

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning , and ending

20-3644749

GOOD NEIGHBORS USA

Net Asset / Fund Balance at Beginning of Year 2,653,139

Revenue

Contributions 12,324,908
Program service revenue
Investment income 0
Capital gain / loss
Fundraising / Gaming:
Gross revenue
Direct expenses
Net income
Other income 262,409

Total revenue 12,587,317

Expenses

Program services 11,468,723
Management and general 443,197
Fundraising 619,850

Total expenses 12,531,770

Excess / (deficit) 55,547

Changes

Net Asset / Fund Balance at End of Year 2,708,686

Reconciliation of Revenue

Total revenue per financial statements 12,587,317
Less:
Unrealized gains
Donated services
Recoveries
Other
Plus:
Investment expenses
Other
Total revenue per return 12,587,317

Reconciliation of Expenses

Total expenses per financial statements 12,531,770
Less:
Donated services
Prior year adjustments
Losses
Other
Plus:
Investment expenses
Other
Total expenses per return 12,531,770

Balance Sheet

Beginning Ending Differences
Assets 3,062,013 2,792,212
Liabilities 408,874 83,526
Net assets 2,653,139 2,708,686 55,547

Miscellaneous Information

Amended return
Return / extended due date 11/17/25
Failure to file penalty

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2024****GOOD NEIGHBORS USA**

EIN or SSN

**20-3644749**Name and title of officer or person subject to tax **MINA CHOI****SECRETARY GENERAL****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>12,587,317</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> .....
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> .....
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> .....
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> .....

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **MOUNTAIN, LLP** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**04/14/25****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**33716511114**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **KIWOOK UHM**Date **04/14/25****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

DAA

Form **8879-TE** (2024)

Form **990**

Department of the Treasury  
Internal Revenue Service

**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](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**  
**Open to Public Inspection**

**A For the 2024 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**

**877-499-9898**

**G Gross receipts \$ 12,587,317**

**F Name and address of principal officer:**

**IL HA YI**  
**131 N. TUSTIN AVE. STE 204**  
**TUSTIN CA 92780**

**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	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>25</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>125</b>
		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>8,320,063</b>	Current Year <b>12,324,908</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>364,364</b>	<b>262,409</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,684,427</b>	<b>12,587,317</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>6,251,315</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>829,114</b>	<b>998,952</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>619,850</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>1,701,337</b>	<b>1,792,939</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>8,781,766</b>	<b>12,531,770</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>-97,339</b>	<b>55,547</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>3,062,013</b>	End of Year <b>2,792,212</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>408,874</b>	<b>83,526</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,653,139</b>	<b>2,708,686</b>

**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

Date

**MINA CHOI**

**SECRETARY GENERAL**

Type or print name and title

**Paid**

**Preparer**

**Use Only**

Preparer's name

**KIWOOK UHM**

Preparer's signature

**KIWOOK UHM**

Date

**05/15/25**

Check ☐ if PTIN

self-employed **P00845230**

Firm's name

**MOUNTAIN, LLP**

Firm's EIN

**88-4118548**

**3700 WILSHIRE BLVD STE 535**

**LOS ANGELES, CA 90010-2918**

Phone no.

**213-389-0080**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

**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 \$ **5,968,470** including grants of \$ **5,968,470** ) (Revenue \$ )**SEE SCHEDULE O****4b** (Code: ) (Expenses \$ **2,462,742** including grants of \$ **2,462,742** ) (Revenue \$ )**EMERGENCY RELIEF**

**GNU DELIVERS IMMEDIATE ASSISTANCE AND SETS UP LONG-TERM RELIEF EFFORTS, INCLUDING PROVIDING FOOD AND CLEAN WATER, IMPROVING SANITATION, OFFERING MEDICAL AID AND SHELTER, AND PREVENTING DISEASE OUTBREAKS. IN FEBRUARY 2024, DEVASTATING WILDFIRES STRUCK CHILE'S VALPARAISO REGION. GNU RESPONDED BY SUPPLYING FOOD, WATER, SANITATION SUPPORT, CLOTHING, PROTECTIVE EQUIPMENT, AND OTHER ESSENTIALS TO 1,500 VULNERABLE INDIVIDUALS. IN JULY, FOLLOWING A MAJOR STORM IN THE PHILIPPINES THAT DISPLACED OVER 53,000 FAMILIES, GNU WORKED WITH LOCAL PARTNERS TO DELIVER EMERGENCY RELIEF-SUCH AS FOOD, WATER, HYGIENE SUPPLIES, AND PROTECTIVE GEAR-TO THOSE IN EVACUATION CENTERS.**

**4c** (Code: ) (Expenses \$ **732,637** including grants of \$ **732,637** ) (Revenue \$ )**SEE SCHEDULE O****4d** Other program services (Describe on Schedule O.)(Expenses \$ **2,304,874** including grants of \$ **576,030** ) (Revenue \$ )**4e** Total program service expenses **11,468,723**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> <b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>2</b> <b>X</b>	
<b>3</b> 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>	<b>3</b>	<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	<b>X</b>
<b>5</b> 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>	<b>5</b>	<b>X</b>
<b>6</b> 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>	<b>6</b>	<b>X</b>
<b>7</b> 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>	<b>7</b>	<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	<b>X</b>
<b>9</b> 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>	<b>9</b>	<b>X</b>
<b>10</b> 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>	<b>10</b>	<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> <b>X</b>	
<b>b</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>	<b>11b</b>	<b>X</b>
<b>c</b> 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>	<b>11c</b>	<b>X</b>
<b>d</b> 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>	<b>11d</b>	<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> <b>X</b>	
<b>f</b> 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>	<b>11f</b>	<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> <b>X</b>	
<b>b</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>	<b>12b</b>	<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	<b>X</b>
<b>b</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>	<b>14b</b> <b>X</b>	
<b>15</b> 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>	<b>15</b> <b>X</b>	
<b>16</b> 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>	<b>16</b>	<b>X</b>
<b>17</b> 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. See instructions</i>	<b>17</b>	<b>X</b>
<b>18</b> 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>	<b>18</b>	<b>X</b>
<b>19</b> 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>	<b>19</b>	<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b>	<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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).		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 3	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>25</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>7</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	<b>6</b>	
<b>2</b>	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? .....	<b>2</b>	<b>X</b>
<b>3</b>	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? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	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? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	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 .....	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA** .....

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**GOOD NEIGHBORS USA**  
**TUSTIN**

**131 N. TUSTIN AVENUE # 204**

**CA 92780**

**877-499-9898**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>IL HA YI</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X				0	0	0
(2) <b>TIMOTHY HAAHS</b>	2.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(3) <b>DAVID MARH</b>	2.00									
<b>CHAIRMAN</b>	0.00	X						0	0	0
(4) <b>THOMAS YI</b>	2.00									
<b>TREASURER</b>	0.00	X		X				0	0	0
(5) <b>GORDON TURNER</b>	2.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(6) <b>JOHN BYON</b>	2.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(7) <b>MINHO CHOI</b>	2.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,085,199				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,239,709				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,461,576				
	<b>h Total.</b> Add lines 1a-1f						
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real 229,114				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	229,114				
	<b>d</b> Net rental income or (loss)			229,114			229,114
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS	Business Code		33,295	33,295		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d				33,295		
	<b>12 Total revenue.</b> See instructions				12,587,317	33,295	0

