

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **and ending**

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

C Name of organization: **GOOD NEIGHBORS USA**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
131 N. TUSTIN AVE. STE 204
 City or town, state or province, country, and ZIP or foreign postal code
TUSTIN CA 92780

D Employer identification number: **20-3644749**
E Telephone number: **877-499-9899**
G Gross receipts\$ **11,054,719**

F Name and address of principal officer:
ILHA YI

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.GOODNEIGHBORS.US** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	56
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,625,131	Current Year 10,865,676
	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)	160,649	189,043
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,785,780	11,054,719
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,130,084	8,963,025
	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)	829,613	889,037
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	446,455	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,272,780	1,510,912
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,232,477	11,362,974
	19 Revenue less expenses. Subtract line 18 from line 12	-446,697	-308,255
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,226,157	End of Year 3,117,578
	21 Total liabilities (Part X, line 26)	167,424	367,100
22 Net assets or fund balances. Subtract line 21 from line 20	3,058,733	2,750,478	

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: **ILHA 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: **06/21/23** Check if PTIN self-employed **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

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 \$ **1,781,950** including grants of \$ **1,781,950**) (Revenue \$)
EMERGENCY RELIEF.

GNU DELIVERS IMMEDIATE ASSISTANCE AND SETS UP LONG-TERM RELIEF EFFORTS INCLUDING DISPENSING FOOD AND CLEAN WATER, IMPROVING SANITATION, PROVIDING MEDICAL ASSISTANCE AND SHELTER, AND PREVENTING OR MINIMIZING DISEASE OUTBREAKS. GNU COORDINATED THE ACQUISITION OF FOOD AND MEDICINE THAT WERE DISTRIBUTED TO DAYCARE CENTERS, HOSPITALS, MEDICAL OFFICES AND CLINICS AS WELL AS TO OTHER GOOD NEIGHBORS PROJECT SITES. IN 2022, GNU WORKED TOWARD UKRAINE AND CROSSING BORDERS TO SUPPORT SHORTAGES OF WATER, FOOD, FUEL, MEDICINES, CLOTHES, PERSONAL ITEMS, BASIC SERVICES, AND SHELTER ITEMS. GNU ALSO IMPLEMENTED EMERGENCY RELIEF TO PAKISTAN, WHICH HAS BEEN SEVERELY DAMAGED BY THE FLOOD.

4b (Code:) (Expenses \$ **109,278** including grants of \$ **109,278**) (Revenue \$)
WATER FOR LIFE(WATER AND SANITATION).

TO ENSURE SOURCES TO CLEAN WATER AND SANITARY LIVING ENVIRONMENT FOR THE COMMUNITIES, GNU BUILDS AND MANAGES FACILITIES SUCH AS WELLS, WATER PUMPS, AND VENTILATED IMPROVED PIT (VIP) LATRINES. MORE IMPORTANTLY, GNU STRIVES FOR THE COMMUNITY MEMBERS TO ADOPT HEALTHY AND SANITARY BEHAVIORS THROUGH EDUCATION AND AWARENESS PROGRAMS. GNU WATER FOR LIFE HAS CHANGED THE HEALTH AND WELL-BEING OF AN ENTIRE COMMUNITY BY MONITORING ITS PROGRESS AND TRAINING LOCALS TO CONTINUE MAINTAINING THE WELL AS NEEDED AND ORGANIZING WATER SANITATION COMMITTEES TO CREATE A SUSTAINABLE AND HEALTHY ENVIRONMENT.

4c (Code:) (Expenses \$ **517,059** including grants of \$ **517,059**) (Revenue \$)
SEE SCHEDULE O

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

(Expenses \$ **8,168,213** including grants of \$ **6,554,738**) (Revenue \$)

4e Total program service expenses **10,576,500**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash 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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	29		
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.		
1b	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
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 131 N. TUSTIN AVENUE # 204 CA 92780 877-499-9898
TUSTIN

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) ILHA 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 SECRETARY	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) JUNGON KIM 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			
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
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			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	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	981,023				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,884,653				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,358,174				
	h Total. Add lines 1a-1f		10,865,676				
	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	176,676			
			(ii) Personal				
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	176,676				
	d Net rental income or (loss)		176,676			176,676	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7b Less: cost or other basis and sales exps.	7b				
		7c 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	12,367	12,367			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		12,367				
12 Total revenue. See instructions		11,054,719	12,367	0	176,676		

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	8,963,025	8,963,025		
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	820,542	733,752	45,395	41,395
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	68,495	61,387	3,718	3,390
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	106,052	88,027	18,025	
12 Advertising and promotion	476,492	78,419	45,269	352,804
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,427	8,427		
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	30,813	8,386	22,427	
23 Insurance	59,934	39,792	11,091	9,051
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	527,755	527,755		
b REPAIR AND MAINTENANCE	119,664	17,935	101,729	
c DONOR MANAGEMENT	62,316	6,812	25,834	29,670
d UTILITIES	55,717	28,209	26,141	1,367
e All other expenses	63,742	14,574	40,390	8,778
25 Total functional expenses. Add lines 1 through 24e	11,362,974	10,576,500	340,019	446,455
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	624,796	1	336,108
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	246,427	4	333,790
	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	5,454	9	7,972
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,479,006		
	b Less: accumulated depreciation	10b 173,638	2,333,138	10c 2,305,368
	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	3,891	14	3,550
	15 Other assets. See Part IV, line 11	12,451	15	130,790
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,226,157	16	3,117,578	
Liabilities	17 Accounts payable and accrued expenses	167,424	17	361,107
	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		25	5,993
	26 Total liabilities. Add lines 17 through 25	167,424	26	367,100
	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		3,058,733	27	2,750,478
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		3,058,733	32	2,750,478
33 Total liabilities and net assets/fund balances	3,226,157	33	3,117,578	

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	11,054,719
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,362,974
3	Revenue less expenses. Subtract line 2 from line 1	3	-308,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,058,733
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	2,750,478

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
2b	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	
2c	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
3b	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

2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
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	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
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)						25,549,175
6 Public support. Subtract line 5 from line 4.						21,360,073

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			182,982	160,649	176,676	520,307
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,828	69,459	1,719			113,006
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,408	9,362	49,674			92,444
11 Total support. Add lines 7 through 10						47,635,005
12 Gross receipts from related activities, etc. (see instructions)					12	12,367
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	44.84 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	32.68 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2022. 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—2021. 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	<input type="checkbox"/> 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

\$ 92,444

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (GOOD NEIGHBORS USA) and Employer identification number (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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Employer identification number

GOOD NEIGHBORS USA

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	BLESSING INTERNATIONAL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 4,552,272	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	EAST WEST USA EPIC SPORTS 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 111,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MISSION & RELIEF 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 89,127	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HNM GLOBAL, INC. 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 16,985	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	AUTOQUEST 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 55,904	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	KW FASHION 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 1,315,522	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	MEDICAL BRIDGES 131 N. TUSTIN AVE. TUSTIN CA 92780	\$ 190,515	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314	\$ 2,214	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621	\$ 5,469	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	COMMUNITY CHURCH, NJ ONNURI 1449 ANDERSON AVE. FORT LEE NJ 07024	\$ 10,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SEED CHURCH 500 BRADFORD AVE. PLACENTIA CA 92870	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614	\$ 20,781	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	IN2 ONNURI 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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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	\$ 4,552,272	
2	MASKS	\$ 111,000	
3	MEDICAL SUPPLIES	\$ 89,127	
4	TODDLER SHOES	\$ 16,985	
5	SCHOOL BACKPACKS	\$ 46,774	
5	COVID TESTING KITS	\$ 9,130	

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	MASK	\$ 1,315,522	
7	MEDICAL EQUIPMENT AND SUPPLIES	\$ 190,515	
8	BEDDING AND KITCHEN ITEMS	\$ 2,214	
9	FURNITURE	\$ 5,469	
		\$	
		\$	

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

2022

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: Description, 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 (sub-rows 2a-2d), 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 2(d) 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: Description, Amount. 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: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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?

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		979,006	173,638	805,368
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,305,368

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, col. (B) line 12.)		

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, col. (B) line 13.)		

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, col. (B) line 15.)	

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	5,993
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,993

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	11,054,719
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	11,054,719
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b				4c	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)				5	11,054,719

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	11,362,974
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	11,362,974
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b				4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)				5	11,362,974

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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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 O					
(1)			1 PROGRAM		15,736
CENTRAL AMERICA AND CARRI					
(2)			1 PROGRAM		319,087
SUB-SAHARAN AFRICA					
(3)			1 PROGRAM		230,550
EUROPE					
(4)			1 PROGRAM		239,157
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		4			804,530
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4			804,530

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)				MEDICAL SUPPORT	6,140,428			MEDICAL SUPPLY	
(2)				EDUCATION	412,131				
(3)				EMERGENCY RELIEF	1,781,950				
(4)				WATER FOR LIFE	109,278				
(5)				CHILD SPONSORSHIP	517,059				
(6)									
(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)							
(6)							
(7)							
(8)							
(9)							
(10)							
(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 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 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 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 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 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 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 OCEAN	\$ 15,736	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 319,087	\$ 0
SUB-SAHARAN AFRICA	\$ 230,550	\$ 0
EUROPE	\$ 239,157	\$ 0

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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		19,199	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7	6,286,732	INTERAGENCY GIK STANDARDS
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	2	52,243	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

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?

