11/17/17 | 620 | 78 | 78 |
| 47 | FURNITURE-SHELTER | 11/14/17 | 3,296 | 409 | 409 |
| 48 | FURNITURE-SHELTER | 11/30/17 | 900 | 114 | 114 |
| 49 | FURNITURE-SHELTER | 11/28/17 | 552 | 73 | 73 |
| 50 | FURNITURE-SHELTER | 11/17/17 | 219 | 27 | 27 |
| 51 | FURNITURE-SHELTER | 12/11/17 | 900 | 122 | 122 |
| 53 | COMPUTER-SHELTER | 10/30/17 | 1,748 | 0 | 0 |
| 54 | CAMERA-SHELTER | 12/18/17 | 702 | 0 | 0 |
| 55 | OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | 13 | 13 |
| 56 | LHI-SHELTER | 11/01/17 | 122 | 3 | 3 |
| 57 | LHI-SHELTER | 11/03/17 | 272 | 7 | 7 |
| 58 | LHI-SHELTER | 11/10/17 | 900 | 23 | 23 |
| 59 | LHI-SHELTER | 11/10/17 | 641 | 16 | 16 |
| 60 | LHI-SHELTER | 11/13/17 | 431 | 11 | 11 |
| 61 | LHI-SHELTER | 11/15/17 | 600 | 15 | 15 |
| 62 | LHI-SHELTER | 11/15/17 | 810 | 20 | 20 |
| 63 | LHI-SHELTER | 11/20/17 | 800 | 20 | 20 |
| 64 | FURNITURE-SHELTER | 11/30/17 | 900 | 118 | 118 |
| 65 | FURNITURE-SHELTER | 12/05/17 | 700 | 93 | 93 |
| 66 | LHI-SHELTER | 12/07/17 | 327 | 9 | 9 |
| 67 | LHI-SHELTER | 12/11/17 | 100 | 3 | 3 |
| 68 | LHI-SHELTER | 12/11/17 | 240 | 6 | 6 |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|--|-------------------|-----------------|------------------|---------------|--------------|
| 69 | LHI-SHELTER | 12/13/17 | 600 | 16 | 16 |
| 70 | LHI-SHELTER | 12/14/17 | 520 | 13 | 13 |
| 71 | LHI-SHELTER | 12/14/17 | 1,500 | 38 | 38 |
| 73 | COMPUTER | 7/24/18 | 916 | 0 | 0 |
| 74 | COMPUTER | 7/24/18 | 168 | 0 | 0 |
| 75 | COMPUTER | 7/24/18 | 195 | 0 | 0 |
| 76 | COMPUTER | 5/20/19 | 1,278 | 97 | 97 |
| 77 | LHI | 12/31/19 | 2,400 | 61 | 0 |
| 78 | LAND | 5/29/18 | 1,500,000 | 0 | 0 |
| 80 | BUILDING | 5/29/18 | 875,000 | 22,152 | 0 |
| 81 | FURNITURE-SHELTER | 3/03/20 | 130 | 19 | 0 |
| 82 | FURNITURE-SHELTER | 3/03/20 | 700 | 100 | 0 |
| 83 | FURNITURE-SHELTER | 3/03/20 | 800 | 115 | 0 |
| 84 | FURNITURE-SHELTER | 3/03/20 | 3,000 | 429 | 0 |
| 85 | FURNITURE-SHELTER | 9/23/20 | 399 | 57 | 0 |
| 86 | EQUIPMENT - BLDG. | 11/05/20 | 5,880 | 840 | 0 |
| 87 | COMPUTER-SHELTER | 2/24/21 | 539 | 107 | 107 |
| 88 | COMPUTER | 3/28/21 | 1,459 | 292 | 0 |
| 89 | COMPUTER | 5/12/21 | 603 | 121 | 0 |
| 90 | COMPUTER | 10/31/21 | 544 | 109 | 0 |
| 91 | COMPUTER | 10/31/21 | 973 | 194 | 0 |
| 92 | COMPUTER | 12/22/21 | 1,458 | 292 | 0 |
| 93 | COMPUTER | 1/04/22 | 867 | 174 | 0 |
| 94 | COMPUTER | 9/27/22 | 613 | 122 | 0 |
| 95 | COMPUTER | 10/21/22 | 1,222 | 244 | 0 |
| Total Other Depreciation | | | <u>2,465,906</u> | <u>29,141</u> | <u>3,806</u> |
| Total ACRS and Other Depreciation | | | <u>2,465,906</u> | <u>29,141</u> | <u>3,806</u> |

Amortization:

| | | | | | |
|---------------------|-------------|---------|------------------|---------------|--------------|
| 27 | WEBSITE | 9/03/08 | 76,650 | 0 | 0 |
| 79 | CLOSING FEE | 5/29/18 | 5,113 | 341 | 0 |
| | | | <u>81,763</u> | <u>341</u> | <u>0</u> |
| Grand Totals | | | <u>2,560,762</u> | <u>29,482</u> | <u>3,806</u> |

| Asset | Description | Date In Service | Cost | CA |
|---------------------|-----------------------|-----------------|---------------|----------|
| Prior MACRS: | | | | |
| 17 | FURNITURE AND FIXTURE | 10/15/07 | 2,941 | 0 |
| 18 | COMPUTER | 10/15/07 | 2,058 | 0 |
| 19 | COMPUTER | 10/15/07 | 1,196 | 0 |
| 20 | EQUIPMENT | 10/15/07 | 3,435 | 0 |
| 21 | EQUIPMENT | 10/15/07 | 2,567 | 0 |
| 22 | EQUIPMENT | 10/15/07 | 896 | 0 |
| | | | <u>13,093</u> | <u>0</u> |

Other Depreciation:

| | | | | |
|----|--------------------------|----------|--------|-------|
| 1 | FURNITURE | 11/12/10 | 700 | 0 |
| 2 | FURNITURE | 11/12/10 | 500 | 0 |
| 3 | PROJECTOR | 12/30/10 | 603 | 0 |
| 4 | DUPPLICATOR | 2/08/10 | 713 | 0 |
| 5 | TELEPHONE | 1/18/10 | 3,867 | 0 |
| 7 | COMPUTER | 7/30/11 | 647 | 0 |
| 8 | COMPUTER | 12/27/11 | 1,973 | 0 |
| 9 | SOFTWARE | 5/03/11 | 993 | 0 |
| 10 | OFFICE FURNITURE | 1/17/12 | 1,173 | 0 |
| 12 | COMPUTER | 1/17/12 | 1,967 | 0 |
| 13 | CAMERA | 2/29/12 | 1,634 | 0 |
| 14 | CAMERA | 4/30/12 | 1,855 | 0 |
| 15 | NOTE BOOK | 9/07/12 | 886 | 0 |
| 16 | OFFICE EQUIPMENT | 9/07/12 | 696 | 0 |
| 24 | COMPUTER | 3/12/10 | 730 | 0 |
| 25 | COMPUTER | 6/21/10 | 1,316 | 0 |
| 26 | COMPUTER | 7/12/10 | 869 | 0 |
| 30 | FURNITURE AND FIXTURE | 8/29/16 | 350 | 0 |
| 31 | COMPUTER | 7/22/16 | 743 | 0 |
| 32 | COMPUTER | 1/31/17 | 2,375 | 0 |
| 33 | COMPUTER | 3/06/17 | 867 | 0 |
| 34 | COMPUTER | 6/06/17 | 146 | 0 |
| 35 | FURNITURE | 1/17/17 | 780 | 6 |
| 36 | FURNITURE | 1/26/17 | 1,049 | 11 |
| 37 | OFFICE EQUIPMENT | 3/30/17 | 97 | 3 |
| 38 | OFFICE EQUIPMENT | 5/08/17 | 276 | 14 |
| 39 | FURNITURE-SHELTER | 10/10/17 | 12,757 | 1,408 |
| 40 | FURNITURE-SHELTER | 10/25/17 | 1,875 | 218 |
| 41 | FURNITURE-SHELTER | 10/26/17 | 1,626 | 192 |
| 42 | FURNITURE-SHELTER | 10/31/17 | 981 | 118 |
| 43 | FURNITURE-SHELTER | 11/07/17 | 523 | 64 |
| 44 | FURNITURE-SHELTER | 11/10/17 | 891 | 110 |
| 45 | FURNITURE-SHELTER | 11/14/17 | 1,795 | 225 |
| 46 | FURNITURE-SHELTER | 11/17/17 | 620 | 78 |
| 47 | FURNITURE-SHELTER | 11/14/17 | 3,296 | 409 |
| 48 | FURNITURE-SHELTER | 11/30/17 | 900 | 114 |
| 49 | FURNITURE-SHELTER | 11/28/17 | 552 | 73 |
| 50 | FURNITURE-SHELTER | 11/17/17 | 219 | 27 |
| 51 | FURNITURE-SHELTER | 12/11/17 | 900 | 122 |
| 53 | COMPUTER-SHELTER | 10/30/17 | 1,748 | 0 |
| 54 | CAMERA-SHELTER | 12/18/17 | 702 | 0 |
| 55 | OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | 13 |
| 56 | LHI-SHELTER | 11/01/17 | 122 | 3 |
| 57 | LHI-SHELTER | 11/03/17 | 272 | 7 |
| 58 | LHI-SHELTER | 11/10/17 | 900 | 23 |
| 59 | LHI-SHELTER | 11/10/17 | 641 | 16 |
| 60 | LHI-SHELTER | 11/13/17 | 431 | 11 |
| 61 | LHI-SHELTER | 11/15/17 | 600 | 15 |
| 62 | LHI-SHELTER | 11/15/17 | 810 | 20 |
| 63 | LHI-SHELTER | 11/20/17 | 800 | 20 |
| 64 | FURNITURE-SHELTER | 11/30/17 | 900 | 118 |
| 65 | FURNITURE-SHELTER | 12/05/17 | 700 | 93 |
| 66 | LHI-SHELTER | 12/07/17 | 327 | 9 |
| 67 | LHI-SHELTER | 12/11/17 | 100 | 3 |
| 68 | LHI-SHELTER | 12/11/17 | 240 | 6 |