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>9,739,879</b>	<b>9,739,879</b>		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>848,833</b>	<b>578,728</b>	<b>77,455</b>	<b>192,650</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>109,549</b>	<b>54,852</b>	<b>22,366</b>	<b>32,331</b>
<b>10</b> Payroll taxes	<b>40,570</b>	<b>26,523</b>	<b>-992</b>	<b>15,039</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	<b>98,329</b>	<b>45,120</b>	<b>53,209</b>	
<b>12</b> Advertising and promotion	<b>402,691</b>	<b>69,183</b>	<b>37,763</b>	<b>295,745</b>
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	<b>734</b>	<b>190</b>	<b>412</b>	<b>132</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>30,804</b>	<b>7,353</b>	<b>23,451</b>	
<b>23</b> Insurance	<b>6,579</b>	<b>661</b>	<b>5,918</b>	
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM SUPPORT</b>	<b>856,144</b>	<b>856,144</b>		
<b>b</b> <b>DONOR MANAGEMENT</b>	<b>163,040</b>	<b>51,469</b>	<b>35,973</b>	<b>75,598</b>
<b>c</b> <b>OTHER TAX</b>	<b>69,752</b>		<b>69,752</b>	
<b>d</b> <b>REPAIR AND MAINTENANCE</b>	<b>68,163</b>	<b>8,132</b>	<b>60,000</b>	<b>31</b>
<b>e</b> All other expenses	<b>96,703</b>	<b>30,489</b>	<b>57,890</b>	<b>8,324</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>12,531,770</b>	<b>11,468,723</b>	<b>443,197</b>	<b>619,850</b>
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>527,074</b>	<b>1</b>	<b>356,317</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>198,366</b>	<b>4</b>	<b>118,880</b>
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>43,832</b>	<b>9</b>	<b>54,448</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>2,478,999</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>234,472</b>	<b>2,274,990</b>	<b>10c</b> <b>2,244,527</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	<b>3,206</b>	<b>14</b>	<b>2,865</b>
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>14,545</b>	<b>15</b>	<b>15,175</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>3,062,013</b>	<b>16</b>	<b>2,792,212</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>406,834</b>	<b>17</b>	<b>81,027</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	<b>2,040</b>	<b>25</b>	<b>2,499</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>408,874</b>	<b>26</b>	<b>83,526</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>2,653,139</b>	<b>27</b>	<b>2,708,686</b>
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	<b>2,653,139</b>	<b>32</b>	<b>2,708,686</b>
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>3,062,013</b>	<b>33</b>	<b>2,792,212</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>12,587,317</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>12,531,770</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>55,547</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,653,139</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,708,686</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>X</b>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.****Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2024****Open to Public  
Inspection**

Name of the organization

**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)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>5</b> 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)						27,434,927
<b>6</b> Public support. Subtract line 5 from line 4.						25,484,723

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,982	160,649	176,676	219,548	229,114	968,969
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	1,719					1,719
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	49,674					49,674
<b>11 Total support.</b> Add lines 7 through 10						53,940,012
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	190,478
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	47.25 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	46.96 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests — 2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

- 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?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 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? *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.*
- 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? *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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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)? *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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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? *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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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— <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

## 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

**\$ 49,674**

**Schedule B  
(Form 990)**(Rev. December 2024))  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**GOOD NEIGHBORS USA****20-3644749**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

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

Schedule B (Form 990) (Rev. 12-2024)

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	BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BROKEN ARROW OK 74012	\$ 7,629,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 18,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUNG HU PARK 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SEONGHO KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 9,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EUNICE KIM 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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	JONG YONG PARK 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SUNNY HILL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CKP, LLP 3435 WILSHIRE BLVD. SUITE 2240 LOS ANGELES CA 90010	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SU MORROW 2449 CHERWOOD DR ENID OK 73703	\$ 9,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HYUN JUNG CHO 944 S PENINSULA DR. APT 205 DAYTONA BEACH FL 32118	\$ 7,991	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HEYSUN HAN 3497 VIOLA LN AUBURN GA 30011	\$ 5,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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
13	YOUNG HWA MISSION FOUNDATION 169 W ARROW HWY GLENDORA CA 91740	\$ 5,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HYUN AH SON 207 BANCROFT IRVINE CA 92620	\$ 5,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	YOUNG JIN KO 3959 LAUREL CANYON BLVD. APT A STUDIO CITY CA 91604	\$ 5,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KYE OK DEMPS 4374 WEST AVE. M 11 LANCASTER CA 93536	\$ 5,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BROTHERS'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH PA 15233	\$ 53,901	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	BUSINESS CONNECT L3C 4064 DIVISION AVE S GRAND RAPIDS MI 49548	\$ 412,535	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
19	GENESIS DESIGN & MARKETING GROUP 9915 PIONEER BLVD SANTA FE SPRINGS CA 90670	\$ 173,118	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	BLACKYAK & NAU.COM 304 NW 11TH AVENUE PORTLAND OR 97209	\$ 112,359	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	GOOD 360 675 N. WASHINGTON ST. STE 330 ALEXANDRA VA 22314	\$ 80,323	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	\$ 7,629,340	
17	MEDICAL SUPPLIES	\$ 53,901	
18	WATER PURIFICATION TABLETS	\$ 412,535	
19	WOMEN SHOES	\$ 173,118	
20	CLOTHING	\$ 112,359	
21	EDUCATION MATERIALS	\$ 80,323	

**SCHEDULE D  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	\$ .....
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....
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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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? .....

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....		<b>1,500,000</b>		<b>1,500,000</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>978,999</b>	<b>234,472</b>	<b>744,527</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>2,244,527</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) <b>OPERATING LEASE</b> .....	<b>2,499</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	<b>2,499</b>

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





**Part XIII Supplemental Information (continued)**

SCHEDULE F  
(Form 990)  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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		695,461
CENTRAL AMERICA AND CARRI					
(2)		1	PROGRAM		782,287
SUB-SAHARAN AFRICA					
(3)		1	PROGRAM		8,262,130
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		3			9,739,878
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3			9,739,878

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				HEALTH	5,968,470			MEDICAL SUPPLY	
(2)				EDUCATION	70,339				
(3)				EMERGENCY RELIEF	2,462,742				
(4)				WATER AND SANITATION	500,691				
(5)				CHILD SUPPORT	732,637				
(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 the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Part V

Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GOOD NEIGHBORS USA IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH THE FIELD OFFICES OF GOOD NEIGHBORS INTERNATIONAL, AN AFFILIATION ORGANIZED IN KOREA. PROGRAMS FUNDED BY GOOD NEIGHBORS WOULD INCLUDE STAFF ASSISTANCE, WHERE A TECHNICAL SPECIALIST WILL WORK WITH AND VISIT GOOD NEIGHBORS FIELD STAFF IN THE RESPECTIVE COUNTRIES.

PART I, LINE 3 - ACTIVITIES PER REGION			
REGION	EXPENDITURES	INVESTMENTS	
EAST ASIA & THE PACIFIC O	\$ 695,461	\$ 0	
CENTRAL AMERICA AND CARIBBEAN	\$ 782,287	\$ 0	
SUB-SAHARAN AFRICA	\$ 8,262,130	\$ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****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 .....	<b>X</b>		<b>285,477</b>	
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 .....	<b>X</b>	<b>3</b>	<b>8,095,776</b>	<b>INTERAGENCY GIK STANDARD</b>
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <b>EDUCATION</b> ) .....	<b>X</b>	<b>1</b>	<b>80,323</b>	<b>INTERAGENCY GIK STANDARD</b>
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		<b>X</b>

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		<b>X</b>
----	--	----------

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

32a		<b>X</b>
-----	--	----------

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.

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

Schedule M (Form 990) 2024

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

Form area with horizontal lines for supplemental information.