	Yes	No
30a		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?

31		X
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		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

2022**Open to Public
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT**CHILD SPONSORSHIP.**

GNU SPONSORED 2,715 CHILDREN AGES FROM 4 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
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**EDUCATION & OTHER PROJECTS.**

EDUCATION PROJECT FOCUSES ON ADVOCATING THE RIGHTS OF A CHILD TO ACCESS
EQUAL EDUCATION. GNU ENABLES INDIVIDUALS, ESPECIALLY GIRLS WHO ARE LESS
LIKELY TO RECEIVE STANDARD EDUCATION, BY PROVIDING BASIC LITERACY SKILLS,
SUCH AS READING, WRITING, OR NUMERACY SKILLS THAT ARE ESSENTIAL FOR
EVERYDAY USE. THE EDUCATION PROJECT ALSO WORKS TO INCREASE SCHOOL
ENROLLMENT AND RETENTION RATES, PARTICULARLY FOR GIRLS AND OTHER

MARGINALIZED GROUPS. TO ENSURE ACCESS TO QUALITY EDUCATION, GNU EDUCATES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

CAREGIVERS OF THE NEED FOR CHILD EDUCATION, CONSTRUCTS BETTER SCHOOL. GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUSES AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GN SUPPORTED COMMUNITY PEOPLE WITH IMPROVED ACCESS TO HEALTH SERVICES, WITH A FOCUS ON DISEASE PREVENTION ACTIVITIES SUCH AS HEALTH FACILITIES SUPPORT, REGULAR HEALTH CHECK-UP SERVICES, AND DEWORMING PILLS DISTRIBUTION. FURTHERMORE, GN'S EFFORTS HAVE STRENGTHENED FOOD SECURITY RESILIENCE AND IMPROVED ACCESS TO NUTRITION FOR PEOPLE. GN SHELTER SUCCESSFULLY ENROLLED 201 CLIENTS INCLUDING WOMEN AND CHILDREN FOR THE JANUARY-DECEMBER 2022 PERIOD. FROM THIS COUNT, THE DOMESTIC SHELTER ACCEPTED 113 ADULTS AND 84 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 A NUMBER OF GIK AND PRIVATE DONATIONS FROM COMMUNITY MEMBERS IN THE AREAS OF CLOTHING, SHOES, TOILETRIES, KITCHEN UTENSILS, HYGIENE PRODUCTS, SCHOOL SUPPLIES, HAIR PRODUCTS, COATS, AND FOOD.

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 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,

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

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

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

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

2022

Attachment Sequence No. **179**

Name(s) shown on return

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	1,080,000
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	2,700,000
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 2021 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 2023. 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	30,472

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 2022	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 2022 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 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	30,472
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.

Form **4562** (2022)

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.)

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a through 29.

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.

Table for Section B with columns (a) through (f) for vehicle information and rows 30 through 36.

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.

Table for Section C with rows 37 through 41 and Yes/No columns.

Part VI Amortization

Table for Part VI Amortization with columns (a) through (f) and rows 42 through 44.

Federal Asset Report

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	298	50
31	COMPUTER	7/22/16	743			743	5 MO S/L	742	1
32	COMPUTER	1/31/17	2,375			2,375	5 MO S/L	2,334	41
33	COMPUTER	3/06/17	867			867	5 MO S/L	836	31
34	COMPUTER	6/06/17	146			146	5 MO S/L	134	12
35	FURNITURE	1/17/17	780			780	7 MO S/L	552	111
36	FURNITURE	1/26/17	1,049			1,049	7 MO S/L	738	150
37	OFFICE EQUIPMENT	3/30/17	97			97	7 MO S/L	66	14
38	OFFICE EQUIPMENT	5/08/17	276			276	7 MO S/L	184	39
39	FURNITURE-SHELTER	10/10/17	12,757			12,757	7 MO S/L	7,690	1,822
40	FURNITURE-SHELTER	10/25/17	1,875			1,875	7 MO S/L	1,120	268
41	FURNITURE-SHELTER	10/26/17	1,626			1,626	7 MO S/L	971	232
42	FURNITURE-SHELTER	10/31/17	981			981	7 MO S/L	584	140
43	FURNITURE-SHELTER	11/07/17	523			523	7 MO S/L	310	74
44	FURNITURE-SHELTER	11/10/17	891			891	7 MO S/L	527	127
45	FURNITURE-SHELTER	11/14/17	1,795			1,795	7 MO S/L	1,058	257
46	FURNITURE-SHELTER	11/17/17	620			620	7 MO S/L	365	88
47	FURNITURE-SHELTER	11/14/17	3,296			3,296	7 MO S/L	1,942	470
48	FURNITURE-SHELTER	11/20/17	900			900	7 MO S/L	528	129
49	FURNITURE-SHELTER	11/28/17	552			552	7 MO S/L	322	79
50	FURNITURE-SHELTER	11/17/17	219			219	7 MO S/L	129	31
51	FURNITURE-SHELTER	12/11/17	900			900	7 MO S/L	521	129
53	COMPUTER-SHELTER	10/30/17	1,748			1,748	5 MO S/L	1,456	292
54	CAMERA-SHELTER	12/18/17	702			702	5 MO S/L	566	136
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109			109	7 MO S/L	65	15
56	LHI-SHELTER	11/01/17	122			122	39 MO S/L	13	3
57	LHI-SHELTER	11/03/17	272			272	39 MO S/L	29	7
58	LHI-SHELTER	11/10/17	900			900	39 MO S/L	94	23
59	LHI-SHELTER	11/10/17	641			641	39 MO S/L	67	16
60	LHI-SHELTER	11/13/17	431			431	39 MO S/L	45	11
61	LHI-SHELTER	11/15/17	600			600	39 MO S/L	63	15
62	LHI-SHELTER	11/15/17	810			810	39 MO S/L	85	20
63	LHI-SHELTER	11/20/17	800			800	39 MO S/L	83	20
64	LHI-SHELTER	11/30/17	900			900	39 MO S/L	93	23
65	LHI-SHELTER	12/05/17	700			700	39 MO S/L	72	18
66	LHI-SHELTER	12/07/17	327			327	39 MO S/L	34	8
67	LHI-SHELTER	12/11/17	100			100	39 MO S/L	10	3
68	LHI-SHELTER	12/11/17	240			240	39 MO S/L	25	6
69	LHI-SHELTER	12/13/17	600			600	39 MO S/L	62	15
70	LHI-SHELTER	12/14/17	520			520	39 MO S/L	54	13
71	LHI-SHELTER	12/14/17	1,507			1,507	39 MO S/L	155	38

Federal Asset Report

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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	887	29
74	COMPUTER	7/24/18	168				168	5 MO S/L	115	33
75	COMPUTER	7/24/18	195				195	5 MO S/L	131	39
76	COMPUTER	5/20/19	1,278				1,278	5 MO S/L	660	255
77	LHI	12/31/19	2,400				2,400	39 MO S/L	0	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	79,444	22,152
81	FURNITURE-SHELTER	3/03/20	130				130	7 MO S/L	34	19
82	FURNITURE-SHELTER	3/03/20	700				700	7 MO S/L	183	100
83	FURNITURE-SHELTER	3/03/20	800				800	7 MO S/L	209	114
84	FURNITURE-SHELTER	3/03/20	3,000				3,000	7 MO S/L	779	429
85	FURNITURE-SHELTER	9/23/20	399				399	7 MO S/L	72	57
86	EQUIPMENT - BLDG.	11/05/20	5,880				5,880	7 MO S/L	967	840
87	COMPUTER	2/24/21	539				539	5 MO S/L	92	107
88	COMPUTER	3/28/21	1,459				1,459	5 MO S/L	222	292
89	COMPUTER	5/12/21	603				603	5 MO S/L	77	121
90	COMPUTER	10/31/21	544				544	5 MO S/L	18	109
91	COMPUTER	10/31/21	973				973	5 MO S/L	32	195
92	COMPUTER	12/22/21	1,458				1,458	5 MO S/L	7	292
93	COMPUTER	1/04/22	867				867	5 MO S/L	0	171
94	COMPUTER	9/27/22	613				613	5 MO S/L	0	32
95	COMPUTER	10/21/22	1,222				1,222	5 MO S/L	0	48
Total Other Depreciation			<u>2,465,913</u>				<u>2,465,913</u>		<u>130,073</u>	<u>30,472</u>
Total ACRS and Other Depreciation			<u>2,465,913</u>				<u>2,465,913</u>		<u>130,073</u>	<u>30,472</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	1,222	341
			<u>81,763</u>				<u>81,763</u>		<u>77,872</u>	<u>341</u>
Grand Totals			2,560,769				2,560,769		221,038	30,813
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>2,560,769</u>				<u>2,560,769</u>		<u>221,038</u>	<u>30,813</u>