| Asset | Description | Date In Service | Cost | CA |
|--|-------------------|-----------------|-------------------------|----------------------|
| 69 | LHI-SHELTER | 12/13/17 | 600 | 16 |
| 70 | LHI-SHELTER | 12/14/17 | 520 | 13 |
| 71 | LHI-SHELTER | 12/14/17 | 1,500 | 38 |
| 73 | COMPUTER | 7/24/18 | 916 | 0 |
| 74 | COMPUTER | 7/24/18 | 168 | 0 |
| 75 | COMPUTER | 7/24/18 | 195 | 0 |
| 76 | COMPUTER | 5/20/19 | 1,278 | 97 |
| 77 | LHI | 12/31/19 | 2,400 | 61 |
| 78 | LAND | 5/29/18 | 1,500,000 | 0 |
| 80 | BUILDING | 5/29/18 | 875,000 | 22,152 |
| 81 | FURNITURE-SHELTER | 3/03/20 | 130 | 19 |
| 82 | FURNITURE-SHELTER | 3/03/20 | 700 | 100 |
| 83 | FURNITURE-SHELTER | 3/03/20 | 800 | 115 |
| 84 | FURNITURE-SHELTER | 3/03/20 | 3,000 | 429 |
| 85 | FURNITURE-SHELTER | 9/23/20 | 399 | 57 |
| 86 | EQUIPMENT - BLDG. | 11/05/20 | 5,880 | 840 |
| 87 | COMPUTER-SHELTER | 2/24/21 | 539 | 107 |
| 88 | COMPUTER | 3/28/21 | 1,459 | 292 |
| 89 | COMPUTER | 5/12/21 | 603 | 121 |
| 90 | COMPUTER | 10/31/21 | 544 | 109 |
| 91 | COMPUTER | 10/31/21 | 973 | 194 |
| 92 | COMPUTER | 12/22/21 | 1,458 | 292 |
| 93 | COMPUTER | 1/04/22 | 867 | 174 |
| 94 | COMPUTER | 9/27/22 | 613 | 122 |
| 95 | COMPUTER | 10/21/22 | 1,222 | 244 |
| Total Other Depreciation | | | <u>2,465,906</u> | <u>29,141</u> |
| Total ACRS and Other Depreciation | | | <u><u>2,465,906</u></u> | <u><u>29,141</u></u> |
| <u>Amortization:</u> | | | | |
| 27 | WEBSITE | 9/03/08 | 76,650 | 0 |
| 79 | CLOSING FEE | 5/29/18 | 5,113 | 341 |
| | | | <u>81,763</u> | <u>341</u> |
| Grand Totals | | | <u><u>2,560,762</u></u> | <u><u>29,482</u></u> |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2023 |
|-----------------|---------------------------|-------------|

| | |
|-----------------------------------|---|
| Name GOOD NEIGHBORS USA | Employer Identification Number 20-3644749 |
|-----------------------------------|---|

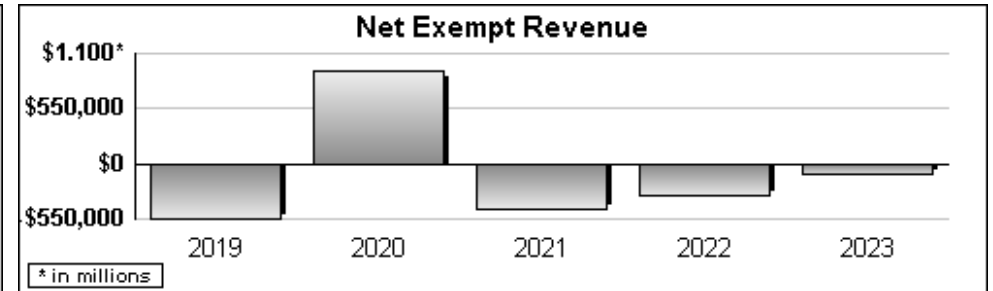
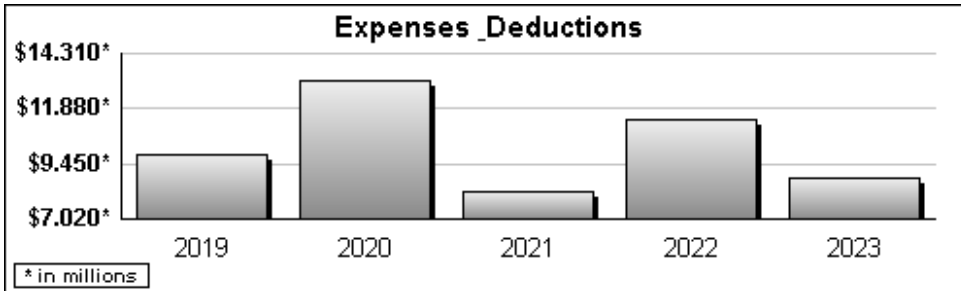
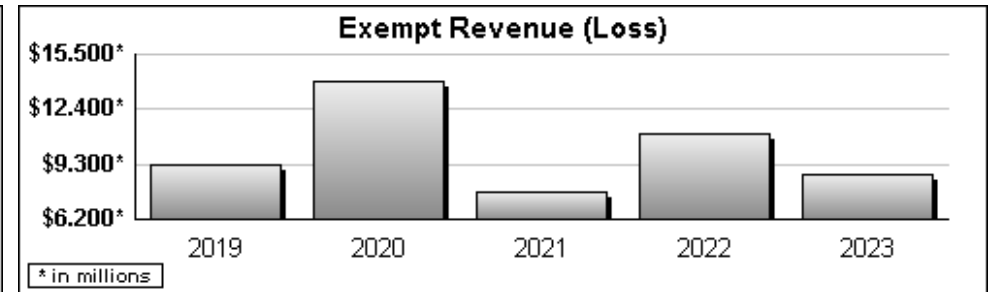
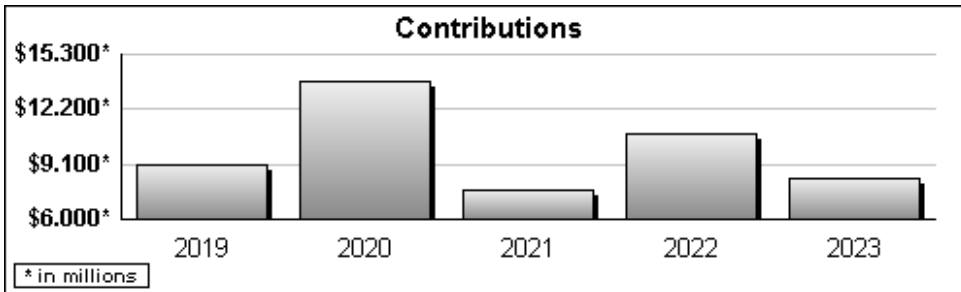
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|------------------|-------------------|------------------|-------------------|------------------|------|
| Contributions, gifts, grants | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | |
| Membership dues | | | | | | |
| Program service revenue | | | | | | |
| Capital gain or loss | | | | | | |
| Investment income | | | | | | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 207,010 | 235,375 | 160,649 | 189,043 | 364,364 | |
| Total revenue | 9,305,428 | 14,019,247 | 7,785,780 | 11,054,719 | 8,684,427 | |
| Grants and similar amounts paid | 7,724,635 | 11,188,183 | 6,130,084 | 8,963,025 | 6,251,315 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | 681,868 | 764,276 | 829,613 | 889,037 | 829,114 | |
| Professional fees | | 137,249 | 122,271 | 106,052 | 115,385 | |
| Occupancy costs | 211,418 | | | | | |
| Depreciation and depletion | 28,686 | 29,484 | 30,647 | 30,813 | 30,719 | |
| Other expenses | 1,209,021 | 961,502 | 1,119,862 | 1,374,047 | 1,555,233 | |
| Total expenses | 9,855,628 | 13,080,694 | 8,232,477 | 11,362,974 | 8,781,766 | |
| Excess or (Deficit) | -550,200 | 938,553 | -446,697 | -308,255 | -97,339 | |
| Total exempt revenue | 9,305,428 | 14,019,247 | 7,785,780 | 11,054,719 | 8,684,427 | |
| Total unrelated revenue | 195,355 | | | | | |
| Total excludable revenue | 11,655 | 235,375 | 160,649 | 189,043 | 364,364 | |
| Total Assets | 2,662,615 | 3,648,892 | 3,226,157 | 3,117,578 | 3,062,013 | |
| Total Liabilities | 95,738 | 143,462 | 167,424 | 367,100 | 408,874 | |
| Net Fund Balances | 2,566,877 | 3,505,430 | 3,058,733 | 2,750,478 | 2,653,139 | |

| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2023 |
|------------------|---------------------------|-------------|

| | |
|-----------------------------------|---|
| Name GOOD NEIGHBORS USA | Employer Identification Number 20-3644749 |
|-----------------------------------|---|