SCHEDULE O  
(Form 990)  
(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

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

HEALTH AND NUTRITION

THE GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUS AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GNU SUPPORTS COMMUNITY MEMBERS WITH IMPROVED ACCESS TO HEALTH SERVICES, FOCUSING ON DISEASE PREVENTION ACTIVITIES SUCH AS SUPPORTING HEALTH FACILITIES, PROVIDING REGULAR HEALTH CHECK-UP SERVICES, AND DISTRIBUTING DEWORMING PILLS. IN 2024, GNU LAUNCHED THE ZERO MALARIA PROJECT IN ZAMBIA TO ADDRESS HIGH MALARIA RATES THROUGH COMMUNITY-BASED INTERVENTIONS. THE PROJECT TRAINED 22 COMMUNITY HEALTH WORKERS, DISTRIBUTED 37,000 RAPID TEST KITS, AND PROVIDED BICYCLES TO IMPROVE HEALTHCARE ACCESS. IT ALSO INCLUDED THE RENOVATION OF A LOCAL HEALTH FACILITY, CONTRIBUTING TO A SIGNIFICANT DECLINE IN MALARIA CASES. ADDITIONALLY, TO IMPROVE ACCESS TO AFFORDABLE MEDICINE IN REMOTE AND VULNERABLE AREAS OF AFRICA, GNU SUPPLIED TABLETS OF PRAZIQUANTEL TO THE MINISTRIES OF HEALTH IN GHANA AND CAMEROON.

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

CHILD SUPPORT

GNU SPONSORED 3,333 CHILDREN AGES FROM 3 TO 18 IN GUATEMALA, NICARAGUA, 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

WOMEN & CHILDREN SHELTER

IN 2024, THE GOOD NEIGHBORS LA DOMESTIC SHELTER SUCCESSFULLY ENROLLED A TOTAL OF 75 CLIENTS, INCLUDING 52 ADULTS AND 23 CHILDREN, PROVIDING A SAFE AND SUPPORTIVE ENVIRONMENT FOR WOMEN AND CHILDREN IN CRISIS. THROUGHOUT THE YEAR, THE SHELTER OFFERED COMPREHENSIVE AND INDIVIDUALIZED CASE MANAGEMENT SERVICES DESIGNED TO ADDRESS THE DIVERSE NEEDS OF CLIENTS. THESE SERVICES INCLUDED ASSISTANCE WITH SECURING EMERGENCY INCOME, ACCESSING MEDICAL CARE, CONNECTING WITH MENTAL HEALTH RESOURCES, OBTAINING PERSONAL IDENTIFICATION, AND RECEIVING LEGAL SUPPORT. IN ADDITION, CLIENTS WERE PROVIDED WITH TRANSPORTATION SERVICES, INCENTIVES, AND CONSISTENT SUPPORT IN NAVIGATING HOUSING PLACEMENT OPPORTUNITIES.

EDUCATION

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,

SCHEDULE O  
(Form 990)  
(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

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Open to Public  
Inspection

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GOOD NEIGHBORS USA	20-3644749

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. IN 2024, GNU SPONSORED AN IT PROGRAM FOR SIX SECONDARY SCHOOLS IN THANH HOA PROVINCE, VIETNAM, PROVIDING THE MATERIAL, PROGRAM, AND TRAINING FOR STUDENTS TO LEARN BASIC IT SKILLS AND PROPER HANDLING OF THE INTERNET.

WATER & 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.

INCOME GENERATION  
THE INCOME GENERATION PROJECT SUPPORTS THE ESTABLISHMENT AND OPERATION OF CO-OPERATIVES TO EXPAND OPPORTUNITIES AND STRENGTHEN CAPABILITIES FOR RESIDENTS IN POVERTY DUE TO LIMITED RESOURCES, INFORMATION, AND LOW TECHNOLOGY. IT SEEKS EQUAL ECONOMIC GROWTH IN THE COMMUNITY THROUGH INITIAL CAPITAL, TECHNICAL, AND BUSINESS COMPETENCY SUPPORT. IT HELPS DEVELOP THE COMMUNITY BY ESTABLISHING AND OPERATING SOCIAL ENTERPRISES THAT SIMULTANEOUSLY CREATE ECONOMIC AND SOCIAL VALUES. GNU PROVIDES TRAINING, RESOURCES, AND SUPPORT TO HELP FAMILIES START SMALL BUSINESSES, SUCH AS FARMING OR HANDICRAFTS, AND EARN A SUSTAINABLE INCOME. THE PROJECT ALSO FOCUSES ON BUILDING THE SKILLS AND KNOWLEDGE OF COMMUNITY MEMBERS TO MANAGE THEIR BUSINESSES EFFECTIVELY AND SUSTAINABLY.

FORM 990, PART VI - ADDITIONAL INFORMATION  
SECTION B, LINE 11 B  
FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AFTER IT IS REVIEWED BY MANAGEMENT.  
THE BOARD OF DIRECTORS REVIEWS FORM 990 AND RAISES ANY QUESTIONS TO MANAGEMENT FOR RESOLUTION.  
FORM 990 IS THEN FILED ELECTRONICALLY WITH THE IRS AND POSTED GOOD NEIGHBORS USA'S WEB SITE.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS	
ILHA YI	THOMAS YI
CHAIRMAN	TREASURER
BROTHER	

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

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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

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

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

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

FORM 990, PART XII - ADDITIONAL INFORMATION  
LINE 2C

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

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**Attachment  
Sequence No. **179****GOOD NEIGHBORS USA**Identifying number  
**20-3644749**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	<b>30,463</b>

**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 2024	17	<b>0</b>
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 2024 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 2024 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	<b>Total.</b> 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	<b>30,463</b>
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** (2024)

## GOOD NEIGHBORS USA

20-3644749

Form 4562 (2024)

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								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.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
30 Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	341
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report				44	341

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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>
<b>Other Depreciation:</b>											
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	350	0
31	COMPUTER	7/22/16	743				743	5	MO S/L	743	0
32	COMPUTER	1/31/17	2,375				2,375	5	MO S/L	2,375	0
33	COMPUTER	3/06/17	867				867	5	MO S/L	867	0
34	COMPUTER	6/06/17	146				146	5	MO S/L	146	0
35	FURNITURE	1/17/17	780				780	7	MO S/L	774	5
36	FURNITURE	1/26/17	1,049				1,049	7	MO S/L	1,038	10
37	OFFICE EQUIPMENT	3/30/17	97				97	7	MO S/L	94	3
38	OFFICE EQUIPMENT	5/08/17	276				276	7	MO S/L	262	14
39	FURNITURE-SHELTER	10/10/17	12,757				12,757	7	MO S/L	11,349	1,408
40	FURNITURE-SHELTER	10/25/17	1,875				1,875	7	MO S/L	1,657	218
41	FURNITURE-SHELTER	10/26/17	1,626				1,626	7	MO S/L	1,434	192
42	FURNITURE-SHELTER	10/31/17	981				981	7	MO S/L	863	118
43	FURNITURE-SHELTER	11/07/17	523				523	7	MO S/L	459	63
44	FURNITURE-SHELTER	11/10/17	891				891	7	MO S/L	781	109
45	FURNITURE-SHELTER	11/14/17	1,795				1,795	7	MO S/L	1,570	223
46	FURNITURE-SHELTER	11/17/17	620				620	7	MO S/L	542	77
47	FURNITURE-SHELTER	11/14/17	3,296				3,296	7	MO S/L	2,887	409
48	FURNITURE-SHELTER	11/30/17	900				900	7	MO S/L	786	114
49	FURNITURE-SHELTER	11/28/17	552				552	7	MO S/L	479	72
50	FURNITURE-SHELTER	11/17/17	219				219	7	MO S/L	192	27
51	FURNITURE-SHELTER	12/11/17	900				900	7	MO S/L	778	121
53	COMPUTER-SHELTER	10/30/17	1,748				1,748	5	MO S/L	1,748	0
54	CAMERA-SHELTER	12/18/17	702				702	5	MO S/L	702	0
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109				109	7	MO S/L	96	13
56	LHI-SHELTER	11/01/17	122				122	39	MO S/L	19	3
57	LHI-SHELTER	11/03/17	272				272	39	MO S/L	42	7
58	LHI-SHELTER	11/10/17	900				900	39	MO S/L	140	23
59	LHI-SHELTER	11/10/17	641				641	39	MO S/L	100	16
60	LHI-SHELTER	11/13/17	431				431	39	MO S/L	67	11
61	LHI-SHELTER	11/15/17	600				600	39	MO S/L	93	15
62	LHI-SHELTER	11/15/17	810				810	39	MO S/L	126	20
63	LHI-SHELTER	11/20/17	800				800	39	MO S/L	123	20
64	FURNITURE-SHELTER	11/30/17	900				900	7	MO S/L	782	118
65	FURNITURE-SHELTER	12/05/17	700				700	7	MO S/L	607	93
66	LHI-SHELTER	12/07/17	327				327	39	MO S/L	50	9
67	LHI-SHELTER	12/11/17	100				100	39	MO S/L	15	3
68	LHI-SHELTER	12/11/17	240				240	39	MO S/L	37	6
69	LHI-SHELTER	12/13/17	600				600	39	MO S/L	92	16
70	LHI-SHELTER	12/14/17	520				520	39	MO S/L	80	13
71	LHI-SHELTER	12/14/17	1,500				1,500	39	MO S/L	231	38