CA Asset Report

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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	298	50	50	0
31	COMPUTER	7/22/16	743	743	742	1	1	0
32	COMPUTER	1/31/17	2,375	2,375	2,334	41	41	0
33	COMPUTER	3/06/17	867	867	836	31	31	0
34	COMPUTER	6/06/17	146	146	134	12	12	0
35	FURNITURE	1/17/17	780	780	552	111	111	0
36	FURNITURE	1/26/17	1,049	1,049	738	150	150	0
37	OFFICE EQUIPMENT	3/30/17	97	97	66	14	14	0
38	OFFICE EQUIPMENT	5/08/17	276	276	184	39	39	0
39	FURNITURE-SHELTER	10/10/17	12,757	12,757	7,690	1,822	1,822	0
40	FURNITURE-SHELTER	10/25/17	1,875	1,875	1,120	268	268	0
41	FURNITURE-SHELTER	10/26/17	1,626	1,626	971	232	232	0
42	FURNITURE-SHELTER	10/31/17	981	981	584	140	140	0
43	FURNITURE-SHELTER	11/07/17	523	523	310	74	74	0
44	FURNITURE-SHELTER	11/10/17	891	891	527	127	127	0
45	FURNITURE-SHELTER	11/14/17	1,795	1,795	1,058	257	257	0
46	FURNITURE-SHELTER	11/17/17	620	620	365	88	88	0
47	FURNITURE-SHELTER	11/14/17	3,296	3,296	1,942	470	470	0
48	FURNITURE-SHELTER	11/20/17	900	900	528	129	129	0
49	FURNITURE-SHELTER	11/28/17	552	552	322	79	79	0
50	FURNITURE-SHELTER	11/17/17	219	219	129	31	31	0
51	FURNITURE-SHELTER	12/11/17	900	900	521	129	129	0
53	COMPUTER-SHELTER	10/30/17	1,748	1,748	1,456	292	292	0
54	CAMERA-SHELTER	12/18/17	702	702	566	136	136	0
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109	109	65	15	15	0
56	LHI-SHELTER	11/01/17	122	122	13	3	3	0
57	LHI-SHELTER	11/03/17	272	272	29	7	7	0
58	LHI-SHELTER	11/10/17	900	900	94	23	23	0
59	LHI-SHELTER	11/10/17	641	641	67	16	16	0
60	LHI-SHELTER	11/13/17	431	431	45	11	11	0
61	LHI-SHELTER	11/15/17	600	600	63	15	15	0
62	LHI-SHELTER	11/15/17	810	810	85	20	20	0
63	LHI-SHELTER	11/20/17	800	800	83	20	20	0
64	LHI-SHELTER	11/30/17	900	900	93	23	23	0
65	LHI-SHELTER	12/05/17	700	700	72	18	18	0
66	LHI-SHELTER	12/07/17	327	327	34	8	8	0
67	LHI-SHELTER	12/11/17	100	100	10	3	3	0
68	LHI-SHELTER	12/11/17	240	240	25	6	6	0
69	LHI-SHELTER	12/13/17	600	600	62	15	15	0
70	LHI-SHELTER	12/14/17	520	520	54	13	13	0
71	LHI-SHELTER	12/14/17	1,507	1,507	175	39	38	-1

CA Asset Report

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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	887	29	29	0
74	COMPUTER	7/24/18	168	168	115	33	33	0
75	COMPUTER	7/24/18	195	195	131	39	39	0
76	COMPUTER	5/20/19	1,278	1,278	660	255	255	0
77	LHI	12/31/19	2,400	2,400	0	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	79,444	22,152	22,152	0
81	FURNITURE-SHELTER	3/03/20	130	130	34	19	19	0
82	FURNITURE-SHELTER	3/03/20	700	700	183	100	100	0
83	FURNITURE-SHELTER	3/03/20	800	800	209	114	114	0
84	FURNITURE-SHELTER	3/03/20	3,000	3,000	779	429	429	0
85	FURNITURE-SHELTER	9/23/20	399	399	72	57	57	0
86	EQUIPMENT - BLDG.	11/05/20	5,880	5,880	967	840	840	0
87	COMPUTER	2/24/21	539	539	92	107	107	0
88	COMPUTER	3/28/21	1,459	1,459	222	292	292	0
89	COMPUTER	5/12/21	603	603	77	121	121	0
90	COMPUTER	10/31/21	544	544	18	109	109	0
91	COMPUTER	10/31/21	973	973	32	195	195	0
92	COMPUTER	12/22/21	1,458	1,458	7	292	292	0
93	COMPUTER	1/04/22	867	867	0	171	171	0
94	COMPUTER	9/27/22	613	613	0	32	32	0
95	COMPUTER	10/21/22	1,222	1,222	0	48	48	0
Total Other Depreciation			<u>2,465,913</u>	<u>2,465,913</u>	<u>130,093</u>	<u>30,473</u>	<u>30,472</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>2,465,913</u>	<u>2,465,913</u>	<u>130,093</u>	<u>30,473</u>	<u>30,472</u>	<u>-1</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	1,222	341	341	0
			<u>81,763</u>	<u>81,763</u>	<u>77,872</u>	<u>341</u>	<u>341</u>	<u>0</u>
Grand Totals			<u>2,560,769</u>	<u>2,560,769</u>	<u>221,058</u>	<u>30,814</u>	<u>30,813</u>	<u>-1</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>2,560,769</u>	<u>2,560,769</u>	<u>221,058</u>	<u>30,814</u>	<u>30,813</u>	<u>-1</u>

AMT Asset Report

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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	298	50
31	COMPUTER	7/22/16	743			743	5 MO S/L	742	1
32	COMPUTER	1/31/17	2,375			2,375	5 MO S/L	2,334	41
33	COMPUTER	3/06/17	867			867	5 MO S/L	836	31
34	COMPUTER	6/06/17	146			146	5 MO S/L	134	12
35	FURNITURE	1/17/17	780			780	7 MO S/L	552	111
36	FURNITURE	1/26/17	1,049			1,049	7 MO S/L	738	150
37	OFFICE EQUIPMENT	3/30/17	97			97	7 MO S/L	66	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	7,690	1,822
40	FURNITURE-SHELTER	10/25/17	1,875			1,875	7 MO S/L	1,120	268
41	FURNITURE-SHELTER	10/26/17	1,626			1,626	7 MO S/L	971	232
42	FURNITURE-SHELTER	10/31/17	981			981	7 MO S/L	584	140
43	FURNITURE-SHELTER	11/07/17	523			523	7 MO S/L	310	74
44	FURNITURE-SHELTER	11/10/17	891			891	7 MO S/L	527	127
45	FURNITURE-SHELTER	11/14/17	1,795			1,795	7 MO S/L	1,058	257
46	FURNITURE-SHELTER	11/17/17	620			620	7 MO S/L	365	88
47	FURNITURE-SHELTER	11/14/17	3,296			3,296	7 MO S/L	1,942	470
48	FURNITURE-SHELTER	11/20/17	900			900	7 MO S/L	528	129
49	FURNITURE-SHELTER	11/28/17	552			552	7 MO S/L	322	79
50	FURNITURE-SHELTER	11/17/17	219			219	7 MO S/L	129	31
51	FURNITURE-SHELTER	12/11/17	900			900	7 MO S/L	521	129
53	COMPUTER-SHELTER	10/30/17	1,748			1,748	5 MO S/L	1,456	292
54	CAMERA-SHELTER	12/18/17	702			702	5 MO S/L	566	136
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109			109	7 MO S/L	65	15
56	LHI-SHELTER	11/01/17	122			122	39 MO S/L	13	3
57	LHI-SHELTER	11/03/17	272			272	39 MO S/L	29	7
58	LHI-SHELTER	11/10/17	900			900	39 MO S/L	94	23
59	LHI-SHELTER	11/10/17	641			641	39 MO S/L	67	16
60	LHI-SHELTER	11/13/17	431			431	39 MO S/L	45	11
61	LHI-SHELTER	11/15/17	600			600	39 MO S/L	63	15
62	LHI-SHELTER	11/15/17	810			810	39 MO S/L	85	20
63	LHI-SHELTER	11/20/17	800			800	39 MO S/L	83	20
64	LHI-SHELTER	11/30/17	900			900	39 MO S/L	93	23
65	LHI-SHELTER	12/05/17	700			700	39 MO S/L	72	18
66	LHI-SHELTER	12/07/17	327			327	39 MO S/L	34	8
67	LHI-SHELTER	12/11/17	100			100	39 MO S/L	10	3
68	LHI-SHELTER	12/11/17	240			240	39 MO S/L	25	6
69	LHI-SHELTER	12/13/17	600			600	39 MO S/L	62	15
70	LHI-SHELTER	12/14/17	520			520	39 MO S/L	54	13
71	LHI-SHELTER	12/14/17	1,507			1,507	39 MO S/L	175	39