* Income shown net of expenses

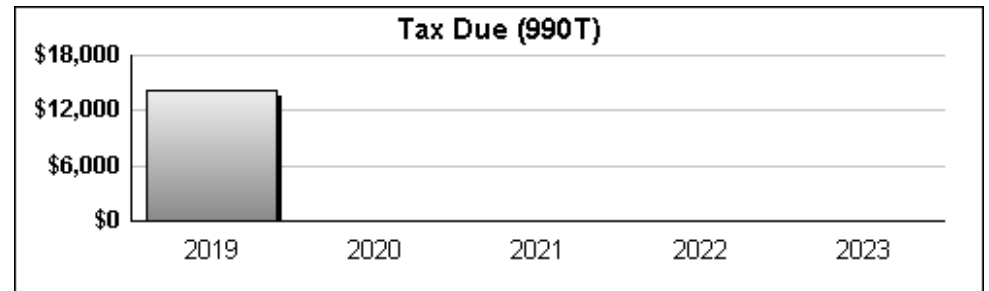
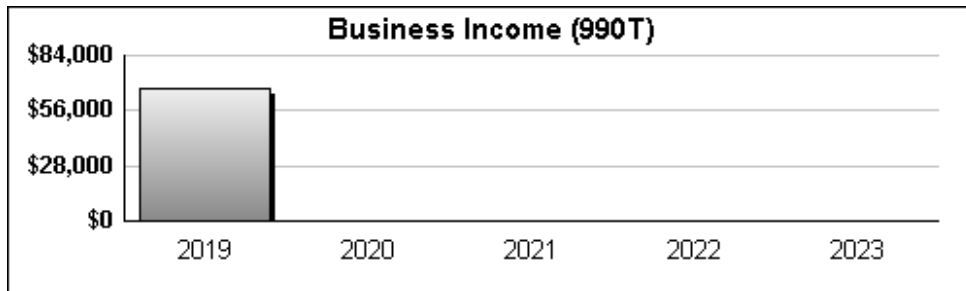
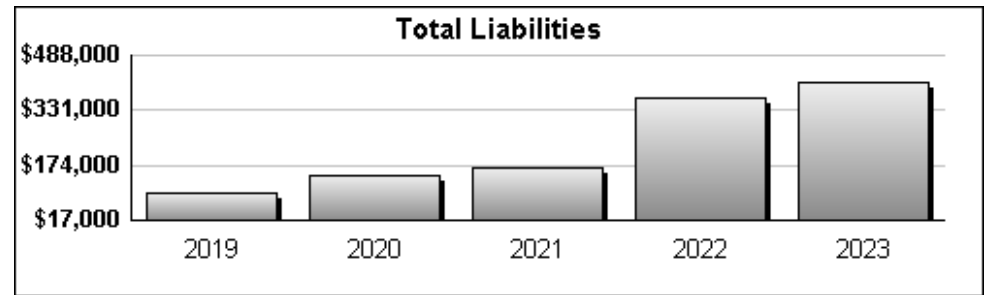
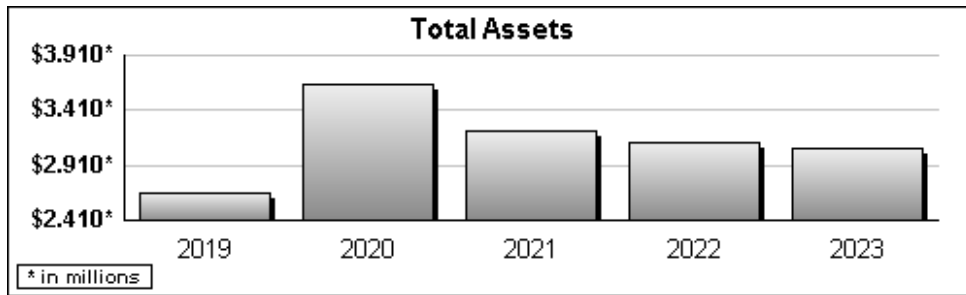
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|----------------|------|------|------|------|------|
| Business activity profit/loss | | | | | | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | | | | | | |
| Rental income* | | | | | | |
| Debt-financed income* | | | | | | |
| Controlled organizations income/interest* | | | | | | |
| Investment income, specific organizations* | | | | | | |
| Exploited exempt activity income* | | | | | | |
| Other income | 195,355 | | | | | |
| Total trade or business income. | 195,355 | | | | | |
| Compensation of officers, ect. | | | | | | |
| Other salaries and wages | | | | | | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | 104,238 | | | | | |
| Depreciation and Depletion | 21,484 | | | | | |
| Deferred compensation plans | | | | | | |
| Employee benefit programs | | | | | | |



| | | |
|------------------|---------------------------|-------------|
| Form 990T | Tax Return History | 2023 |
|------------------|---------------------------|-------------|

| | |
|-----------------------------------|---|
| Name GOOD NEIGHBORS USA | Employer Identification Number 20-3644749 |
|-----------------------------------|---|

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|---------------|------|------|------|-------|------|
| Other deductions | 1,467 | | | | | |
| Net income (first activity, year 2019 & prior) | 68,166 | | | | | |
| UBTI from all trades | 68,166 | 0 | 0 | 0 | 0 | |
| Charitable contributions | | | | | | |
| Net operating loss deduction | | | | | | |
| Specific deduction | 1,000 | | | | 1,000 | |
| Section 199A deduction (trusts) | | | | | | |
| Income after deductions | 67,166 | | | | | |
| Income tax (corporate or trust) | 14,105 | | | | | |
| Other taxes | | | | | | |
| Total taxes | 14,105 | | | | | |
| General business credit | | | | | | |
| Other credits | | | | | | |
| Net tax after credits | 14,105 | | | | | |
| Estimated tax payments | 14,000 | | | | | |
| Other payments | 105 | | | | | |
| Balance due /-Overpayment | | | | | | |



Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|------------------|-------------------|--------------------|-------------------------|-----------------|
| PROFESSIONAL FEE | \$ 115,385 | \$ 79,283 | \$ 36,102 | \$ |
| TOTAL | \$ 115,385 | \$ 79,283 | \$ 36,102 | \$ 0 |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------------|-------------------|--------------------|-------------------------|-----------------|
| DUE AND SUBSCRIPTION | \$ 19,538 | \$ 6,063 | \$ 4,894 | \$ 8,581 |
| OTHER TAX | 15,886 | | 15,886 | |
| SUPPLIES | 13,603 | 5,308 | 7,525 | 770 |
| AUTOMOBILE EXPENSE | 12,944 | 3,697 | 1,612 | 7,635 |
| BANK CHARGE | 4,285 | 12 | 3,003 | 1,270 |
| EQUIPMENT LEASE | 1,152 | 1,152 | | |
| TOTAL | \$ 67,408 | \$ 16,232 | \$ 32,920 | \$ 18,256 |

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|-----------------------------|------------|
| LAHSA | \$ 765,579 |
| CCSWG | 49,000 |
| OTHER | 26,250 |
| OTHER CONTRIBUTIONS | 2,225,624 |
| BLESSINGS INTERNATIONAL | |
| MEDICAL SUPPLY & MEDICINE | 3,493,465 |
| POONGRIM GA | |
| MEDICAL SUPPLIES | 176,000 |
| AUTOQUEST | |
| SCHOOL BACKPACKS | 66,348 |
| COVID TESTING KITS | 2,472 |
| BLACKYAK & NAU.COM | |
| CLOTHING | 1,197,008 |
| GOOD 360 | |
| EDUCATION MATERIALS | 157,000 |
| GIVING CHILDREN HOPE | |
| BEDDING AND TOILETRIES | 2,666 |
| COOKUNITY | |
| FOODS | 13,074 |
| IRVINE ONNURI CHURCH | |
| CASH CONTRIBUTION | 19,875 |
| OPEN BANK | |
| CASH CONTRIBUTION | 15,000 |
| NEW YORK IN2 ONNURI CHURCH | |
| CASH CONTRIBUTION | 10,000 |
| KEON SEOK AND HAE RYONG KIM | |
| CASH CONTRIBUTION | 16,800 |
| JUNG HU PARK | |
| CASH CONTRIBUTION | 10,000 |
| SEONGHO KIM | |
| CASH CONTRIBUTION | 6,600 |
| EUNICE KIM | |
| CASH CONTRIBUTION | 6,300 |
| JONG YONG PARK | |
| CASH CONTRIBUTION | 6,060 |
| SUNNY HILL | |
| CASH CONTRIBUTION | 6,000 |
| SUNG JA KO | |

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

| Description | Amount |
|-----------------------------------|---------------------|
| CASH CONTRIBUTION | \$ 5,690 |
| LORD'S CHURCH OF AUSTIN | |
| CASH CONTRIBUTION | 12,467 |
| HYOJIN KIM NIRAV PATEL FOUNDATION | |
| CASH CONTRIBUTION | 10,245 |
| YONG HWA MISSION FOUNDATION | |
| CASH CONTRIBUTION | 7,340 |
| ANTIOCH PRESBYTERIAN CHURCH | |
| CASH CONTRIBUTION | 7,000 |
| NEW GATE CHURCH | |
| CASH CONTRIBUTION | 6,200 |
| TOTAL | \$ <u>8,320,063</u> |