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
73	COMPUTER	7/24/18	916				916	5 MO S/L	916	0
74	COMPUTER	7/24/18	168				168	5 MO S/L	168	0
75	COMPUTER	7/24/18	195				195	5 MO S/L	195	0
76	COMPUTER	5/20/19	1,278				1,278	5 MO S/L	1,181	97
77	LHI	12/31/19	2,400				2,400	39 MO S/L	243	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	122,682	23,483
81	FURNITURE-SHELTER	3/03/20	130				130	7 MO S/L	71	19
82	FURNITURE-SHELTER	3/03/20	700				700	7 MO S/L	383	100
83	FURNITURE-SHELTER	3/03/20	800				800	7 MO S/L	437	115
84	FURNITURE-SHELTER	3/03/20	3,000				3,000	7 MO S/L	1,641	429
85	FURNITURE-SHELTER	9/23/20	399				399	7 MO S/L	186	57
86	EQUIPMENT - BLDG.	11/05/20	5,880				5,880	7 MO S/L	2,649	840
87	COMPUTER-SHELTER	2/24/21	539				539	5 MO S/L	307	107
88	COMPUTER	3/28/21	1,459				1,459	5 MO S/L	805	292
89	COMPUTER	5/12/21	603				603	5 MO S/L	318	121
90	COMPUTER	10/31/21	544				544	5 MO S/L	235	109
91	COMPUTER	10/31/21	973				973	5 MO S/L	421	194
92	COMPUTER	12/22/21	1,458				1,458	5 MO S/L	589	292
93	COMPUTER	1/04/22	867				867	5 MO S/L	344	174
94	COMPUTER	9/27/22	613				613	5 MO S/L	155	122
95	COMPUTER	10/21/22	1,222				1,222	5 MO S/L	292	244
<b>Total Other Depreciation</b>			<u>2,465,906</u>				<u>2,465,906</u>		<u>190,916</u>	<u>30,463</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,465,906</u>				<u>2,465,906</u>		<u>190,916</u>	<u>30,463</u>
<b>Amortization:</b>										
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	1,907	341
			<u>81,763</u>				<u>81,763</u>		<u>78,557</u>	<u>341</u>
<b>Grand Totals</b>			2,560,762				2,560,762		282,566	30,804
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>2,560,762</u>				<u>2,560,762</u>		<u>282,566</u>	<u>30,804</u>

20-3644749

**CA Asset Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Prior MACRS:</b>								
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>
<b>Other Depreciation:</b>								
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	350	0	0	0
31	COMPUTER	7/22/16	743	743	743	0	0	0
32	COMPUTER	1/31/17	2,375	2,375	2,375	0	0	0
33	COMPUTER	3/06/17	867	867	867	0	0	0
34	COMPUTER	6/06/17	146	146	146	0	0	0
35	FURNITURE	1/17/17	780	780	774	5	5	0
36	FURNITURE	1/26/17	1,049	1,049	1,038	10	10	0
37	OFFICE EQUIPMENT	3/30/17	97	97	94	3	3	0
38	OFFICE EQUIPMENT	5/08/17	276	276	262	14	14	0
39	FURNITURE-SHELTER	10/10/17	12,757	12,757	11,349	1,408	1,408	0
40	FURNITURE-SHELTER	10/25/17	1,875	1,875	1,657	218	218	0
41	FURNITURE-SHELTER	10/26/17	1,626	1,626	1,434	192	192	0
42	FURNITURE-SHELTER	10/31/17	981	981	863	118	118	0
43	FURNITURE-SHELTER	11/07/17	523	523	459	63	63	0
44	FURNITURE-SHELTER	11/10/17	891	891	781	109	109	0
45	FURNITURE-SHELTER	11/14/17	1,795	1,795	1,570	223	223	0
46	FURNITURE-SHELTER	11/17/17	620	620	542	77	77	0
47	FURNITURE-SHELTER	11/14/17	3,296	3,296	2,887	409	409	0
48	FURNITURE-SHELTER	11/30/17	900	900	786	114	114	0
49	FURNITURE-SHELTER	11/28/17	552	552	479	72	72	0
50	FURNITURE-SHELTER	11/17/17	219	219	192	27	27	0
51	FURNITURE-SHELTER	12/11/17	900	900	778	121	121	0
53	COMPUTER-SHELTER	10/30/17	1,748	1,748	1,748	0	0	0
54	CAMERA-SHELTER	12/18/17	702	702	702	0	0	0
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109	109	96	13	13	0
56	LHI-SHELTER	11/01/17	122	122	19	3	3	0
57	LHI-SHELTER	11/03/17	272	272	42	7	7	0
58	LHI-SHELTER	11/10/17	900	900	140	23	23	0
59	LHI-SHELTER	11/10/17	641	641	100	16	16	0
60	LHI-SHELTER	11/13/17	431	431	67	11	11	0
61	LHI-SHELTER	11/15/17	600	600	93	15	15	0
62	LHI-SHELTER	11/15/17	810	810	126	20	20	0
63	LHI-SHELTER	11/20/17	800	800	123	20	20	0
64	FURNITURE-SHELTER	11/30/17	900	900	782	118	118	0
65	FURNITURE-SHELTER	12/05/17	700	700	607	93	93	0
66	LHI-SHELTER	12/07/17	327	327	50	9	9	0
67	LHI-SHELTER	12/11/17	100	100	15	3	3	0
68	LHI-SHELTER	12/11/17	240	240	37	6	6	0
69	LHI-SHELTER	12/13/17	600	600	92	16	16	0
70	LHI-SHELTER	12/14/17	520	520	80	13	13	0
71	LHI-SHELTER	12/14/17	1,500	1,500	231	38	38	0



20-3644749

**CA Asset Report**

FYE: 12/31/2024

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
73	COMPUTER	7/24/18	916	916	916	0	0	0
74	COMPUTER	7/24/18	168	168	168	0	0	0
75	COMPUTER	7/24/18	195	195	195	0	0	0
76	COMPUTER	5/20/19	1,278	1,278	1,181	97	97	0
77	LHI	12/31/19	2,400	2,400	243	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	122,682	23,483	23,483	0
81	FURNITURE-SHELTER	3/03/20	130	130	71	19	19	0
82	FURNITURE-SHELTER	3/03/20	700	700	383	100	100	0
83	FURNITURE-SHELTER	3/03/20	800	800	437	115	115	0
84	FURNITURE-SHELTER	3/03/20	3,000	3,000	1,641	429	429	0
85	FURNITURE-SHELTER	9/23/20	399	399	186	57	57	0
86	EQUIPMENT - BLDG.	11/05/20	5,880	5,880	2,649	840	840	0
87	COMPUTER-SHELTER	2/24/21	539	539	307	107	107	0
88	COMPUTER	3/28/21	1,459	1,459	805	292	292	0
89	COMPUTER	5/12/21	603	603	318	121	121	0
90	COMPUTER	10/31/21	544	544	235	109	109	0
91	COMPUTER	10/31/21	973	973	421	194	194	0
92	COMPUTER	12/22/21	1,458	1,458	589	292	292	0
93	COMPUTER	1/04/22	867	867	344	174	174	0
94	COMPUTER	9/27/22	613	613	155	122	122	0
95	COMPUTER	10/21/22	1,222	1,222	292	244	244	0
<b>Total Other Depreciation</b>			<u>2,465,906</u>	<u>2,465,906</u>	<u>190,916</u>	<u>30,463</u>	<u>30,463</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,465,906</u>	<u>2,465,906</u>	<u>190,916</u>	<u>30,463</u>	<u>30,463</u>	<u>0</u>
<b>Amortization:</b>								
27	WEBSITE	9/03/08	76,650	76,650	76,650	0	0	0
79	CLOSING FEE	5/29/18	5,113	5,113	1,907	341	341	0
			<u>81,763</u>	<u>81,763</u>	<u>78,557</u>	<u>341</u>	<u>341</u>	<u>0</u>
<b>Grand Totals</b>			2,560,762	2,560,762	282,566	30,804	30,804	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>2,560,762</u>	<u>2,560,762</u>	<u>282,566</u>	<u>30,804</u>	<u>30,804</u>	<u>0</u>