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	887	29
74	COMPUTER	7/24/18	168				168	5 MO S/L	115	33
75	COMPUTER	7/24/18	195				195	5 MO S/L	131	39
76	COMPUTER	5/20/19	1,278				1,278	5 MO S/L	660	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	2/24/21	539				539	5 MO S/L	92	107
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>69,589</u>				<u>69,589</u>		<u>47,865</u>	<u>5,402</u>
	Total ACRS and Other Depreciation		<u>69,589</u>				<u>69,589</u>		<u>47,865</u>	<u>5,402</u>
	Grand Totals		82,682				82,682		60,958	5,402
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>82,682</u>				<u>82,682</u>		<u>60,958</u>	<u>5,402</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	DUPLICATOR	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	2	2
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	112	112
36	FURNITURE	1/26/17	1,049	150	150
37	OFFICE EQUIPMENT	3/30/17	97	14	14
38	OFFICE EQUIPMENT	5/08/17	276	40	0
39	FURNITURE-SHELTER	10/10/17	12,757	1,822	1,822
40	FURNITURE-SHELTER	10/25/17	1,875	268	268
41	FURNITURE-SHELTER	10/26/17	1,626	232	232
42	FURNITURE-SHELTER	10/31/17	981	140	140
43	FURNITURE-SHELTER	11/07/17	523	75	75
44	FURNITURE-SHELTER	11/10/17	891	127	127
45	FURNITURE-SHELTER	11/14/17	1,795	256	256
46	FURNITURE-SHELTER	11/17/17	620	89	89
47	FURNITURE-SHELTER	11/14/17	3,296	471	471
48	FURNITURE-SHELTER	11/20/17	900	129	129
49	FURNITURE-SHELTER	11/28/17	552	78	78
50	FURNITURE-SHELTER	11/17/17	219	32	32
51	FURNITURE-SHELTER	12/11/17	900	128	128
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	16	16
56	LHI-SHELTER	11/01/17	122	3	3
57	LHI-SHELTER	11/03/17	272	6	6
58	LHI-SHELTER	11/10/17	900	23	23
59	LHI-SHELTER	11/10/17	641	17	17
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	21	21
63	LHI-SHELTER	11/20/17	800	20	20
64	LHI-SHELTER	11/30/17	900	23	23
65	LHI-SHELTER	12/05/17	700	18	18
66	LHI-SHELTER	12/07/17	327	8	8
67	LHI-SHELTER	12/11/17	100	2	2
68	LHI-SHELTER	12/11/17	240	6	6

Asset	Description	Date In Service	Cost	Tax	AMT
69	LHI-SHELTER	12/13/17	600	15	15
70	LHI-SHELTER	12/14/17	520	13	13
71	LHI-SHELTER	12/14/17	1,507	39	38
73	COMPUTER	7/24/18	916	0	0
74	COMPUTER	7/24/18	168	20	20
75	COMPUTER	7/24/18	195	25	25
76	COMPUTER	5/20/19	1,278	256	256
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	22,151	0
81	FURNITURE-SHELTER	3/03/20	130	18	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	428	0
85	FURNITURE-SHELTER	9/23/20	399	57	0
86	EQUIPMENT - BLDG.	11/05/20	5,880	840	0
87	COMPUTER	2/24/21	539	108	108
88	COMPUTER	3/28/21	1,459	292	0
89	COMPUTER	5/12/21	603	120	0
90	COMPUTER	10/31/21	544	109	0
91	COMPUTER	10/31/21	973	194	0
92	COMPUTER	12/22/21	1,458	291	0
93	COMPUTER	1/04/22	867	174	0
94	COMPUTER	9/27/22	613	123	0
95	COMPUTER	10/21/22	1,222	244	0
	Total Other Depreciation		<u>2,465,913</u>	<u>30,147</u>	<u>4,789</u>
	Total ACRS and Other Depreciation		<u>2,465,913</u>	<u>30,147</u>	<u>4,789</u>
<u>Amortization:</u>					
27	WEBSITE	9/03/08	76,650	0	0
79	CLOSING FEE	5/29/18	5,113	340	0
			<u>81,763</u>	<u>340</u>	<u>0</u>
	Grand Totals		<u>2,560,769</u>	<u>30,487</u>	<u>4,789</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	DUPLICATOR	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	2
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	112
36	FURNITURE	1/26/17	1,049	150
37	OFFICE EQUIPMENT	3/30/17	97	14
38	OFFICE EQUIPMENT	5/08/17	276	40
39	FURNITURE-SHELTER	10/10/17	12,757	1,822
40	FURNITURE-SHELTER	10/25/17	1,875	268
41	FURNITURE-SHELTER	10/26/17	1,626	232
42	FURNITURE-SHELTER	10/31/17	981	140
43	FURNITURE-SHELTER	11/07/17	523	75
44	FURNITURE-SHELTER	11/10/17	891	127
45	FURNITURE-SHELTER	11/14/17	1,795	256
46	FURNITURE-SHELTER	11/17/17	620	89
47	FURNITURE-SHELTER	11/14/17	3,296	471
48	FURNITURE-SHELTER	11/20/17	900	129
49	FURNITURE-SHELTER	11/28/17	552	78
50	FURNITURE-SHELTER	11/17/17	219	32
51	FURNITURE-SHELTER	12/11/17	900	128
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	16
56	LHI-SHELTER	11/01/17	122	3
57	LHI-SHELTER	11/03/17	272	6
58	LHI-SHELTER	11/10/17	900	23
59	LHI-SHELTER	11/10/17	641	17
60	LHI-SHELTER	11/13/17	431	11
61	LHI-SHELTER	11/15/17	600	15
62	LHI-SHELTER	11/15/17	810	21
63	LHI-SHELTER	11/20/17	800	20
64	LHI-SHELTER	11/30/17	900	23
65	LHI-SHELTER	12/05/17	700	18
66	LHI-SHELTER	12/07/17	327	8
67	LHI-SHELTER	12/11/17	100	2
68	LHI-SHELTER	12/11/17	240	6

Asset	Description	Date In Service	Cost	CA
69	LHI-SHELTER	12/13/17	600	15
70	LHI-SHELTER	12/14/17	520	13
71	LHI-SHELTER	12/14/17	1,507	38
73	COMPUTER	7/24/18	916	0
74	COMPUTER	7/24/18	168	20
75	COMPUTER	7/24/18	195	25
76	COMPUTER	5/20/19	1,278	256
77	LHI	12/31/19	2,400	61
78	LAND	5/29/18	1,500,000	0
80	BUILDING	5/29/18	875,000	22,151
81	FURNITURE-SHELTER	3/03/20	130	18
82	FURNITURE-SHELTER	3/03/20	700	100
83	FURNITURE-SHELTER	3/03/20	800	115
84	FURNITURE-SHELTER	3/03/20	3,000	428
85	FURNITURE-SHELTER	9/23/20	399	57
86	EQUIPMENT - BLDG.	11/05/20	5,880	840
87	COMPUTER	2/24/21	539	108
88	COMPUTER	3/28/21	1,459	292
89	COMPUTER	5/12/21	603	120
90	COMPUTER	10/31/21	544	109
91	COMPUTER	10/31/21	973	194
92	COMPUTER	12/22/21	1,458	291
93	COMPUTER	1/04/22	867	174
94	COMPUTER	9/27/22	613	123
95	COMPUTER	10/21/22	1,222	244
	Total Other Depreciation		<u>2,465,913</u>	<u>30,146</u>
	Total ACRS and Other Depreciation		<u><u>2,465,913</u></u>	<u><u>30,146</u></u>
<u>Amortization:</u>				
27	WEBSITE	9/03/08	76,650	0
79	CLOSING FEE	5/29/18	5,113	340
			<u>81,763</u>	<u>340</u>
	Grand Totals		<u><u>2,560,769</u></u>	<u><u>30,486</u></u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **GOOD NEIGHBORS USA** Taxpayer Identification Number **20-3644749**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	6,721,820	9,884,653	3,162,833
	2. Membership dues and assessments			
	3. Government contributions and grants	903,311	981,023	77,712
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	160,649	189,043	28,394
	12. Total revenue. Add lines 1 through 11	7,785,780	11,054,719	3,268,939
Expenses	13. Grants and similar amounts paid	6,130,084	8,963,025	2,832,941
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	829,613	889,037	59,424
	17. Professional fundraising fees			
	18. Other professional fees	122,271	106,052	-16,219
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	30,647	30,813	166
	21. Other expenses	1,119,862	1,374,047	254,185
	22. Total expenses. Add lines 13 through 21	8,232,477	11,362,974	3,130,497
	23. Excess or (Deficit). Subtract line 22 from line 12	-446,697	-308,255	138,442
Other Information	24. Total exempt revenue	7,785,780	11,054,719	3,268,939
	25. Total unrelated revenue			
	26. Total excludable revenue	160,649	189,043	28,394
	27. Total assets	3,226,157	3,117,578	-108,579
	28. Total liabilities	167,424	367,100	199,676
	29. Retained earnings	3,058,733	2,750,478	-308,255
	30. Number of voting members of governing body	7	7	
	31. Number of independent voting members of governing body	6	6	
	32. Number of employees	30	29	
	33. Number of volunteers	73	56	