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|-----------------------------------|----------------------|----------------------|
| BLESSINGS INTERNATIONAL | \$ 26,447,134 | \$ 25,435,869 |
| POONGRIM GA | 395,848 | |
| AUTOQUEST | 274,424 | |
| BLACKYAK & NAU.COM | 1,523,910 | 512,645 |
| GOOD 360 | 175,649 | |
| GIVING CHILDREN HOPE | 16,992 | |
| COOKUNITY | 162,548 | |
| IRVINE ONNURI CHURCH | 75,571 | |
| OPEN BANK | 25,000 | |
| NEW YORK IN2 ONNURI CHURCH | 60,090 | |
| KEON SEOK AND HAE RYONG KIM | 21,120 | |
| JUNG HU PARK | 14,320 | |
| SEONGHO KIM | 6,600 | |
| EUNICE KIM | 6,300 | |
| JONG YONG PARK | 6,060 | |
| SUNNY HILL | 6,000 | |
| SUNG JA KO | 5,690 | |
| LORD'S CHURCH OF AUSTIN | 12,467 | |
| HYOJIN KIM NIRAV PATEL FOUNDATION | 10,245 | |
| YONG HWA MISSION FOUNDATION | 11,660 | |
| ANTIOCH PRESBYTERIAN CHURCH | 7,000 | |
| NEW GATE CHURCH | 6,200 | |
| TOTAL | <u>\$ 29,270,828</u> | <u>\$ 25,948,514</u> |

Federal Statements

Schedule A, Part II, Line 8(e)

| Description | Amount |
|-------------|-------------------|
| RENTAL | \$ 219,548 |
| TOTAL | \$ <u>219,548</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|---------------|-------------------|
| OTHER REVENUE | \$ 144,816 |
| TOTAL | \$ <u>144,816</u> |

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

| | |
|--|---|
| <p>GOOD NEIGHBORS USA Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 131 N. TUSTIN AVE. STE 204 Address (Number and Street)</p> <p>TUSTIN CA 92780 City or Town, State, and ZIP Code</p> <p>877-499-9898 Telephone Number</p> <p>_____ E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. 2775061</p> <p>Federal Employer ID No. 20-3644749</p> |
|--|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/23 ending 12/31/23) list:

Total Revenue \$ 8,684,427 (including noncash contributions) Noncash Contributions \$ 5,108,033 Total Assets \$ 3,062,013
 Program Expenses \$ 7,883,595 Total Expenses \$ 8,781,766

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|----------|----------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? | X | |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | X | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|--|---------------------------------|---------------------------|---------------|
| _____ Signature of Authorized Agent | <u>IL HA YI</u> Printed Name | <u>PRESIDENT</u> Title | _____ Date |
|--|---------------------------------|---------------------------|---------------|

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)
LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)
707 WILSHIRE BLVD., 10TH FL
LOS ANGELES, CA 90017
CONTACT PERSON: OSCAR FLORES (GRANT SPECIALIST), 213-225-8481

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending

| | | | |
|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GOOD NEIGHBORS USA | | D Employer identification number 20-3644749 |
| | Doing business as | | E Telephone number 877-499-9898 |
| Number and street (or P.O. box if mail is not delivered to street address) 131 N. TUSTIN AVE. STE 204 | | Room/suite | G Gross receipts \$ 8,684,427 |
| City or town, state or province, country, and ZIP or foreign postal code TUSTIN CA 92780 | | | |
| F Name and address of principal officer: IL HA YI 131 N. TUSTIN AVE. STE 204 IRVINE CA 92780 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number | |
| J Website: WWW.GOODNEIGHBORS.US | | L Year of formation: 2005 | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | M State of legal domicile: CA | |

Part I Summary

| | | | |
|--|---|--|-------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGANIZATION COMMITTED TO BUILD A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HEALTH, HARMONY, AND DIGNITY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 7 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 6 | |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 27 | |
| | 6 Total number of volunteers (estimate if necessary) | 141 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 10,865,676 | Current Year 8,320,063 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 189,043 | 364,364 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,054,719 | 8,684,427 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 8,963,025 | 6,251,315 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 889,037 | 829,114 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 572,325 | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,510,912 | 1,701,337 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 11,362,974 | 8,781,766 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -308,255 | -97,339 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 3,117,578 | End of Year 3,062,013 |
| | 21 Total liabilities (Part X, line 26) | 367,100 | 408,874 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,750,478 | 2,653,139 |

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 IL HA YI | | Date | |
| | Type or print name and title PRESIDENT | | | |
| Paid Preparer Use Only | Print/Type preparer's name KIWOOK UHM | Preparer's signature KIWOOK UHM | Date 05/15/24 | Check <input type="checkbox"/> if self-employed PTIN P00845230 |
| | Firm's name MOUNTAIN, LLP | Firm's EIN 88-4118548 | | |
| | Firm's address 3700 WILSHIRE BLVD STE 535 LOS ANGELES, CA 90010-2918 | Phone no. 213-389-0080 | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGANIZATION COMMITTED TO BUILD A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HEALTH, HARMONY, AND DIGNITY.

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 \$ **3,747,316** including grants of \$ **3,747,316**) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **1,511,433** including grants of \$ **1,511,433**) (Revenue \$)
EMERGENCY RELIEF

IN 2023, DURING THE TURKEY-SYRIA EARTHQUAKE, GNU PROVIDED EMERGENCY SUPPLIES TO 1,970 HOUSEHOLDS AND SUPPORTED 36,983 PEOPLE. ADDITIONALLY, THROUGH DONATIONS FROM BLACKYAK & NAU.COM, GNU WAS ABLE TO SUPPORT A 40-FOOT CONTAINER OF CLOTHING TO A LOCALLY BASED ORGANIZATIONS THAT ACTIVELY WORK TO AID REFUGEES IN TURKEY AND UKRAINE. FURTHERMORE, GNU SUPPORTED EXTREMELY POOR FAMILIES IN THE PHILIPPINES BY ADDRESSING THEIR BASIC NEEDS. THE OBJECTIVE OF THIS PROJECT IS TO PROVIDE VITAL CONSUMPTION SUPPORT FOR BASIC NEEDS AND CREATE OPPORTUNITIES FOR THEM TO ACHIEVE ECONOMIC SELF-SUFFICIENCY.

4c (Code:) (Expenses \$ **598,288** including grants of \$ **598,288**) (Revenue \$)
SEE SCHEDULE O

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

(Expenses \$ **2,026,558** including grants of \$ **394,278**) (Revenue \$)

4e Total program service expenses **7,883,595**

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)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | | 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? If "Yes," complete Schedule D, Part VI | 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? If "Yes," complete Schedule D, Part VII | | 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? If "Yes," complete Schedule D, Part VIII | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 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? If "Yes," complete Schedule F, Parts I and IV | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 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? If "Yes," complete Schedule F, Parts III and IV | | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | 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? If "Yes," complete Schedule I, Parts I and II | | 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? | | |

| | |
|----|---|
| 1a | 3 |
| 1b | 0 |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | Yes | No | | |
|--|--|------------|-----------|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 27 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|----------|----------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

GOOD NEIGHBORS USA
TUSTIN

131 N. TUSTIN AVENUE # 204

CA 92780

877-499-9898

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 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) IL HA YI PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) TIMOTHY HAAHS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) DAVID MARH CHAIRMAN | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) THOMAS YI TREASURER | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) GORDON TURNER DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) JOHN BYON DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) MINHO CHOI DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

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 | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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> | | 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> | | 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> | | 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 | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | 840,829 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | 7,479,234 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | 5,108,033 | | | | |
| | h Total. Add lines 1a-1f | | | 8,320,063 | | | | |
| | Program Service Revenue | 2a | Business Code | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6a Gross rents | | (i) Real | (ii) Personal | | | | |
| | | 6a | 219,548 | | | | | |
| | | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | 219,548 | | | | | |
| | d Net rental income or (loss) | | | 219,548 | | | 219,548 | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| | | 7a | | | | | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | | |
| | d Net gain or (loss) | | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | | 8a | | | | | | |
| b Less: direct expenses | | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | | |
| 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 | | | | | | | | |
| Miscellaneous Revenue | 11a OTHER REVENUE | Business Code | | 144,816 | 144,816 | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 144,816 | | | | |
| 12 Total revenue. See instructions | | | 8,684,427 | 144,816 | 0 | 219,548 | | |

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 | 6,251,315 | 6,251,315 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 768,913 | 641,853 | 39,757 | 87,303 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 60,201 | 45,240 | 6,406 | 8,555 |
| 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.) | 115,385 | 79,283 | 36,102 | |
| 12 Advertising and promotion | 540,892 | 101,047 | 54,605 | 385,240 |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 17,322 | 14,398 | 1,871 | 1,053 |
| 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 | 30,719 | 8,070 | 22,649 | |
| 23 Insurance | 113,670 | 64,675 | 38,579 | 10,416 |
| 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 PROGRAM SUPPORT | 585,307 | 585,307 | | |
| b DONOR MANAGEMENT | 121,621 | 45,669 | 16,163 | 59,789 |
| c REPAIR AND MAINTENANCE | 54,545 | 11,456 | 43,089 | |
| d UTILITIES | 54,468 | 19,050 | 33,705 | 1,713 |
| e All other expenses | 67,408 | 16,232 | 32,920 | 18,256 |
| 25 Total functional expenses. Add lines 1 through 24e | 8,781,766 | 7,883,595 | 325,846 | 572,325 |
| 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 | 336,108 | 1 | 527,074 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 333,790 | 4 | 198,366 |
| | 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 | 7,972 | 9 | 43,832 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,478,999 | | |
| | b | Less: accumulated depreciation | 10b 204,009 | 10c | 2,274,990 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 3,550 | 14 | 3,206 |
| | 15 | Other assets. See Part IV, line 11 | 130,790 | 15 | 14,545 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,117,578 | 16 | 3,062,013 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 361,107 | 17 | 406,834 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 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 | 5,993 | 25 | 2,040 |
| | 26 | Total liabilities. Add lines 17 through 25 | 367,100 | 26 | 408,874 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 2,750,478 | 27 | 2,653,139 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 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 | 2,750,478 | 32 | 2,653,139 | |
| 33 | Total liabilities and net assets/fund balances | 3,117,578 | 33 | 3,062,013 | |