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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>
<b>Other Depreciation:</b>											
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	350	0
31	COMPUTER	7/22/16	743				743	5	MO S/L	743	0
32	COMPUTER	1/31/17	2,375				2,375	5	MO S/L	2,375	0
33	COMPUTER	3/06/17	867				867	5	MO S/L	867	0
34	COMPUTER	6/06/17	146				146	5	MO S/L	146	0
35	FURNITURE	1/17/17	780				780	7	MO S/L	774	5
36	FURNITURE	1/26/17	1,049				1,049	7	MO S/L	1,038	10
37	OFFICE EQUIPMENT	3/30/17	97				97	7	MO S/L	94	3
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	11,349	1,408
40	FURNITURE-SHELTER	10/25/17	1,875				1,875	7	MO S/L	1,657	218
41	FURNITURE-SHELTER	10/26/17	1,626				1,626	7	MO S/L	1,434	192
42	FURNITURE-SHELTER	10/31/17	981				981	7	MO S/L	863	118
43	FURNITURE-SHELTER	11/07/17	523				523	7	MO S/L	459	63
44	FURNITURE-SHELTER	11/10/17	891				891	7	MO S/L	781	109
45	FURNITURE-SHELTER	11/14/17	1,795				1,795	7	MO S/L	1,570	223
46	FURNITURE-SHELTER	11/17/17	620				620	7	MO S/L	542	77
47	FURNITURE-SHELTER	11/14/17	3,296				3,296	7	MO S/L	2,887	409
48	FURNITURE-SHELTER	11/30/17	900				900	7	MO S/L	786	114
49	FURNITURE-SHELTER	11/28/17	552				552	7	MO S/L	479	72
50	FURNITURE-SHELTER	11/17/17	219				219	7	MO S/L	192	27
51	FURNITURE-SHELTER	12/11/17	900				900	7	MO S/L	778	121
53	COMPUTER-SHELTER	10/30/17	1,748				1,748	5	MO S/L	1,748	0
54	CAMERA-SHELTER	12/18/17	702				702	5	MO S/L	702	0
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109				109	7	MO S/L	96	13
56	LHI-SHELTER	11/01/17	122				122	39	MO S/L	19	3
57	LHI-SHELTER	11/03/17	272				272	39	MO S/L	42	7
58	LHI-SHELTER	11/10/17	900				900	39	MO S/L	140	23
59	LHI-SHELTER	11/10/17	641				641	39	MO S/L	100	16
60	LHI-SHELTER	11/13/17	431				431	39	MO S/L	67	11
61	LHI-SHELTER	11/15/17	600				600	39	MO S/L	93	15
62	LHI-SHELTER	11/15/17	810				810	39	MO S/L	126	20
63	LHI-SHELTER	11/20/17	800				800	39	MO S/L	123	20
64	FURNITURE-SHELTER	11/30/17	900				900	7	MO S/L	782	118
65	FURNITURE-SHELTER	12/05/17	700				700	7	MO S/L	607	93
66	LHI-SHELTER	12/07/17	327				327	39	MO S/L	50	9
67	LHI-SHELTER	12/11/17	100				100	39	MO S/L	15	3
68	LHI-SHELTER	12/11/17	240				240	39	MO S/L	37	6
69	LHI-SHELTER	12/13/17	600				600	39	MO S/L	92	16
70	LHI-SHELTER	12/14/17	520				520	39	MO S/L	80	13
71	LHI-SHELTER	12/14/17	1,500				1,500	39	MO S/L	231	38

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
73	COMPUTER	7/24/18	916				916	5 MO S/L	916	0
74	COMPUTER	7/24/18	168				168	5 MO S/L	168	0
75	COMPUTER	7/24/18	195				195	5 MO S/L	195	0
76	COMPUTER	5/20/19	1,278				1,278	5 MO S/L	1,181	97
77	LHI	12/31/19	0				0	0 HY	0	0
78	LAND	5/29/18	0				0	0 HY	0	0
80	BUILDING	5/29/18	0				0	0 HY	0	0
81	FURNITURE-SHELTER	3/03/20	0				0	0 HY	0	0
82	FURNITURE-SHELTER	3/03/20	0				0	0 HY	0	0
83	FURNITURE-SHELTER	3/03/20	0				0	0 HY	0	0
84	FURNITURE-SHELTER	3/03/20	0				0	0 HY	0	0
85	FURNITURE-SHELTER	9/23/20	0				0	0 HY	0	0
86	EQUIPMENT - BLDG.	11/05/20	0				0	0 HY	0	0
87	COMPUTER-SHELTER	2/24/21	539				539	5 MO S/L	307	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
<b>Total Other Depreciation</b>			<u>69,582</u>				<u>69,582</u>		<u>59,203</u>	<u>3,797</u>
<b>Total ACRS and Other Depreciation</b>			<u>69,582</u>				<u>69,582</u>		<u>59,203</u>	<u>3,797</u>
<b>Grand Totals</b>			82,675				82,675		72,296	3,797
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>82,675</u>				<u>82,675</u>		<u>72,296</u>	<u>3,797</u>