Form 990	Tax Return History	2022
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Name GOOD NEIGHBORS USA	Employer Identification Number 20-3644749
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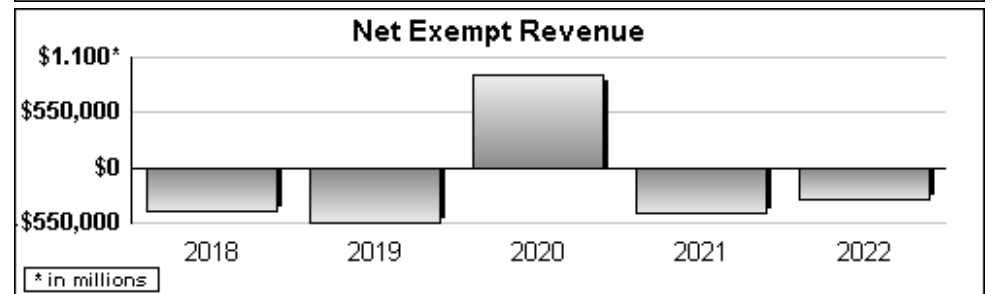
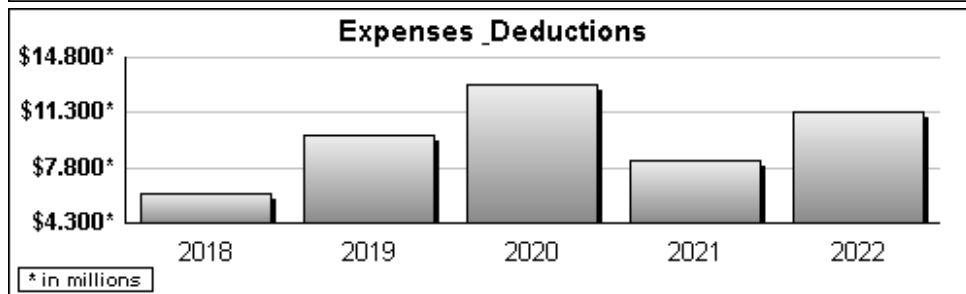
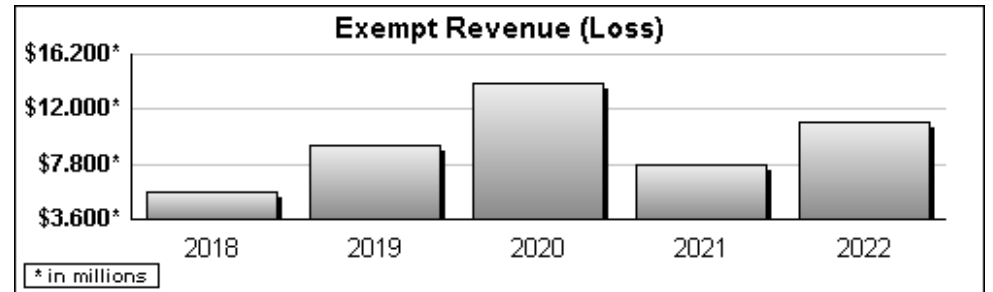
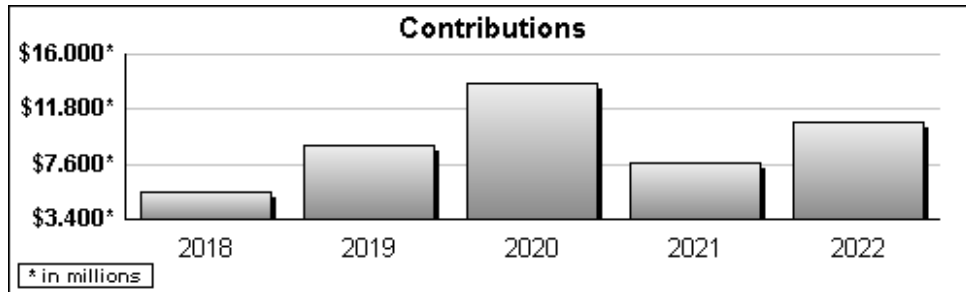
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	151,823	207,010	235,375	160,649	189,043	
Total revenue	5,687,974	9,305,428	14,019,247	7,785,780	11,054,719	
Grants and similar amounts paid	5,056,984	7,724,635	11,188,183	6,130,084	8,963,025	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	359,076	681,868	764,276	829,613	889,037	
Professional fees	50,866		137,249	122,271	106,052	
Occupancy costs	47,158	211,418				
Depreciation and depletion	20,000	28,686	29,484	30,647	30,813	
Other expenses	573,189	1,209,021	961,502	1,119,862	1,374,047	
Total expenses	6,107,273	9,855,628	13,080,694	8,232,477	11,362,974	
Excess or (Deficit)	-419,299	-550,200	938,553	-446,697	-308,255	
Total exempt revenue	5,687,974	9,305,428	14,019,247	7,785,780	11,054,719	
Total unrelated revenue	118,415	195,355				
Total excludable revenue	33,408	11,655	235,375	160,649	189,043	
Total Assets	3,150,638	2,662,615	3,648,892	3,226,157	3,117,578	
Total Liabilities	33,429	95,738	143,462	167,424	367,100	
Net Fund Balances	3,117,209	2,566,877	3,505,430	3,058,733	2,750,478	

Form 990T	Tax Return History	2022
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Name GOOD NEIGHBORS USA	Employer Identification Number 20-3644749
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* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
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	118,415	195,355				
Total trade or business income.	118,415	195,355				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance	17,933					
Bad debts						
Interest						
Taxes and licenses	14,726	104,238				
Charitable contributions						
Depreciation and Depletion	13,110	21,484				
Deferred compensation plans						
Employee benefit programs						



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	\$ 106,052	\$ 88,027	\$ 18,025	\$
TOTAL	\$ 106,052	\$ 88,027	\$ 18,025	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUE AND SUBSCRIPTION	\$ 27,469	\$ 4,466	\$ 18,226	\$ 4,777
OTHER TAX	15,442	5	15,437	
SUPPLIES	7,214	5,941	1,111	162
BANK CHARGE	5,894	69	3,512	2,313
AUTOMOBILE EXPENSE	5,334	1,704	2,104	1,526
EQUIPMENT LEASE	2,389	2,389		
TOTAL	\$ 63,742	\$ 14,574	\$ 40,390	\$ 8,778

Schedule A, Part II, Line 1(e)

Description	Amount
CAL OES	\$ 309,001
LAHSA	619,522
OTHER	52,500
OTHER CONTRIBUTIONS	3,369,837
BLESSING INTERNATIONAL MEDICAL SUPPLY & MEDICINE	4,552,272
EAST WEST USA EPIC SPORTS MASKS	111,000
LINKONE HAND SANITIZERS	19,166
MISSION & RELIEF MEDICAL SUPPLIES	89,127
HNM GLOBAL, INC. TODDLER SHOES	16,985
AUTOQUEST SCHOOL BACKPACKS	46,774
COVID TESTING KITS	9,130
KW FASHION MASK	1,315,522
MEDICAL BRIDGES MEDICAL EQUIPMENT AND SUPPLIES	190,515
GOOD 360 BEDDING AND KITCHEN ITEMS	2,214
GIVING CHILDREN HOPE FURNITURE	5,469
OARSMEN FOUNDATION CASH CONTRIBUTION	30,000
COMMUNITY CHURCH, NJ ONNURI CASH CONTRIBUTION	10,273
SEED CHURCH CASH CONTRIBUTION	20,000
IRVINE ONNURI CHURCH CASH CONTRIBUTION	20,781
IN2 ONNURI CASH CONTRIBUTION	10,000
OPEN BANK CASH CONTRIBUTION	10,000
CHODAE COMMUNITY CHURCH	

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

Description	Amount
CASH CONTRIBUTION	\$ 10,000
ATLANTA PROMISE CHURCH	
CASH CONTRIBUTION	10,000
KOREAN CHRISTIAN CHURCH	
CASH CONTRIBUTION	7,570
YI, CHONG IM	
CASH CONTRIBUTION	7,000
GOOD NEIGHBORS F&B, INC.	
CASH CONTRIBUTION	6,028
SA-RANG COMMUNITY CHURCH	
CASH CONTRIBUTION	6,000
GOOD SHEPHERD EVANGELICAL CHURCH	
CASH CONTRIBUTION	4,670
HILL, SUNNY	
CASH CONTRIBUTION	4,320
TOTAL	<u>\$ 10,865,676</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BLESSING INTERNATIONAL	\$ 25,736,278	\$ 24,783,578
EAST WEST USA EPIC SPORTS	219,848	
LINKONE	326,902	
MISSION & RELIEF	265,107	
HNM GLOBAL, INC.	149,474	
AUTOQUEST	205,604	
KW FASHION	1,718,297	765,597
MEDICAL BRIDGES	474,498	
GOOD 360	18,649	
GIVING CHILDREN HOPE	14,326	
OARSMEN FOUNDATION	30,000	
COMMUNITY CHURCH, NJ ONNURI	43,021	
SEED CHURCH	30,500	
IRVINE ONNURI CHURCH	55,696	
IN2 ONNURI	50,090	
OPEN BANK	10,000	
CHODAE COMMUNITY CHURCH	10,000	
ATLANTA PROMISE CHURCH	10,000	
KOREAN CHRISTIAN CHURCH	7,570	
YI, CHONG IM	7,000	
GOOD NEIGHBORS F&B, INC.	6,028	
SA-RANG COMMUNITY CHURCH	6,000	
GOOD SHEPHERD EVANGELICAL CHURCH	4,670	
HILL, SUNNY	4,320	
TOTAL	<u>\$ 29,403,878</u>	<u>\$ 25,549,175</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
RENTAL	\$ 176,676
TOTAL	\$ <u>176,676</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER REVENUE	\$ 12,367
TOTAL	\$ <u>12,367</u>