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 | 8,684,427 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,781,766 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -97,339 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,750,478 |
| 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 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,653,139 |

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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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

2023

Open to Public Inspection

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|------------|-----------|------------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 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) | | | | | | 25,948,514 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 23,744,646 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|------------|-----------|------------|-----------|------------|
| 7 Amounts from line 4 | 9,098,418 | 13,783,872 | 7,625,131 | 10,865,676 | 8,320,063 | 49,693,160 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 182,982 | 160,649 | 176,676 | 219,548 | 739,855 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 69,459 | 1,719 | | | | 71,178 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 9,362 | 49,674 | | | | 59,036 |
| 11 Total support. Add lines 7 through 10 | | | | | | 50,563,229 |

12 Gross receipts from related activities, etc. (see instructions) **12** 157,183

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**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | 46.96 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 44.84 % |
| 16a 33 1/3% support test — 2023. 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 <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test — 2022. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test — 2023. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test — 2022. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests — 2023. 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 — 2022. 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 on 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> | | |
| c 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. <i>Complete line 2 below.</i> | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i> | | | |
| 2 Activities Test. <i>Answer lines 2a and 2b below.</i> | | | |
| 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. <i>Answer lines 3a and 3b below.</i> | | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 2022 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

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

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 DETAIL

\$ 59,036

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 | BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BRIKEN ARROW OK 74012 | \$ 3,493,465 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | POONGRIM GA 2935 WAVERLY WALK PT CUMMING GA 30041 | \$ 176,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | AUTOQUEST 17 SPECTRUM POINTE #503 LAKE FOREST CA 92630 | \$ 68,820 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | BLACKYAK & NAU.COM 604 NW 11TH AVENUE PORTLAND OR 97209 | \$ 1,197,008 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314 | \$ 157,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621 | \$ 2,666 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 | COOKUNITY 1324 E. 15TH ST. LOS ANGELES CA 90021 | \$ 13,074 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614 | \$ 19,875 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | NEW YORK IN2 ONNURI CHURCH 55 E. 59TH STREET NEW YORK NY 10022 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 16,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | JUNG HU PARK 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|------------|--|----------------------------|---|
| 13 | SEONGHO KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | EUNICE KIM 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,300 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | JONG YONG PARK 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,060 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | SUNNY HILL 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | LORD'S CHURCH OF AUSTIN 301 W. ANDERSON LN. AUSTIN TX 78752 | \$ 12,467 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | HYOJIN KIM NIRAV PATEL FOUNDATION 1120 S. VAN NESS AVE. SAN FRANCISCO CA 94110 | \$ 10,245 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization GOOD NEIGHBORS USA | Employer identification number 20-3644749 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 19 | YONG HWA MISSION FOUNDATION 214 LOMA DR. LOS ANGELES CA 90026 | \$ 7,340 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | ANTIOCH PRESBYTERIAN CHURCH 2720 MONTROSE AVE. MONTROSE CA 91020 | \$ 7,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | NEW GATE CHURCH 1711 N. AVON ST. BURBANK CA 91505 | \$ 6,200 | 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.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 1 | MEDICAL SUPPLY & MEDICINE | \$ 3,493,465 | |
| 2 | MEDICAL SUPPLIES | \$ 176,000 | |
| 3 | SCHOOL BACKPACKS | \$ 66,348 | |
| 3 | COVID TESTING KITS | \$ 2,472 | |
| 4 | CLOTHING | \$ 1,197,008 | |
| 5 | EDUCATION MATERIALS | \$ 157,000 | |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 6 | BEDDING AND TOILETRIES | \$ 2,666 | |
| 7 | FOODS | \$ 13,074 | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

SCHEDULE D (Form 990)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 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 on Part XIII

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 | | 1,500,000 | | 1,500,000 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 978,999 | 204,009 | 774,990 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,274,990 |

Part VII Investments – Other Securities

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, col. (B)) | | |

Part VIII Investments – Program Related

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, col. (B)) | | |

Part IX Other Assets

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, col. (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) OPERATING LEASE | 2,040 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,040 |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 | 8,684,427 |
| 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 | 8,684,427 |
| 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 . <i>(This must equal Form 990, Part I, line 12.)</i> | 5 | 8,684,427 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

| | | |
|---|-----------|------------------|
| 1 Total expenses and losses per audited financial statements | 1 | 8,781,766 |
| 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 | 8,781,766 |
| 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 . <i>(This must equal Form 990, Part I, line 18.)</i> | 5 | 8,781,766 |

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.

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Part XIII Supplemental Information *(continued)*

Dotted lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA & THE PACIFIC | 0 | | | | |
| (1) | | 1 | PROGRAM | | 1,634,043 |
| EUROPE | | | | | |
| (2) | | 1 | PROGRAM | | 210,746 |
| CENTRAL AMERICA AND CARRI | | | | | |
| (3) | | 1 | PROGRAM | | 1,040,019 |
| SUB-SAHARAN AFRICA | | | | | |
| (4) | | 1 | PROGRAM | | 3,184,764 |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | 4 | | | 6,069,572 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 4 | | | 6,069,572 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | HEALTH | 3,747,316 | | | MEDICAL SUPPLY | |
| (2) | | | | EDUCATION | 261,278 | | | | |
| (3) | | | | EMERGENCY RELIEF | 1,511,433 | | | | |
| (4) | | | | WATER AND SANITATION | 97,000 | | | | |
| (5) | | | | CHILD SUPPORT | 598,288 | | | | |
| (6) | | | | INCOME GENERATION | 36,000 | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GOOD NEIGHBORS USA IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH THE FIELD OFFICES OF GOOD NEIGHBORS INTERNATIONAL, AN AFFILIATION ORGANIZED IN KOREA. PROGRAMS FUNDED BY GOOD NEIGHBORS WOULD INCLUDE STAFF ASSISTANCE, WHERE A TECHNICAL SPECIALIST WILL WORK WITH AND VISIT GOOD NEIGHBORS FIELD STAFF IN THE RESPECTIVE COUNTRIES.

PART I, LINE 3 - ACTIVITIES PER REGION

| REGION | EXPENDITURES | INVESTMENTS |
|---------------------------|--------------|-------------|
| EAST ASIA & THE PACIFIC O | \$ 1,634,043 | \$ 0 |
| EUROPE | \$ 210,746 | \$ 0 |
| CENTRAL AMERICA AND CARRI | \$ 1,040,019 | \$ 0 |
| SUB-SAHARAN AFRICA | \$ 3,184,764 | \$ 0 |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990.

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Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 | X | | 1,199,674 | |
| 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 | X | 1 | 13,074 | |
| 20 Drugs and medical supplies | X | 3 | 3,671,937 | INTERAGENCY GIK STANDARDS |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | X | 2 | 223,348 | INTERAGENCY GIK STANDARDS |
| 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 in 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. | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HEALTH AND NUTRITION

THE GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUS AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GN SUPPORTS COMMUNITY MEMBERS WITH IMPROVED ACCESS TO HEALTH SERVICES, FOCUSING ON DISEASE PREVENTION ACTIVITIES SUCH AS SUPPORTING HEALTH FACILITIES, PROVIDING REGULAR HEALTH CHECK-UP SERVICES, AND DISTRIBUTING DEWORMING PILLS. THEREFORE, TO IMPROVE ACCESS TO AFFORDABLE MEDICINE IN REMOTE AREAS AND VULNERABLE ENVIRONMENTS IN AFRICA, GNU SUPPORTED 500,000 TABLETS OF PRAZIQUANTEL TO THE MINISTRY OF HEALTH (MOH) IN GHANA AND 300,000 TABLETS OF PRAZIQUANTEL TO THE MOH IN CAMEROON. FURTHERMORE, GNU EXTENDED MEDICINE SUPPORT TO BOTH SOUTH SUDAN AND BURUNDI, WHICH ARE DIFFICULT TO IMPLEMENT REGULAR GN PROGRAMS. IN SOUTH SUDAN, 701,600 TABLETS OF 11 ITEMS WERE DELIVERED, WHILE IN BURUNDI, 651,000 TABLETS OF 17 ITEMS WERE PROVIDED TO THE RESPECTIVE FIELD COUNTRIES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

CHILD SUPPORT

GNU SPONSORED 2,916 CHILDREN AGES FROM 3 TO 18 IN GUATEMALA, NICARAGUA, HAITI, DOMINICAN REPUBLIC, MALAWI, CHAD, NIGER, AND NEPAL RESPECTIVELY. GNU'S CHILD SPONSORSHIP PROGRAM IS DESIGNED TO COMBAT THREE CRITICAL PROBLEMS THAT CHILDREN IN DEVELOPING COUNTRIES FACE: LACK OF EDUCATION, POOR NUTRITION, AND LITTLE TO NO ACCESS TO AFFORDABLE MEDICAL CARE. CHILD SPONSORSHIP PROGRAM ENCOURAGES DONORS TO MAKE A MONTHLY COMMITMENT THAT