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
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
<b>Prior MACRS:</b>					
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	0	0
31	COMPUTER	7/22/16	743	0	0
32	COMPUTER	1/31/17	2,375	0	0
33	COMPUTER	3/06/17	867	0	0
34	COMPUTER	6/06/17	146	0	0
35	FURNITURE	1/17/17	780	1	1
36	FURNITURE	1/26/17	1,049	1	1
37	OFFICE EQUIPMENT	3/30/17	97	0	0
38	OFFICE EQUIPMENT	5/08/17	276	0	0
39	FURNITURE-SHELTER	10/10/17	12,757	0	0
40	FURNITURE-SHELTER	10/25/17	1,875	0	0
41	FURNITURE-SHELTER	10/26/17	1,626	0	0
42	FURNITURE-SHELTER	10/31/17	981	0	0
43	FURNITURE-SHELTER	11/07/17	523	1	1
44	FURNITURE-SHELTER	11/10/17	891	1	1
45	FURNITURE-SHELTER	11/14/17	1,795	2	2
46	FURNITURE-SHELTER	11/17/17	620	1	1
47	FURNITURE-SHELTER	11/14/17	3,296	0	0
48	FURNITURE-SHELTER	11/30/17	900	0	0
49	FURNITURE-SHELTER	11/28/17	552	1	1
50	FURNITURE-SHELTER	11/17/17	219	0	0
51	FURNITURE-SHELTER	12/11/17	900	1	1
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	0	0
56	LHI-SHELTER	11/01/17	122	3	3
57	LHI-SHELTER	11/03/17	272	7	7
58	LHI-SHELTER	11/10/17	900	22	22
59	LHI-SHELTER	11/10/17	641	16	16
60	LHI-SHELTER	11/13/17	431	11	11
61	LHI-SHELTER	11/15/17	600	15	15
62	LHI-SHELTER	11/15/17	810	21	21
63	LHI-SHELTER	11/20/17	800	21	21
64	FURNITURE-SHELTER	11/30/17	900	0	0
65	FURNITURE-SHELTER	12/05/17	700	0	0
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	1,500	38	38
73	COMPUTER	7/24/18	916	0	0
74	COMPUTER	7/24/18	168	0	0
75	COMPUTER	7/24/18	195	0	0
76	COMPUTER	5/20/19	1,278	0	0
77	LHI	12/31/19	2,400	61	0
78	LAND	5/29/18	1,500,000	0	0
80	BUILDING	5/29/18	875,000	22,152	0
81	FURNITURE-SHELTER	3/03/20	130	18	0
82	FURNITURE-SHELTER	3/03/20	700	100	0
83	FURNITURE-SHELTER	3/03/20	800	114	0
84	FURNITURE-SHELTER	3/03/20	3,000	429	0
85	FURNITURE-SHELTER	9/23/20	399	57	0
86	EQUIPMENT - BLDG.	11/05/20	5,880	840	0
87	COMPUTER-SHELTER	2/24/21	539	108	108
88	COMPUTER	3/28/21	1,459	291	0
89	COMPUTER	5/12/21	603	120	0
90	COMPUTER	10/31/21	544	109	0
91	COMPUTER	10/31/21	973	195	0
92	COMPUTER	12/22/21	1,458	291	0
93	COMPUTER	1/04/22	867	173	0
94	COMPUTER	9/27/22	613	123	0
95	COMPUTER	10/21/22	1,222	245	0
<b>Total Other Depreciation</b>			<u>2,465,906</u>	<u>25,633</u>	<u>315</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,465,906</u>	<u>25,633</u>	<u>315</u>
<b><u>Amortization:</u></b>					
27	WEBSITE	9/03/08	76,650	0	0
79	CLOSING FEE	5/29/18	5,113	341	0
			<u>81,763</u>	<u>341</u>	<u>0</u>
<b>Grand Totals</b>			<u>2,560,762</u>	<u>25,974</u>	<u>315</u>

Asset	Description	Date In Service	Cost	CA
<b>Prior MACRS:</b>				
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	0
31	COMPUTER	7/22/16	743	0
32	COMPUTER	1/31/17	2,375	0
33	COMPUTER	3/06/17	867	0
34	COMPUTER	6/06/17	146	0
35	FURNITURE	1/17/17	780	1
36	FURNITURE	1/26/17	1,049	1
37	OFFICE EQUIPMENT	3/30/17	97	0
38	OFFICE EQUIPMENT	5/08/17	276	0
39	FURNITURE-SHELTER	10/10/17	12,757	0
40	FURNITURE-SHELTER	10/25/17	1,875	0
41	FURNITURE-SHELTER	10/26/17	1,626	0
42	FURNITURE-SHELTER	10/31/17	981	0
43	FURNITURE-SHELTER	11/07/17	523	1
44	FURNITURE-SHELTER	11/10/17	891	1
45	FURNITURE-SHELTER	11/14/17	1,795	2
46	FURNITURE-SHELTER	11/17/17	620	1
47	FURNITURE-SHELTER	11/14/17	3,296	0
48	FURNITURE-SHELTER	11/30/17	900	0
49	FURNITURE-SHELTER	11/28/17	552	1
50	FURNITURE-SHELTER	11/17/17	219	0
51	FURNITURE-SHELTER	12/11/17	900	1
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	0
56	LHI-SHELTER	11/01/17	122	3
57	LHI-SHELTER	11/03/17	272	7
58	LHI-SHELTER	11/10/17	900	22
59	LHI-SHELTER	11/10/17	641	16
60	LHI-SHELTER	11/13/17	431	11
61	LHI-SHELTER	11/15/17	600	15
62	LHI-SHELTER	11/15/17	810	21
63	LHI-SHELTER	11/20/17	800	21
64	FURNITURE-SHELTER	11/30/17	900	0
65	FURNITURE-SHELTER	12/05/17	700	0
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	1,500	38
73	COMPUTER	7/24/18	916	0
74	COMPUTER	7/24/18	168	0
75	COMPUTER	7/24/18	195	0
76	COMPUTER	5/20/19	1,278	0
77	LHI	12/31/19	2,400	61
78	LAND	5/29/18	1,500,000	0
80	BUILDING	5/29/18	875,000	22,152
81	FURNITURE-SHELTER	3/03/20	130	18
82	FURNITURE-SHELTER	3/03/20	700	100
83	FURNITURE-SHELTER	3/03/20	800	114
84	FURNITURE-SHELTER	3/03/20	3,000	429
85	FURNITURE-SHELTER	9/23/20	399	57
86	EQUIPMENT - BLDG.	11/05/20	5,880	840
87	COMPUTER-SHELTER	2/24/21	539	108
88	COMPUTER	3/28/21	1,459	291
89	COMPUTER	5/12/21	603	120
90	COMPUTER	10/31/21	544	109
91	COMPUTER	10/31/21	973	195
92	COMPUTER	12/22/21	1,458	291
93	COMPUTER	1/04/22	867	173
94	COMPUTER	9/27/22	613	123
95	COMPUTER	10/21/22	1,222	245
<b>Total Other Depreciation</b>			<u>2,465,906</u>	<u>25,633</u>
<b>Total ACRS and Other Depreciation</b>			<u><u>2,465,906</u></u>	<u><u>25,633</u></u>
<b><u>Amortization:</u></b>				
27	WEBSITE	9/03/08	76,650	0
79	CLOSING FEE	5/29/18	<u>5,113</u>	<u>341</u>
			<u><u>81,763</u></u>	<u><u>341</u></u>
<b>Grand Totals</b>			<u><u>2,560,762</u></u>	<u><u>25,974</u></u>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning _____, ending _____		

Name <b>GOOD NEIGHBORS USA</b>	Taxpayer Identification Number <b>20-3644749</b>
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		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. <b>7,479,234</b>	<b>11,239,709</b>	<b>3,760,475</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. <b>840,829</b>	<b>1,085,199</b>	<b>244,370</b>
	4. Program service revenue .....	4.		
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. <b>364,364</b>	<b>262,409</b>	<b>-101,955</b>
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. <b>8,684,427</b>	<b>12,587,317</b>	<b>3,902,890</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. <b>6,251,315</b>	<b>9,739,879</b>	<b>3,488,564</b>
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16. <b>829,114</b>	<b>998,952</b>	<b>169,838</b>
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. <b>115,385</b>	<b>98,329</b>	<b>-17,056</b>
	19. Occupancy, rent, utilities, and maintenance .....	19.		
	20. Depreciation and Depletion .....	20. <b>30,719</b>	<b>30,804</b>	<b>85</b>
	21. Other expenses .....	21. <b>1,555,233</b>	<b>1,663,806</b>	<b>108,573</b>
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. <b>8,781,766</b>	<b>12,531,770</b>	<b>3,750,004</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. <b>-97,339</b>	<b>55,547</b>	<b>152,886</b>
<b>Other Information</b>	24. Total exempt revenue .....	24. <b>8,684,427</b>	<b>12,587,317</b>	<b>3,902,890</b>
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>364,364</b>	<b>262,409</b>	<b>-101,955</b>
	27. Total assets .....	27. <b>3,062,013</b>	<b>2,792,212</b>	<b>-269,801</b>
	28. Total liabilities .....	28. <b>408,874</b>	<b>83,526</b>	<b>-325,348</b>
	29. Retained earnings .....	29. <b>2,653,139</b>	<b>2,708,686</b>	<b>55,547</b>
	30. Number of voting members of governing body .....	30. <b>7</b>	<b>7</b>	
	31. Number of independent voting members of governing body .....	31. <b>6</b>	<b>6</b>	
	32. Number of employees .....	32. <b>27</b>	<b>25</b>	
	33. Number of volunteers .....	33. <b>141</b>	<b>125</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
-----------------	---------------------------	-------------