Form 199 Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

20-3644749

GOOD NEIGHBORS USA

Gross sales / receipts	<u>189,043</u>	
Dues from members	<u> </u>	
Contributions / grants	<u>10,865,676</u>	
Total costs	<u> </u>	
Expenses	<u>11,362,975</u>	
Excess / (deficit)		<u><u>-308,256</u></u>
 Total payments	<u> </u>	
Penalties and interest	<u> </u>	
Use tax	<u> </u>	
 Balance due		<u> </u>
Refund		<u><u> </u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,226,157</u>	<u>3,117,578</u>	
Liabilities	<u>167,424</u>	<u>367,100</u>	
Net assets	<u><u>3,058,733</u></u>	<u><u>2,750,478</u></u>	<u><u>-308,255</u></u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/23

034
 STATE OF CALIFORNIA
 RRF-1
 (Rev. 02/2021)

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)

GOOD NEIGHBORS USA Name of Organization <hr/> List all DBAs and names the organization uses or has used 131 N. TUSTIN AVE. STE 204 Address (Number and Street) TUSTIN CA 92780 City or Town, State, and ZIP Code 877-499-9899 Telephone Number <hr/> E-mail Address	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> State Charity Registration Number _____ Corporation or Organization No. 2775061 Federal Employer ID No. 20-3644749
--	--

**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 01/01/22 ending 12/31/22) list:

Total Revenue \$ (including noncash contributions) 11,054,719 Noncash Contributions \$ 6,358,174 Total Assets \$ 3,117,578
 Program Expenses \$ 10,576,500 Total Expenses \$ 11,362,974

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? STMT 1	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 **ILHA YI** Printed Name **PRESIDENT** Title _____ Date

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

Description

1.CALIFORNIA OFFICE OF EMERGENCY SERVICE (CAL OES)

CALIFORNIA OFFICE OF EMERGENCY SERVICE (CAL OES)

3650 SCHRIEVER AVENUE

MATHER, CALIFORNIA 95655-4203

CONTACT PERSON: JOEY GARCIA, 916-765-5515

2.LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)

LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)

707 WILSHIRE BLVD., 10TH FL

LOS ANGELES, CA 90017

CONTACT PERSON: ERIC CASTRO (STAFF ACCOUNTANT, FINANCE), 213-317-0701

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **and ending**

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

C Name of organization: **GOOD NEIGHBORS USA**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
131 N. TUSTIN AVE. STE 204
 City or town, state or province, country, and ZIP or foreign postal code
TUSTIN CA 92780

D Employer identification number: **20-3644749**
E Telephone number: **877-499-9899**
G Gross receipts: **11,054,719**

F Name and address of principal officer:
ILHA YI

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.GOODNEIGHBORS.US** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	56
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,625,131	Current Year 10,865,676
	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)	160,649	189,043
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,785,780	11,054,719
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,130,084	8,963,025
	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)	829,613	889,037
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	446,455	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,272,780	1,510,912
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,232,477	11,362,974
	19 Revenue less expenses. Subtract line 18 from line 12	-446,697	-308,255
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,226,157	End of Year 3,117,578
	21 Total liabilities (Part X, line 26)	167,424	367,100
22 Net assets or fund balances. Subtract line 21 from line 20	3,058,733	2,750,478	

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: **ILHA 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: **06/21/23** Check if PTIN self-employed **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

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 \$ **1,781,950** including grants of \$ **1,781,950**) (Revenue \$)
EMERGENCY RELIEF.

GNU DELIVERS IMMEDIATE ASSISTANCE AND SETS UP LONG-TERM RELIEF EFFORTS INCLUDING DISPENSING FOOD AND CLEAN WATER, IMPROVING SANITATION, PROVIDING MEDICAL ASSISTANCE AND SHELTER, AND PREVENTING OR MINIMIZING DISEASE OUTBREAKS. GNU COORDINATED THE ACQUISITION OF FOOD AND MEDICINE THAT WERE DISTRIBUTED TO DAYCARE CENTERS, HOSPITALS, MEDICAL OFFICES AND CLINICS AS WELL AS TO OTHER GOOD NEIGHBORS PROJECT SITES. IN 2022, GNU WORKED TOWARD UKRAINE AND CROSSING BORDERS TO SUPPORT SHORTAGES OF WATER, FOOD, FUEL, MEDICINES, CLOTHES, PERSONAL ITEMS, BASIC SERVICES, AND SHELTER ITEMS. GNU ALSO IMPLEMENTED EMERGENCY RELIEF TO PAKISTAN, WHICH HAS BEEN SEVERELY DAMAGED BY THE FLOOD.

4b (Code:) (Expenses \$ **109,278** including grants of \$ **109,278**) (Revenue \$)
WATER FOR LIFE(WATER AND SANITATION).

TO ENSURE SOURCES TO CLEAN WATER AND SANITARY LIVING ENVIRONMENT FOR THE COMMUNITIES, GNU BUILDS AND MANAGES FACILITIES SUCH AS WELLS, WATER PUMPS, AND VENTILATED IMPROVED PIT (VIP) LATRINES. MORE IMPORTANTLY, GNU STRIVES FOR THE COMMUNITY MEMBERS TO ADOPT HEALTHY AND SANITARY BEHAVIORS THROUGH EDUCATION AND AWARENESS PROGRAMS. GNU WATER FOR LIFE HAS CHANGED THE HEALTH AND WELL-BEING OF AN ENTIRE COMMUNITY BY MONITORING ITS PROGRESS AND TRAINING LOCALS TO CONTINUE MAINTAINING THE WELL AS NEEDED AND ORGANIZING WATER SANITATION COMMITTEES TO CREATE A SUSTAINABLE AND HEALTHY ENVIRONMENT.

4c (Code:) (Expenses \$ **517,059** including grants of \$ **517,059**) (Revenue \$)
SEE SCHEDULE O

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

(Expenses \$ **8,168,213** including grants of \$ **6,554,738**) (Revenue \$)

4e Total program service expenses **10,576,500**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash 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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	29		
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? If "No" to line 3b, provide an explanation on Schedule O	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? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 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.		
1b	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
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 131 N. TUSTIN AVENUE # 204 CA 92780 877-499-9898
TUSTIN

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) ILHA 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 SECRETARY	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) JUNGGON KIM 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			
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	981,023				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,884,653				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,358,174				
	h Total. Add lines 1a-1f		10,865,676				
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	176,676			
			(ii) Personal				
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	176,676				
	d Net rental income or (loss)			176,676		176,676	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7b Less: cost or other basis and sales exps.	7b				
		7c 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	12,367	12,367			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			12,367			
12 Total revenue. See instructions			11,054,719	12,367	0	176,676	

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	8,963,025	8,963,025		
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	820,542	733,752	45,395	41,395
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	68,495	61,387	3,718	3,390
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	106,052	88,027	18,025	
12 Advertising and promotion	476,492	78,419	45,269	352,804
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,427	8,427		
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	30,813	8,386	22,427	
23 Insurance	59,934	39,792	11,091	9,051
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	527,755	527,755		
b REPAIR AND MAINTENANCE	119,664	17,935	101,729	
c DONOR MANAGEMENT	62,316	6,812	25,834	29,670
d UTILITIES	55,717	28,209	26,141	1,367
e All other expenses	63,742	14,574	40,390	8,778
25 Total functional expenses. Add lines 1 through 24e	11,362,974	10,576,500	340,019	446,455
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	624,796	1	336,108
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	246,427	4	333,790
	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	5,454	9	7,972
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,479,006		
	b Less: accumulated depreciation	10b 173,638	2,333,138	10c 2,305,368
	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	3,891	14	3,550
	15 Other assets. See Part IV, line 11	12,451	15	130,790
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,226,157	16	3,117,578	
Liabilities	17 Accounts payable and accrued expenses	167,424	17	361,107
	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		25	5,993
	26 Total liabilities. Add lines 17 through 25	167,424	26	367,100
	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		3,058,733	27	2,750,478
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		3,058,733	32	2,750,478
33 Total liabilities and net assets/fund balances	3,226,157	33	3,117,578	