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

COVERS A CHILD'S TUITION, UNIFORM, SCHOOL SUPPLIES, BOOKS, LUNCHTIME MEALS, AND MEDICAL CARE. THIS PROGRAM NOT ONLY PROVIDES THOSE IN NEED WITH AID BUT ALSO COMBATS SOME OF THE DIRECT SOURCES OF POVERTY, INCLUDING ILLITERACY, POOR HEALTH, AND LACK OF SKILLS NEEDED FOR JOB PLACEMENT. IT'S AN ECONOMICALLY SUSTAINABLE, COMMUNITY-BASED SOLUTION THAT INVESTS IN CHILDREN, GIVING THEM THE RIGHT OPPORTUNITIES TO ONE DAY BE PRODUCTIVE ADULTS WHO CONTRIBUTE POSITIVELY TO THEIR SOCIETY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

DOMESTIC SHELTER

GN SHELTER SUCCESSFULLY ENROLLED 123 CLIENTS INCLUDING WOMEN AND CHILDREN FOR THE JANUARY-DECEMBER 2023 PERIOD. FROM THIS COUNT, THE DOMESTIC SHELTER ACCEPTED 90 ADULTS AND 33 CHILDREN. DOMESTIC SHELTER PROVIDED EXTENSIVE CASE MANAGEMENT EFFORTS TO SECURE EMERGENCY INCOME, MEDICAL ASSISTANCE, MENTAL HEALTH CONNECTIONS, PERSONAL IDENTIFICATION, COVID-19 TESTING, CLIENT INCENTIVES, TRANSPORTATION SERVICES, LEGAL SERVICES, HOLIDAY/SOCIAL EVENT PLANNING AND IMPLEMENTATION, AND HOUSING PLACEMENT ASSISTANCE. GOOD NEIGHBORS LA SHELTER RECEIVED MANY GIK AND PRIVATE DONATIONS FROM COMMUNITY MEMBERS IN CLOTHING, SHOES, TOILETRIES, KITCHEN UTENSILS, HYGIENE PRODUCTS, SCHOOL SUPPLIES, HAIR PRODUCTS, COATS, AND FOOD.

EDUCATION

THE EDUCATION PROJECT FOCUSES ON ADVOCATING FOR CHILDREN'S RIGHTS TO ACCESS EQUAL EDUCATION. GNU ENABLES INDIVIDUALS WHO ARE LESS LIKELY TO RECEIVE A STANDARD EDUCATION, BY PROVIDING BASIC LITERACY SKILLS SUCH AS READING, WRITING, AND NUMERACY, WHICH ARE ESSENTIAL FOR EVERYDAY USE. IN 2023, CHAD IMPLEMENTED A PROJECT AIMED AT IMPROVING THE EDUCATIONAL ENVIRONMENT BY

Name of the organization

Employer identification number

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PROVIDING WATER FACILITIES AND SCHOOL MATERIALS TO HOPE SCHOOLS. THE GOAL OF THIS PROJECT WAS TO CREATE A COMFORTABLE AND SAFE LEARNING ENVIRONMENT FOR STUDENTS. AS A RESULT OF THIS INITIATIVE, 4,329 BENEFICIARIES AND FIVE SCHOOLS BENEFITED, THREE WATER TOWERS WERE REPAIRED, AND 160 SCHOOL MATERIALS WERE PROVIDED TO STUDENTS. THESE IMPROVEMENTS IN THE EDUCATIONAL ENVIRONMENT ALLOWED STUDENTS TO FOCUS MORE ON THEIR STUDIES.

WATER AND SANITATION

TO ENSURE ACCESS TO CLEAN WATER AND A SANITARY LIVING ENVIRONMENT FOR COMMUNITIES, GNU CONSTRUCTS AND MANAGES FACILITIES SUCH AS WELLS, AND WATER PUMPS. IN 2023, GNU IMPLEMENTED A PROJECT IN VARIOUS AFRICAN COUNTRIES AIMED AT IMPROVING ACCESS TO CLEAN DRINKING WATER AND SANITATION ENVIRONMENTS. IN NIGER, GNU SUPPORTED THE CONSTRUCTION OF A SOLAR WATER TOWER AND WATER TANK WITH TWO WATER STANDS, EACH HAVING SIX WATER TAPS. THROUGH THIS PROJECT, 1,552 PEOPLE (764 MEN AND 788 WOMEN) BENEFITED, WITH 95% GAINING ACCESS TO CLEAN DRINKING WATER AND 75% GAINING ACCESS TO IMPROVED HYGIENE AND SANITATION ENVIRONMENTS. IN ADDITION, GNU CONSTRUCTED SIX WATER WELLS THROUGH GOOD WATER PROJECT IN ZAMBIA IN 2023. 246 RECURRING AND ONE TIME WATER AND SANITATION PROJECT DONORS COLLECTIVELY SUPPORTED 2,090 BENEFICIARIES IN SIX DIFFERENT VILLAGES. WITH WELLS LOCATED NEAR THEIR HOMES, CHILDREN DO NOT HAVE TO TRAVEL FOR HOURS TO RETRIEVE WATER, WHICH ALLOWS THEM TO ATTEND SCHOOL.

INCOME GENERATION

THE INCOME GENERATION PROJECT SUPPORTS THE ESTABLISHMENT AND OPERATION OF CO-OPERATIVES TO EXPAND OPPORTUNITIES AND STRENGTHEN CAPABILITIES FOR RESIDENTS IN POVERTY DUE TO LIMITED RESOURCES, INFORMATION, AND LOW

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TECHNOLOGY. IT SEEKS EQUAL ECONOMIC GROWTH IN THE COMMUNITY THROUGH INITIAL CAPITAL, TECHNICAL, AND BUSINESS COMPETENCY SUPPORT. IT HELPS DEVELOP THE COMMUNITY BY ESTABLISHING AND OPERATING SOCIAL ENTERPRISES THAT SIMULTANEOUSLY CREATE ECONOMIC AND SOCIAL VALUES. GNU PROVIDES TRAINING, RESOURCES, AND SUPPORT TO HELP FAMILIES START SMALL BUSINESSES, SUCH AS FARMING OR HANDICRAFTS, AND EARN A SUSTAINABLE INCOME. THE PROJECT ALSO FOCUSES ON BUILDING THE SKILLS AND KNOWLEDGE OF COMMUNITY MEMBERS TO MANAGE THEIR BUSINESSES EFFECTIVELY AND SUSTAINABLY.

FORM 990, PART VI - ADDITIONAL INFORMATION

SECTION B, LINE 11 B

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AFTER IT IS REVIEWED BY MANAGEMENT.

THE BOARD OF DIRECTORS REVIEWS FORM 990 AND RAISES ANY QUESTIONS TO MANAGEMENT FOR RESOLUTION.

FORM 990 IS THEN FILED ELECTRONICALLY WITH THE IRS AND POSTED GOOD NEIGHBORS USA'S WEB SITE.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ILHA YI

THOMAS YI

CHAIRMAN

TREASURER

BROTHER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ALL MEMBERS OF ITS GOVERNING BODY REVIEW THIS FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

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THE PURPOSE OF A CONFLICT-OF-INTEREST POLICY IS TO PROTECT AN ORGANIZATION'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ONE OF ITS OFFICERS OR DIRECTORS, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. ALL MEMBERS AND AFFILIATES OF THE ORGANIZATION MUST COMPLETE CONFLICT-OF-INTEREST QUESTIONNAIRE ANNUALLY AND RETURN IT TO MANAGEMENT AND GOVERNING BODY. THEN, THE BOARD SHALL REVIEW EACH MEMBER QUESTIONNAIRE AND ANY OTHER DISCLOSURES REGARDING THE FINANCIAL INTERESTS OF ITS MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION SUBJECT TO REVIEW AND APPROVAL

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION SUBJECT TO REVIEW AND APPROVAL

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART XII - ADDITIONAL INFORMATION LINE 2C

THE ORGANIZATION'S BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT AND SELECTION OF ITS INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

GOOD NEIGHBORS USA

Identifying number

20-3644749

Part I Electronic Return Information (whole dollars only)

| | | |
|--|---|-----------|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 8,684,427 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 8,684,427 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 8,781,766 |
| 4 Tax due (Form 109, line 23) | 4 | |
| 5 Overpayment (Form 109, line 24) | 5 | |

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 8 Amount | | | | |
| 9 Withdrawal Date | | | | |

Part IV Banking Information (Have you verified the exempt organization's banking information?)



10 Routing number 122000247

11 Account number 3163154721 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here  05/15/24  **PRESIDENT**
 Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature  KIWOOK UHM Date 05/15/24 Check if also paid preparer Check if self-employed ERO's PTIN P00845230

Firm's name (or yours if self-employed) and address  MOUNTAIN, LLP
3700 WILSHIRE BLVD STE 535
LOS ANGELES CA Firm's FEIN 88-4118548
 ZIP code 90010-2918

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature  Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address  _____ Firm's FEIN _____
 ZIP code _____

TAXABLE YEAR 2023 California Exempt Organization Annual Information Return

FORM 199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name: GOOD NEIGHBORS USA
California corporation number: 2775061
FEIN: 20-3644749
Street address: 131 N. TUSTIN AVE. STE 204
City: TUSTIN
State: CA
ZIP code: 92780

A First return [X] No
B Amended return [X] No
C IRC Section 4947(a)(1) trust [X] No
D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized
E Check accounting method: (1) [] Cash (2) [X] Accrual (3) [] Other
F Federal return filed? (1) [] 990T (2) [] 990PF (3) [] Sch H (990) (4) [] Other 990 series
G Is this a group filing? [X] No
H Is this organization in a group exemption? [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [N/A]
K Is the organization exempt under R&TC Section 23701g? [X] No
L Is the organization a limited liability company? [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [X] No
O Is federal Form 1023/1024 pending? [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total: 8,684,427), Expenses (Total: 8,781,766), and Payments (Total: 0).