Name <b>GOOD NEIGHBORS USA</b>	Employer Identification Number <b>20-3644749</b>
-----------------------------------	---

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	235,375	160,649	189,043	364,364	262,409	
<b>Total revenue</b> .....	<b>14,019,247</b>	<b>7,785,780</b>	<b>11,054,719</b>	<b>8,684,427</b>	<b>12,587,317</b>	
Grants and similar amounts paid .....	11,188,183	6,130,084	8,963,025	6,251,315	9,739,879	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	764,276	829,613	889,037	829,114	998,952	
Professional fees .....	137,249	122,271	106,052	115,385	98,329	
Occupancy costs .....						
Depreciation and depletion .....	29,484	30,647	30,813	30,719	30,804	
Other expenses .....	961,502	1,119,862	1,374,047	1,555,233	1,663,806	
<b>Total expenses</b> .....	<b>13,080,694</b>	<b>8,232,477</b>	<b>11,362,974</b>	<b>8,781,766</b>	<b>12,531,770</b>	
<b>Excess or (Deficit)</b> .....	<b>938,553</b>	<b>-446,697</b>	<b>-308,255</b>	<b>-97,339</b>	<b>55,547</b>	
Total exempt revenue .....	14,019,247	7,785,780	11,054,719	8,684,427	12,587,317	
Total unrelated revenue .....						
Total excludable revenue .....	235,375	160,649	189,043	364,364	262,409	
Total Assets .....	3,648,892	3,226,157	3,117,578	3,062,013	2,792,212	
Total Liabilities .....	143,462	167,424	367,100	408,874	83,526	
Net Fund Balances .....	3,505,430	3,058,733	2,750,478	2,653,139	2,708,686	

## 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	\$ 98,329	\$ 45,120	\$ 53,209	\$
TOTAL	\$ 98,329	\$ 45,120	\$ 53,209	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	\$ 57,128	\$ 17,956	\$ 36,212	\$ 2,960
DUE AND SUBSCRIPTION	18,895	4,617	13,933	345
AUTOMOBILE EXPENSE	13,032	5,237	4,098	3,697
BANK CHARGE	3,883	34	2,527	1,322
SUPPLIES	3,765	2,645	1,120	
TOTAL	\$ 96,703	\$ 30,489	\$ 57,890	\$ 8,324

GOOD4749 GOOD NEIGHBORS USA  
20-3644749  
FYE: 12/31/2024

## Federal Statements

5/15/2025

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

Description	Amount
LAHSA	\$ 1,045,729
EFSP	19,470
OTHER	20,000
OTHER CONTRIBUTIONS	2,649,617
BLESSINGS INTERNATIONAL	
MEDICAL SUPPLY & MEDICINE	7,629,340
OPEN BANK	
CASH CONTRIBUTION	15,000
KEON SEOK AND HAE RYONG KIM	
CASH CONTRIBUTION	18,200
JUNG HU PARK	
CASH CONTRIBUTION	15,000
SEONGHO KIM	
CASH CONTRIBUTION	9,600
EUNICE KIM	
CASH CONTRIBUTION	6,300
JONG YONG PARK	
CASH CONTRIBUTION	6,060
SUNNY HILL	
CASH CONTRIBUTION	6,000
CKP, LLP	
CASH CONTRIBUTION	6,000
SU MORROW	
CASH CONTRIBUTION	9,550
HYUN JUNG CHO	
CASH CONTRIBUTION	7,991
HEYSUN HAN	
CASH CONTRIBUTION	5,960
YOUNG HWA MISSION FOUNDATION	
CASH CONTRIBUTION	5,880
HYUN AH SON	
CASH CONTRIBUTION	5,785
YOUNG JIN KO	
CASH CONTRIBUTION	5,620
KYE OK DEMPS	
CASH CONTRIBUTION	5,570
BROTHERS'S BROTHER FOUNDATION	
MEDICAL SUPPLIES	53,901

GOOD4749 GOOD NEIGHBORS USA  
20-3644749  
FYE: 12/31/2024

## Federal Statements

5/15/2025

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

<u>Description</u>	<u>Amount</u>
BUSINESS CONNECT L3C	\$
WATER PURIFICATION TABLETS	412,535
GENESIS DESIGN & MARKETING GROUP	
WOMEN SHOES	173,118
BLACKYAK & NAU.COM	
CLOTHING	112,359
GOOD 360	
EDUCATION MATERIALS	80,323
TOTAL	\$ <u>12,324,908</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BLESSINGS INTERNATIONAL	\$ 28,513,727	\$ 27,434,927
OPEN BANK	40,000	
KEON SEOK AND HAE RYONG KIM	39,320	
JUNG HU PARK	29,320	
SEONGHO KIM	16,200	
EUNICE KIM	12,600	
JONG YONG PARK	12,120	
SUNNY HILL	12,000	
CKP, LLP	6,000	
SU MORROW	9,550	
HYUN JUNG CHO	7,991	
HEYSUN HAN	5,960	
YOUNG HWA MISSION FOUNDATION	5,880	
HYUN AH SON	5,785	
YOUNG JIN KO	5,620	
KYE OK DEMPS	5,570	
BROTHERS'S BROTHER FOUNDATION	53,901	
BUSINESS CONNECT L3C	412,535	
GENESIS DESIGN & MARKETING GROUP	173,118	
BLACKYAK & NAU.COM	112,359	
GOOD 360	80,323	
TOTAL	\$ 29,559,879	\$ 27,434,927

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
RENTAL	\$ 229,114
TOTAL	\$ 229,114

Schedule A, Part II, Line 12 - Current year

Description	Amount
MISCELLANEOUS	\$ 33,295
TOTAL	\$ 33,295

Form 199 Return Summary

For calendar year 2024, or tax year beginning , and ending

GOOD NEIGHBORS USA 20-3644749

Gross sales / receipts	262,409	
Dues from members		
Contributions / grants	12,324,908	
Total costs		
Expenses	12,531,770	
Excess / (deficit)		55,547

Total payments	
Penalties and interest	
Use tax	

Balance due	
Refund	

	Balance Sheet		
	Beginning	Ending	Differences
Assets	3,062,013	2,792,212	
Liabilities	408,874	83,526	
Net assets	2,653,139	2,708,686	55,547

Miscellaneous Information  
Amended return  
Return / extended due date11/17/25



034  
STATE OF CALIFORNIA  
RRF-1  
(Rev. 01/2024)

DEPARTMENT OF JUSTICE  
PAGE 1 of 1

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://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 301-307, and 310

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)