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	11,054,719
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,362,974
3	Revenue less expenses. Subtract line 2 from line 1	3	-308,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,058,733
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	2,750,478

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
2b	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	
2c	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
3b	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

2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
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	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
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)						25,549,175
6 Public support. Subtract line 5 from line 4.						21,360,073

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5,536,151	9,098,418	13,783,872	7,625,131	10,865,676	46,909,248
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			182,982	160,649	176,676	520,307
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,828	69,459	1,719			113,006
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,408	9,362	49,674			92,444
11 Total support. Add lines 7 through 10						47,635,005
12 Gross receipts from related activities, etc. (see instructions)					12	12,367
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	44.84 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	32.68 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2022. 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—2021. 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	<input type="checkbox"/> 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

\$ 92,444

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (GOOD NEIGHBORS USA) and Employer identification number (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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Employer identification number

GOOD NEIGHBORS USA

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	BLESSING INTERNATIONAL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 4,552,272	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	EAST WEST USA EPIC SPORTS 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 111,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MISSION & RELIEF 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 89,127	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HNM GLOBAL, INC. 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 16,985	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	AUTOQUEST 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 55,904	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	KW FASHION 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 1,315,522	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	MEDICAL BRIDGES 131 N. TUSTIN AVE. TUSTIN CA 92780	\$ 190,515	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314	\$ 2,214	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621	\$ 5,469	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	COMMUNITY CHURCH, NJ ONNURI 1449 ANDERSON AVE. FORT LEE NJ 07024	\$ 10,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SEED CHURCH 500 BRADFORD AVE. PLACENTIA CA 92870	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614	\$ 20,781	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	IN2 ONNURI 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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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	\$ 4,552,272	
2	MASKS	\$ 111,000	
3	MEDICAL SUPPLIES	\$ 89,127	
4	TODDLER SHOES	\$ 16,985	
5	SCHOOL BACKPACKS	\$ 46,774	
5	COVID TESTING KITS	\$ 9,130	

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	MASK	\$ 1,315,522	
7	MEDICAL EQUIPMENT AND SUPPLIES	\$ 190,515	
8	BEDDING AND KITCHEN ITEMS	\$ 2,214	
9	FURNITURE	\$ 5,469	
		\$	
		\$	

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

2022

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: Description, 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 (sub-rows 2a-2d), 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 2(d) 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: Description, Amount. 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: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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:
- (i)** Unrelated organizations
 - (ii)** Related organizations
- | | Yes | No |
|--|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b 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		979,006	173,638	805,368
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,305,368

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, col. (B) line 12.)		

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, col. (B) line 13.)		

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, col. (B) line 15.)	

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	5,993
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,993

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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 O					
(1)			1 PROGRAM		15,736
CENTRAL AMERICA AND CARRI					
(2)			1 PROGRAM		319,087
SUB-SAHARAN AFRICA					
(3)			1 PROGRAM		230,550
EUROPE					
(4)			1 PROGRAM		239,157
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		4			804,530
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4			804,530

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)				MEDICAL SUPPORT	6,140,428			MEDICAL SUPPLY	
(2)				EDUCATION	412,131				
(3)				EMERGENCY RELIEF	1,781,950				
(4)				WATER FOR LIFE	109,278				
(5)				CHILD SPONSORSHIP	517,059				
(6)									
(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)							
(6)							
(7)							
(8)							
(9)							
(10)							
(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 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 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 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 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 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 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 OCEANIA	\$ 15,736	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 319,087	\$ 0
SUB-SAHARAN AFRICA	\$ 230,550	\$ 0
EUROPE	\$ 239,157	\$ 0

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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		19,199	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7	6,286,732	INTERAGENCY GIK STANDARDS
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	2	52,243	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

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?

	Yes	No
30a		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?

31		X
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		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

2022**Open to Public
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT**CHILD SPONSORSHIP.**

GNU SPONSORED 2,715 CHILDREN AGES FROM 4 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
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**EDUCATION & OTHER PROJECTS.**

EDUCATION PROJECT FOCUSES ON ADVOCATING THE RIGHTS OF A CHILD TO ACCESS
EQUAL EDUCATION. GNU ENABLES INDIVIDUALS, ESPECIALLY GIRLS WHO ARE LESS
LIKELY TO RECEIVE STANDARD EDUCATION, BY PROVIDING BASIC LITERACY SKILLS,
SUCH AS READING, WRITING, OR NUMERACY SKILLS THAT ARE ESSENTIAL FOR
EVERYDAY USE. THE EDUCATION PROJECT ALSO WORKS TO INCREASE SCHOOL
ENROLLMENT AND RETENTION RATES, PARTICULARLY FOR GIRLS AND OTHER

MARGINALIZED GROUPS. TO ENSURE ACCESS TO QUALITY EDUCATION, GNU EDUCATES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

CAREGIVERS OF THE NEED FOR CHILD EDUCATION, CONSTRUCTS BETTER SCHOOL. GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUSES AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GN SUPPORTED COMMUNITY PEOPLE WITH IMPROVED ACCESS TO HEALTH SERVICES, WITH A FOCUS ON DISEASE PREVENTION ACTIVITIES SUCH AS HEALTH FACILITIES SUPPORT, REGULAR HEALTH CHECK-UP SERVICES, AND DEWORMING PILLS DISTRIBUTION. FURTHERMORE, GN'S EFFORTS HAVE STRENGTHENED FOOD SECURITY RESILIENCE AND IMPROVED ACCESS TO NUTRITION FOR PEOPLE. GN SHELTER SUCCESSFULLY ENROLLED 201 CLIENTS INCLUDING WOMEN AND CHILDREN FOR THE JANUARY-DECEMBER 2022 PERIOD. FROM THIS COUNT, THE DOMESTIC SHELTER ACCEPTED 113 ADULTS AND 84 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 A NUMBER OF GIK AND PRIVATE DONATIONS FROM COMMUNITY MEMBERS IN THE AREAS OF CLOTHING, SHOES, TOILETRIES, KITCHEN UTENSILS, HYGIENE PRODUCTS, SCHOOL SUPPLIES, HAIR PRODUCTS, COATS, AND FOOD.

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 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,

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

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

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

2022

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 (Form 199, line 4)	1	11,054,719
2	Total gross income (Form 199, line 8)	2	11,054,719
3	Total expenses and disbursements (Form 199, line 9)	3	11,362,975

Part II Settle Your Account Electronically for Taxable Year 2022

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

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

5 Routing number **122000247**
 6 Account number **3163154721** 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

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 2022 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 fee liability, the exempt organization will remain liable for the fee 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.**

Sign Here

Signature of officer

06/21/23
Date

PRESIDENT
Title

Part V 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, 2022 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	06/21/23	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	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	<input type="checkbox"/>	Paid preparer's PTIN	
Firm's name (or yours if self-employed) and address				Firm's FEIN			
				ZIP code			

TAXABLE YEAR **2022** California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2022 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] Yes [] No
B Amended return [] Yes [X] No
C IRC Section 4947(a)(1) trust [] Yes [X] No
D Final information return? [] Dissolved [] Surrendered [] Merged
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? [] Yes [X] No
H Is this organization in a group exemption? [] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? N/A [] Yes [] No
K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No
L Is the organization a limited liability company? [] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No
O Is federal Form 1023/1024 pending? [] Yes [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: 11,054,719), Expenses (Total: -308,256), and Filing Fee (Total: 0).

Sign Here: Signature of officer, Title: PRESIDENT, Date: 06/21/2023, Telephone: 877-499-9899
Paid Preparer's Use Only: Preparer's signature: KIWOOK UHM, Date: 06/21/2023, 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? See instructions [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	176,676	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	12,367	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	189,043	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	•	9	8,963,025	00
Expenses and Disbursements	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	820,542	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16	30,814	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	•	17	1,548,594	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	11,362,975	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		624,796		336,108
2	Net accounts receivable		246,427		333,790
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	976,304		979,006	
b	Less accumulated depreciation	143,166	833,138	173,638	805,368
11	Land		1,500,000		1,500,000
12	Other assets. Attach schedule. STMT 5		21,796		142,312
13	Total assets		3,226,157		3,117,578
Liabilities and net worth					
14	Accounts payable		167,424		361,107
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STMT 6				5,993
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		3,058,733		2,750,478
22	Total liabilities and net worth		3,226,157		3,117,578

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	•	-308,256	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6	Total. Add line 1 through line 5		-308,256			-308,256

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Employer identification number