Sign Here: Declaration of preparer, Signature of officer (PRESIDENT), Date (05/15/2024), Telephone (877-499-9898)
Paid Preparer's Use Only: Preparer's signature (KIWOOK UHM), Date (05/15/2024), Firm's name (MOUNTAIN, LLP), Address (3700 WILSHIRE BLVD STE 535, LOS ANGELES, CA 90010-2918), Telephone (213-389-0080)
May the FTB discuss this return with the preparer shown above? [X] Yes [] No

GOOD NEIGHBORS USA

20-3644749

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|-----------|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | | 00 | |
| | 2 | Interest | • | 2 | | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | 219,548 | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income. Attach schedule SEE STATEMENT 1 | • | 7 | 144,816 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 364,364 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | • | 9 | 6,251,315 | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | • | 11 | | 00 | |
| | 12 | Other salaries and wages | • | 12 | 768,913 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | | 00 |
| | | 15 | Rents | • | 15 | | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 30,719 | 00 |
| | | 17 | Other expenses and disbursements. Attach schedule SEE STATEMENT 4 | • | 17 | 1,730,819 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 8,781,766 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|-----------|----------------------------|-----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 336,108 | | 527,074 |
| 2 | Net accounts receivable | | 333,790 | | 198,366 |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 | a Depreciable assets | 979,006 | | 978,999 | |
| | b Less accumulated depreciation | 173,638 | 805,368 | 204,009 | 774,990 |
| 11 | Land | | 1,500,000 | | 1,500,000 |
| 12 | Other assets. Attach schedule STMT 5 | | 142,312 | | 61,583 |
| 13 | Total assets | | 3,117,578 | | 3,062,013 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 361,107 | | 406,834 |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule STMT 6 | | 5,993 | | 2,040 |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 2,750,478 | | 2,653,139 |
| 22 | Total liabilities and net worth | | 3,117,578 | | 3,062,013 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|--|---|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | • | -97,339 |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year. Attach schedule | • | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | |
| 6 | Total. Add line 1 through line 5 | | -97,339 |
| 7 | Income recorded on books this year not included in this return. Attach schedule | • | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | -97,339 |

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

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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 | BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BRIKEN ARROW OK 74012 | \$ 3,493,465 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | POONGRIM GA 2935 WAVERLY WALK PT CUMMING GA 30041 | \$ 176,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | AUTOQUEST 17 SPECTRUM POINTE #503 LAKE FOREST CA 92630 | \$ 68,820 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | BLACKYAK & NAU.COM 604 NW 11TH AVENUE PORTLAND OR 97209 | \$ 1,197,008 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314 | \$ 157,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621 | \$ 2,666 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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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 | COOKUNITY 1324 E. 15TH ST. LOS ANGELES CA 90021 | \$ 13,074 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614 | \$ 19,875 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | NEW YORK IN2 ONNURI CHURCH 55 E. 59TH STREET NEW YORK NY 10022 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 16,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | JUNG HU PARK 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

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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 |
|------------|--|----------------------------|---|
| 13 | SEONGHO KIM 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | EUNICE KIM 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,300 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | JONG YONG PARK 131 N. TUSTIN AVE. # 204 IRVINE CA 92780 | \$ 6,060 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | SUNNY HILL 131 N. TUSTIN AVE. #204 IRVINE CA 92780 | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | LORD'S CHURCH OF AUSTIN 301 W. ANDERSON LN. AUSTIN TX 78752 | \$ 12,467 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | HYOJIN KIM NIRAV PATEL FOUNDATION 1120 S. VAN NESS AVE. SAN FRANCISCO CA 94110 | \$ 10,245 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

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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 |
|------------|--|----------------------------|---|
| 19 | YONG HWA MISSION FOUNDATION 214 LOMA DR. LOS ANGELES CA 90026 | \$ 7,340 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | ANTIOCH PRESBYTERIAN CHURCH 2720 MONTROSE AVE. MONTROSE CA 91020 | \$ 7,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | NEW GATE CHURCH 1711 N. AVON ST. BURBANK CA 91505 | \$ 6,200 | 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.) |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 1 | MEDICAL SUPPLY & MEDICINE | \$ 3,493,465 | |
| 2 | MEDICAL SUPPLIES | \$ 176,000 | |
| 3 | SCHOOL BACKPACKS | \$ 66,348 | |
| 3 | COVID TESTING KITS | \$ 2,472 | |
| 4 | CLOTHING | \$ 1,197,008 | |
| 5 | EDUCATION MATERIALS | \$ 157,000 | |

Name of organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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 |
|---------------------------|--|---|----------------------|
| 6 | BEDDING AND TOILETRIES | \$ 2,666 | |
| 7 | FOODS | \$ 13,074 | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

| <u>Description</u> | <u>Amount</u> |
|--------------------|--------------------------|
| OTHER REVENUE | \$ <u>144,816</u> |
| TOTAL | \$ <u><u>144,816</u></u> |

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

| PSA | Class | Name | Address | City | State | Zip | Relationship | Status | Purpose | Amount | Noncash Description | FMV Explanation | Book Value Amount | Book Value Explanation | Date |
|-----|-------|------|---------|------|-------|-----|--------------|-------------------|----------------------|--------------|---------------------|-----------------|-------------------|------------------------|------|
| | | | | | | | | EDUCATION | EDUCATION | 261,278 | | | | | |
| | | | | | | | | WATER FOR LIFE | WATER AND SANITATION | 97,000 | | | | | |
| | | | | | | | | INCOME GENERATION | INCOME GENERATION | 36,000 | | | | | |
| | | | | | | | SUBTOTAL | | | \$ 394,278 | | | | | |
| 1 | | | | | | | | MEDICAL SUPPORT | HEALTH | 3,747,316 | | | | | |
| 2 | | | | | | | | EMERGENCY RELIEF | EMERGENCY RELIEF | 1,511,433 | | | | | |
| 3 | | | | | | | | CHILD SUPPORT | CHILD SUPPORT | 598,288 | | | | | |
| | | | | | | | TOTAL | | | \$ 6,251,315 | | | | | |

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

| Name | Address | City | State | Zip | Title | Avg Hrs | Compensation Amount |
|---------------|----------------------------|--------|-------|-------|-----------|---------|---------------------|
| IL HA YI | 131 N. TUSTIN AVE. STE 204 | IRVINE | CA | 92780 | PRESIDENT | 2.00 | |
| TIMOTHY HAAHS | | | | | DIRECTOR | 2.00 | |
| DAVID MARH | | | | | CHAIRMAN | 2.00 | |
| THOMAS YI | | | | | TREASURER | 2.00 | |

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

| Name | Address | | | Title | Avg Hrs | Compensation Amount |
|---------------|---------|-------|-----|-------------------|------------|------------------------|
| | City | State | Zip | | | |
| GORDON TURNER | | | | DIRECTOR | 2.00 | |
| JOHN BYON | | | | DIRECTOR | 2.00 | |
| MINHO CHOI | | | | DIRECTOR | 2.00 | |
| MINA CHOI | | | | SECRETARY GENERAL | 40.00 | |
| TOTAL | | | | | | 0 |

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

| <u>Description</u> | <u>Amount</u> |
|------------------------|---------------------|
| PAYROLL TAXES | \$ 60,201 |
| PROFESSIONAL FEE | 115,385 |
| TRAVEL | 17,322 |
| AUTOMOBILE EXPENSE | 12,944 |
| BANK CHARGE | 4,285 |
| DONER MANAGEMENT | 121,621 |
| DUE AND SUBSCRIPTION | 19,538 |
| EQUIPMENT LEASE | 1,152 |
| OTHER TAX | 15,886 |
| PROGRAM SUPPORT | 585,307 |
| REPAIR AND MAINTENANCE | 54,545 |
| UTILITIES | 54,468 |
| SUPPLIES | 13,603 |
| ADVERTISING | 540,892 |
| INSURANCE | 113,670 |
| TOTAL | <u>\$ 1,730,819</u> |

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|---------------------|------------------------------|------------------------|
| SECURITY DEPOSIT | \$ 20,950 | \$ 8,552 |
| OPERATING LEASE ROU | 109,840 | 5,993 |
| PREPAID EXPENSES | 7,972 | 43,832 |
| | <u>3,550</u> | <u>3,206</u> |
| TOTAL | <u>\$ 142,312</u> | <u>\$ 61,583</u> |

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|--------------------|------------------------------|------------------------|
| OPERATING LEASE | \$ 5,993 | \$ 2,040 |
| TOTAL | <u>\$ 5,993</u> | <u>\$ 2,040</u> |

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

GOOD NEIGHBORS USA

Identifying number

20-3644749

Part I Electronic Return Information (whole dollars only)

| | |
|--|---|
| 1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 |
| 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 |
| 4 Tax due (Form 109, line 23) | 4 |
| 5 Overpayment (Form 109, line 24) | 5 |

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 8 Amount | | | | |
| 9 Withdrawal Date | | | | |

Part IV Banking Information (Have you verified the exempt organization's banking information?)