GOOD NEIGHBORS USA

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	BLESSING INTERNATIONAL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 4,552,272	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	EAST WEST USA EPIC SPORTS 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 111,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MISSION & RELIEF 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 89,127	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HNM GLOBAL, INC. 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 16,985	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	AUTOQUEST 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 55,904	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	KW FASHION 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 1,315,522	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	MEDICAL BRIDGES 131 N. TUSTIN AVE. TUSTIN CA 92780	\$ 190,515	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	GOOD 360 675 N. WASHINGTON STE. STE 330 ALEXANDRIA VA 22314	\$ 2,214	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621	\$ 5,469	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	COMMUNITY CHURCH, NJ ONNURI 1449 ANDERSON AVE. FORT LEE NJ 07024	\$ 10,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SEED CHURCH 500 BRADFORD AVE. PLACENTIA CA 92870	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IRVINE ONNURI CHURCH 17200 JAMBOREE ROAD IRVINE CA 92614	\$ 20,781	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	IN2 ONNURI 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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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	\$ 4,552,272	
2	MASKS	\$ 111,000	
3	MEDICAL SUPPLIES	\$ 89,127	
4	TODDLER SHOES	\$ 16,985	
5	SCHOOL BACKPACKS	\$ 46,774	
5	COVID TESTING KITS	\$ 9,130	

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	MASK	\$ 1,315,522	
7	MEDICAL EQUIPMENT AND SUPPLIES	\$ 190,515	
8	BEDDING AND KITCHEN ITEMS	\$ 2,214	
9	FURNITURE	\$ 5,469	
		\$	
		\$	

California Statements

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

<u>Description</u>	<u>Amount</u>
OTHER REVENUE	\$ <u>12,367</u>
TOTAL	\$ <u><u>12,367</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	
		MEDICAL SUPPORT							
		MEDICAL SUPPORT	6,140,428						
		EDUCATION							
		EDUCATION	412,131						
		INCOME GENERATION							
		INCOME GENERATION	2,179						
		SUBTOTAL	\$ 6,554,738						
1		EMERGENCY RELIEF							
		EMERGENCY RELIEF	1,781,950						
2		WATER FOR LIFE							
		WATER FOR LIFE	109,278						
3		CHILD SPONSORSHIP							
		CHILD SPONSORSHIP	517,059						
		TOTAL	\$ 8,963,025						

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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
ILHA YI				PRESIDENT	2.00	
TIMOTHY HAAHS				DIRECTOR	2.00	
DAVID MARH				CHAIRMAN	2.00	
THOMAS YI				SECRETARY	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	
JUNGGON KIM				DIRECTOR	2.00	
TOTAL						0

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

<u>Description</u>	<u>Amount</u>
PAYROLL TAXES	\$ 68,495
PROFESSIONAL FEE	106,052
TRAVEL	8,427
AUTOMOBILE EXPENSE	5,334
BANK CHARGE	5,894
DONER MANAGEMENT	62,316
DUE AND SUBSCRIPTION	27,469
EQUIPMENT LEASE	2,389
OTHER TAX	15,442
PROGRAM SUPPORT	527,755
REPAIR AND MAINTENANCE	119,664
UTILITIES	55,717
ADVERTISING	476,492
INSURANCE	59,934
SUPPLIES	7,214
TOTAL	<u>\$ 1,548,594</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	\$ 12,451	\$ 20,950
OPERATING LEASE ROU		109,840
PREPAID EXPENSES	5,454	7,972
	3,891	3,550
TOTAL	<u>\$ 21,796</u>	<u>\$ 142,312</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
TOTAL	<u>\$ 0</u>	<u>\$ 5,993</u>

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2022

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name GOOD NEIGHBORS USA	California corporation number 2775061
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1
2 Total cost of IRC Section 179 property placed in service	2
3 Threshold cost of IRC Section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5
6	
(a) Description of property	(b) Cost (business use only)
(c) Elected cost	(d) Depreciation method
7 Listed property (elected IRC Section 179 cost)	7
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from prior taxable years	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						30,473	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						30,473	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	30,473
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19 SEE STATEMENT 2						341
20 Total. Add the amounts in column (g)						341
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

California Statements

Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
COMPUTER	1/04/22	\$ 867	\$	S/L	5.00	\$ 171	\$
COMPUTER	9/27/22	613		S/L	5.00	32	
COMPUTER	10/21/22	1,222		S/L	5.00	48	
FURNITURE AND FIXTURE	8/29/16	350	298	S/L	7.00	50	
COMPUTER	7/22/16	743	742	S/L	5.00	1	
COMPUTER	1/31/17	2,375	2,334	S/L	5.00	41	
COMPUTER	3/06/17	867	836	S/L	5.00	31	
COMPUTER	6/06/17	146	134	S/L	5.00	12	
FURNITURE	1/17/17	780	552	S/L	7.00	111	
FURNITURE	1/26/17	1,049	738	S/L	7.00	150	
OFFICE EQUIPMENT	3/30/17	97	66	S/L	7.00	14	
OFFICE EQUIPMENT	5/08/17	276	184	S/L	7.00	39	
FURNITURE-SHELTER	10/10/17	12,757	7,690	S/L	7.00	1,822	
FURNITURE-SHELTER	10/25/17	1,875	1,120	S/L	7.00	268	
FURNITURE-SHELTER	10/26/17	1,626	971	S/L	7.00	232	
FURNITURE-SHELTER	10/31/17	981	584	S/L	7.00	140	
FURNITURE-SHELTER	11/07/17	523	310	S/L	7.00	74	

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	11/10/17	\$ 891	\$ 527	S/L	7.00	\$ 127	\$
FURNITURE-SHELTER	11/14/17	1,795	1,058	S/L	7.00	257	
FURNITURE-SHELTER	11/17/17	620	365	S/L	7.00	88	
FURNITURE-SHELTER	11/14/17	3,296	1,942	S/L	7.00	470	
FURNITURE-SHELTER	11/20/17	900	528	S/L	7.00	129	
FURNITURE-SHELTER	11/28/17	552	322	S/L	7.00	79	
FURNITURE-SHELTER	11/17/17	219	129	S/L	7.00	31	
FURNITURE-SHELTER	12/11/17	900	521	S/L	7.00	129	
COMPUTER-SHELTER	10/30/17	1,748	1,456	S/L	5.00	292	
CAMERA-SHELTER	12/18/17	702	566	S/L	5.00	136	
OFFICE EQUIPMENT-SHELTER	11/06/17	109	65	S/L	7.00	15	
LHI-SHELTER	11/01/17	122	13	S/L	39.50	3	
LHI-SHELTER	11/03/17	272	29	S/L	39.50	7	
LHI-SHELTER	11/10/17	900	94	S/L	39.50	23	
LHI-SHELTER	11/10/17	641	67	S/L	39.50	16	
LHI-SHELTER	11/13/17	431	45	S/L	39.50	11	
LHI-SHELTER	11/15/17	600	63	S/L	39.50	15	

California Statements

Indirect Depreciation

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

Description	Date	Cost /	Accum	Method	Life /	Current	Add'l
	Acquired	Basis	Depr		Rate	Depr	1st Year
LHI-SHELTER	11/15/17	\$ 810	\$ 85	S/L	39.50	\$ 20	\$
LHI-SHELTER	11/20/17	800	83	S/L	39.50	20	
LHI-SHELTER	11/30/17	900	93	S/L	39.50	23	
LHI-SHELTER	12/05/17	700	72	S/L	39.50	18	
LHI-SHELTER	12/07/17	327	34	S/L	39.50	8	
LHI-SHELTER	12/11/17	100	10	S/L	39.50	3	
LHI-SHELTER	12/11/17	240	25	S/L	39.50	6	
LHI-SHELTER	12/13/17	600	62	S/L	39.50	15	
LHI-SHELTER	12/14/17	520	54	S/L	39.50	13	
LHI-SHELTER	12/14/17	1,507	175	S/L	39.50	39	
COMPUTER	7/24/18	916	887	S/L	5.00	29	
COMPUTER	7/24/18	168	115	S/L	5.00	33	
COMPUTER	7/24/18	195	131	S/L	5.00	39	
COMPUTER	5/20/19	1,278	660	S/L	5.00	255	
LHI	12/31/19	2,400		S/L	39.50	61	
BUILDING	5/29/18	875,000	79,444	S/L	39.50	22,152	
FURNITURE-SHELTER	3/03/20	130	34	S/L	7.00	19	

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	3/03/20	\$ 700	\$ 183	S/L	7.00	\$ 100	\$
FURNITURE-SHELTER	3/03/20	800	209	S/L	7.00	114	
FURNITURE-SHELTER	3/03/20	3,000	779	S/L	7.00	429	
FURNITURE-SHELTER	9/23/20	399	72	S/L	7.00	57	
EQUIPMENT - BLDG.	11/05/20	5,880	967	S/L	7.00	840	
COMPUTER	2/24/21	539	92	S/L	5.00	107	
COMPUTER	3/28/21	1,459	222	S/L	5.00	292	
COMPUTER	5/12/21	603	77	S/L	5.00	121	
COMPUTER	10/31/21	544	18	S/L	5.00	109	
COMPUTER	10/31/21	973	32	S/L	5.00	195	
COMPUTER	12/22/21	1,458	7	S/L	5.00	292	
TOTAL		\$ <u>944,791</u>	\$ <u>108,971</u>			\$ <u>30,473</u>	\$ <u>0</u>

California Statements

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	\$ 1,222	197	15.00	\$ 341
TOTAL		\$ 5,113	\$ 1,222			\$ 341