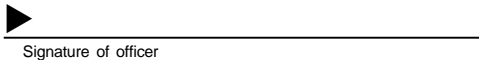
10 Routing number **122000247**

11 Account number **3163154721** 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here  Date _____ **PRESIDENT** Title _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature  **KIWOOK UHM** Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P00845230**

Firm's name (or yours if self-employed) and address  **MOUNTAIN, LLP** Firm's FEIN **88-4118548**

3700 WILSHIRE BLVD STE 535 ZIP code **90010-2918**

LOS ANGELES CA

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature  Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address  _____ Firm's FEIN _____

_____ ZIP code _____

TAXABLE YEAR

CALIFORNIA FORM

2023

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (GOOD NEIGHBORS USA) and California corporation number (2775061)

Part I Election To Expense Certain Property Under IRC Section 179

Table with 13 rows for Part I, including lines 1-13 for property election details and carryovers.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns (a-h) for Part II, including line 14 with 'SEE STATEMENT 1' and line 15 with '30,379'.

Part III Summary

Table with 3 rows for Part III, including lines 16, 17, and 18 for summary calculations.

Part IV Amortization

Table with 7 columns (a-g) for Part IV, including line 19 with 'SEE STATEMENT 2' and line 20 with '340'.

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

| <u>Description</u> | <u>Date</u> <u>Acquired</u> | <u>Cost /</u> <u>Basis</u> | <u>Accum</u> <u>Depr</u> | <u>Method</u> | <u>Life /</u> <u>Rate</u> | <u>Current</u> <u>Depr</u> | <u>Add'l</u> <u>1st Year</u> |
|-----------------------|--------------------------------|-------------------------------|-----------------------------|---------------|------------------------------|-------------------------------|---------------------------------|
| FURNITURE AND FIXTURE | 8/29/16 | \$ 350 | \$ 317 | S/L | 7.00 | \$ 33 | \$ |
| FURNITURE | 1/17/17 | 780 | 663 | S/L | 7.00 | 111 | |
| FURNITURE | 1/26/17 | 1,049 | 889 | S/L | 7.00 | 149 | |
| OFFICE EQUIPMENT | 3/30/17 | 97 | 80 | S/L | 7.00 | 14 | |
| OFFICE EQUIPMENT | 5/08/17 | 276 | 223 | S/L | 7.00 | 39 | |
| FURNITURE-SHELTER | 10/10/17 | 12,757 | 9,532 | S/L | 7.00 | 1,817 | |
| FURNITURE-SHELTER | 10/25/17 | 1,875 | 1,390 | S/L | 7.00 | 267 | |
| FURNITURE-SHELTER | 10/26/17 | 1,626 | 1,203 | S/L | 7.00 | 231 | |
| FURNITURE-SHELTER | 10/31/17 | 981 | 724 | S/L | 7.00 | 139 | |
| FURNITURE-SHELTER | 11/07/17 | 523 | 384 | S/L | 7.00 | 75 | |
| FURNITURE-SHELTER | 11/10/17 | 891 | 654 | S/L | 7.00 | 127 | |
| FURNITURE-SHELTER | 11/14/17 | 1,795 | 1,315 | S/L | 7.00 | 255 | |
| FURNITURE-SHELTER | 11/17/17 | 620 | 453 | S/L | 7.00 | 89 | |
| FURNITURE-SHELTER | 11/14/17 | 3,296 | 2,417 | S/L | 7.00 | 470 | |
| FURNITURE-SHELTER | 11/30/17 | 900 | 658 | S/L | 7.00 | 128 | |
| FURNITURE-SHELTER | 11/28/17 | 552 | 401 | S/L | 7.00 | 78 | |
| FURNITURE-SHELTER | 11/17/17 | 219 | 160 | S/L | 7.00 | 32 | |

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

| Description | Date Acquired | Cost / Basis | Accum Depr | Method | Life / Rate | Current Depr | Add'l 1st Year |
|--------------------------|------------------|-----------------|---------------|--------|----------------|-----------------|-------------------|
| FURNITURE-SHELTER | 12/11/17 | \$ 900 | \$ 650 | S/L | 7.00 | \$ 128 | \$ |
| OFFICE EQUIPMENT-SHELTER | 11/06/17 | 109 | 80 | S/L | 7.00 | 16 | |
| LHI-SHELTER | 11/01/17 | 122 | 16 | S/L | 39.50 | 3 | |
| LHI-SHELTER | 11/03/17 | 272 | 36 | S/L | 39.50 | 6 | |
| LHI-SHELTER | 11/10/17 | 900 | 117 | S/L | 39.50 | 23 | |
| LHI-SHELTER | 11/10/17 | 641 | 83 | S/L | 39.50 | 17 | |
| LHI-SHELTER | 11/13/17 | 431 | 56 | S/L | 39.50 | 11 | |
| LHI-SHELTER | 11/15/17 | 600 | 78 | S/L | 39.50 | 15 | |
| LHI-SHELTER | 11/15/17 | 810 | 105 | S/L | 39.50 | 21 | |
| LHI-SHELTER | 11/20/17 | 800 | 103 | S/L | 39.50 | 20 | |
| FURNITURE-SHELTER | 11/30/17 | 900 | 654 | S/L | 7.00 | 128 | |
| FURNITURE-SHELTER | 12/05/17 | 700 | 507 | S/L | 7.00 | 100 | |
| LHI-SHELTER | 12/07/17 | 327 | 42 | S/L | 39.50 | 8 | |
| LHI-SHELTER | 12/11/17 | 100 | 13 | S/L | 39.50 | 2 | |
| LHI-SHELTER | 12/11/17 | 240 | 31 | S/L | 39.50 | 6 | |
| LHI-SHELTER | 12/13/17 | 600 | 77 | S/L | 39.50 | 15 | |
| LHI-SHELTER | 12/14/17 | 520 | 67 | S/L | 39.50 | 13 | |

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

| Description | Date Acquired | Cost / Basis | Accum Depr | Method | Life / Rate | Current Depr | Add'l 1st Year |
|-------------------|------------------|-----------------|---------------|--------|----------------|-----------------|-------------------|
| LHI-SHELTER | 12/14/17 | \$ 1,500 | \$ 193 | S/L | 39.50 | \$ 38 | \$ |
| COMPUTER | 7/24/18 | 168 | 148 | S/L | 5.00 | 20 | |
| COMPUTER | 7/24/18 | 195 | 170 | S/L | 5.00 | 25 | |
| COMPUTER | 5/20/19 | 1,278 | 926 | S/L | 5.00 | 255 | |
| LHI | 12/31/19 | 2,400 | 182 | S/L | 39.50 | 61 | |
| BUILDING | 5/29/18 | 875,000 | 100,591 | S/L | 39.50 | 22,091 | |
| FURNITURE-SHELTER | 3/03/20 | 130 | 53 | S/L | 7.00 | 18 | |
| FURNITURE-SHELTER | 3/03/20 | 700 | 283 | S/L | 7.00 | 100 | |
| FURNITURE-SHELTER | 3/03/20 | 800 | 323 | S/L | 7.00 | 114 | |
| FURNITURE-SHELTER | 3/03/20 | 3,000 | 1,214 | S/L | 7.00 | 427 | |
| FURNITURE-SHELTER | 9/23/20 | 399 | 129 | S/L | 7.00 | 57 | |
| EQUIPMENT - BLDG. | 11/05/20 | 5,880 | 1,811 | S/L | 7.00 | 838 | |
| COMPUTER-SHELTER | 2/24/21 | 539 | 199 | S/L | 5.00 | 108 | |
| COMPUTER | 3/28/21 | 1,459 | 514 | S/L | 5.00 | 291 | |
| COMPUTER | 5/12/21 | 603 | 198 | S/L | 5.00 | 120 | |
| COMPUTER | 10/31/21 | 544 | 127 | S/L | 5.00 | 108 | |
| COMPUTER | 10/31/21 | 973 | 227 | S/L | 5.00 | 194 | |

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

| Description | Date Acquired | Cost / Basis | Accum Depr | Method | Life / Rate | Current Depr | Add'l 1st Year |
|-------------|------------------|-------------------|-------------------|--------|----------------|------------------|-------------------|
| COMPUTER | 12/22/21 | \$ 1,458 | \$ 299 | S/L | 5.00 | \$ 290 | \$ |
| COMPUTER | 1/04/22 | 867 | 171 | S/L | 5.00 | 173 | |
| COMPUTER | 9/27/22 | 613 | 32 | S/L | 5.00 | 123 | |
| COMPUTER | 10/21/22 | 1,222 | 48 | S/L | 5.00 | 244 | |
| COMPUTER | 7/24/18 | 916 | 818 | S/L | 5.00 | 98 | |
| TOTAL | | \$ <u>938,203</u> | \$ <u>132,834</u> | | | \$ <u>30,379</u> | \$ <u>0</u> |

Indirect Depreciation

Statement 2 - Form 3885, Part IV, Line 19 - Amortization Detail Information

| Description | Date Acquired | Cost / Basis | Prior Amortization | Code Section | Period or % | Current Amortization |
|-------------|------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|
| CLOSING FEE | 5/29/18 | \$ 5,113 | \$ 1,567 | 197 | 15.00 | \$ 340 |
| TOTAL | | \$ <u>5,113</u> | \$ <u>1,567</u> | | | \$ <u>340</u> |