<b>GOOD NEIGHBORS USA</b> Name of Organization <hr/> List all DBAs and names the organization uses or has used <b>131 N. TUSTIN AVE. STE 204</b> Address (Number and Street) <b>TUSTIN CA 92780</b> City or Town, State, and ZIP Code <b>877-499-9898</b> Telephone Number <hr/> E-mail Address		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Organization requests email notifications <hr/> State Charity Registration Number _____ Corporation or Organization No. <b>2775061</b> Federal Employer ID No. <b>20-3644749</b>																								
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)</b> <b>Make Check Payable to Department of Justice</b>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Revenue</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr> <td>Less than \$50,000</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>Between \$50,000 and \$100,000</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>Between \$100,001 and \$250,000</td> <td style="text-align: right;">\$75</td> </tr> </tbody> </table>	Total Revenue	Fee	Less than \$50,000	\$25	Between \$50,000 and \$100,000	\$50	Between \$100,001 and \$250,000	\$75	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Revenue</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$250,001 and \$1 million</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td>Between \$1,000,001 and \$5 million</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>Between \$5,000,001 and \$20 million</td> <td style="text-align: right;">\$400</td> </tr> </tbody> </table>	Total Revenue	Fee	Between \$250,001 and \$1 million	\$100	Between \$1,000,001 and \$5 million	\$200	Between \$5,000,001 and \$20 million	\$400	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Revenue</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$20,000,001 and \$100 million</td> <td style="text-align: right;">\$800</td> </tr> <tr> <td>Between \$100,000,001 and \$500 million</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>Greater than \$500 million</td> <td style="text-align: right;">\$1,200</td> </tr> </tbody> </table>	Total Revenue	Fee	Between \$20,000,001 and \$100 million	\$800	Between \$100,000,001 and \$500 million	\$1,000	Greater than \$500 million	\$1,200
Total Revenue	Fee																									
Less than \$50,000	\$25																									
Between \$50,000 and \$100,000	\$50																									
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Between \$250,001 and \$1 million	\$100																									
Between \$1,000,001 and \$5 million	\$200																									
Between \$5,000,001 and \$20 million	\$400																									
Total Revenue	Fee																									
Between \$20,000,001 and \$100 million	\$800																									
Between \$100,000,001 and \$500 million	\$1,000																									
Greater than \$500 million	\$1,200																									
<b>PART A - ACTIVITIES</b> For your most recent full accounting period (beginning <u>01/01/24</u> ending <u>12/31/24</u> ) list: <b>Total Revenue \$</b> (including noncash contributions) <u>12,587,317</u> <b>Noncash Contributions \$</b> <u>8,461,576</u> <b>Total Assets \$</b> <u>2,792,212</u> <b>Program Expenses \$</b> <u>11,468,723</u> <b>Total Expenses \$</b> <u>12,531,770</u>																										
<b>PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b> Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.																										
	Yes	No																								
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X																								
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X																								
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X																								
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X																								
5. During this reporting period, did the organization receive any governmental funding?	X																									
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X																								
7. Does the organization conduct a vehicle donation program?		X																								
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X																									
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X																								
<b>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.</b>																										
_____ Signature of Authorized Agent	MINA CHOI Printed Name	SECRETARY GENERAL Title																								
		_____ Date																								

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

LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)

LOS ANGELES HOMELESS SERVICE AUTHORITY (LAHSA)

707 WILSHIRE BLVD., 10TH FL

LOS ANGELES, CA 90017

CONTACT PERSON: OSCAR FLORES (GRANT SPECIALIST), 213-225-8481

Form **990**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

**A For the 2024 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  
**877-499-9898**  
**G** Gross receipts\$ **12,587,317**

**F** Name and address of principal officer:  
**IL HA YI**  
**131 N. TUSTIN AVE. STE 204**  
**TUSTIN CA 92780**  
**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 ☐ 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 2024 (Part V, line 2a) **5 25**  
**6** Total number of volunteers (estimate if necessary) **6 125**  
**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) **8,320,063 12,324,908**  
**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) **364,364 262,409**  
**12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **8,684,427 12,587,317**

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) **6,251,315 9,739,879**  
**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) **829,114 998,952**  
**16a** Professional fundraising fees (Part IX, column (A), line 11e) **0**  
**b** Total fundraising expenses (Part IX, column (D), line 25) **619,850**  
**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) **1,701,337 1,792,939**  
**18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **8,781,766 12,531,770**  
**19** Revenue less expenses. Subtract line 18 from line 12 **-97,339 55,547**

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) **3,062,013 2,792,212**  
**21** Total liabilities (Part X, line 26) **408,874 83,526**  
**22** Net assets or fund balances. Subtract line 21 from line 20 **2,653,139 2,708,686**

**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  
**MINA CHOI**  
Type or print name and title  
**SECRETARY GENERAL**

Date

**Paid Preparer Use Only**  
Preparer's name  
**KIWOOK UHM**  
Preparer's signature  
**KIWOOK UHM**  
Date  
**05/15/25**  
Check ☐ if self-employed ☐ PTIN  
**P00845230**  
Firm's name  
**MOUNTAIN, LLP**  
Firm's EIN  
**88-4118548**  
Firm's address  
**3700 WILSHIRE BLVD STE 535**  
**LOS ANGELES, CA 90010-2918**  
Phone no.  
**213-389-0080**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)  
DAA

**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 \$ **5,968,470** including grants of \$ **5,968,470** ) (Revenue \$ )**SEE SCHEDULE O****4b** (Code: ) (Expenses \$ **2,462,742** including grants of \$ **2,462,742** ) (Revenue \$ )**EMERGENCY RELIEF**

**GNU DELIVERS IMMEDIATE ASSISTANCE AND SETS UP LONG-TERM RELIEF EFFORTS, INCLUDING PROVIDING FOOD AND CLEAN WATER, IMPROVING SANITATION, OFFERING MEDICAL AID AND SHELTER, AND PREVENTING DISEASE OUTBREAKS. IN FEBRUARY 2024, DEVASTATING WILDFIRES STRUCK CHILE'S VALPARAISO REGION. GNU RESPONDED BY SUPPLYING FOOD, WATER, SANITATION SUPPORT, CLOTHING, PROTECTIVE EQUIPMENT, AND OTHER ESSENTIALS TO 1,500 VULNERABLE INDIVIDUALS. IN JULY, FOLLOWING A MAJOR STORM IN THE PHILIPPINES THAT DISPLACED OVER 53,000 FAMILIES, GNU WORKED WITH LOCAL PARTNERS TO DELIVER EMERGENCY RELIEF-SUCH AS FOOD, WATER, HYGIENE SUPPLIES, AND PROTECTIVE GEAR-TO THOSE IN EVACUATION CENTERS.**

**4c** (Code: ) (Expenses \$ **732,637** including grants of \$ **732,637** ) (Revenue \$ )**SEE SCHEDULE O****4d** Other program services (Describe on Schedule O.)(Expenses \$ **2,304,874** including grants of \$ **576,030** ) (Revenue \$ )**4e** Total program service expenses **11,468,723**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> <b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>2</b> <b>X</b>	
<b>3</b> 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>	<b>3</b>	<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	<b>X</b>
<b>5</b> 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>	<b>5</b>	<b>X</b>
<b>6</b> 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>	<b>6</b>	<b>X</b>
<b>7</b> 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>	<b>7</b>	<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	<b>X</b>
<b>9</b> 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>	<b>9</b>	<b>X</b>
<b>10</b> 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>	<b>10</b>	<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> <b>X</b>	
<b>b</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>	<b>11b</b>	<b>X</b>
<b>c</b> 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>	<b>11c</b>	<b>X</b>
<b>d</b> 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>	<b>11d</b>	<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> <b>X</b>	
<b>f</b> 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>	<b>11f</b>	<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> <b>X</b>	
<b>b</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>	<b>12b</b>	<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	<b>X</b>
<b>b</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>	<b>14b</b> <b>X</b>	
<b>15</b> 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>	<b>15</b> <b>X</b>	
<b>16</b> 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>	<b>16</b>	<b>X</b>
<b>17</b> 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. See instructions</i>	<b>17</b>	<b>X</b>
<b>18</b> 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>	<b>18</b>	<b>X</b>
<b>19</b> 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>	<b>19</b>	<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b>	<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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).		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>25</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>7</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	<b>6</b>	
<b>2</b>	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? .....	<b>2</b>	<b>X</b>
<b>3</b>	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? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	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? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	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 .....	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA** .....

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**GOOD NEIGHBORS USA**  
**TUSTIN**

**131 N. TUSTIN AVENUE # 204**

**CA 92780**

**877-499-9898**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IL HA YI	2.00									
PRESIDENT	0.00	X		X				0	0	0
(2) TIMOTHY HAAHS	2.00									
DIRECTOR	0.00	X						0	0	0
(3) DAVID MARH	2.00									
CHAIRMAN	0.00	X						0	0	0
(4) THOMAS YI	2.00									
TREASURER	0.00	X		X				0	0	0
(5) GORDON TURNER	2.00									
DIRECTOR	0.00	X						0	0	0
(6) JOHN BYON	2.00									
DIRECTOR	0.00	X						0	0	0
(7) MINHO CHOI	2.00									
DIRECTOR	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,085,199				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,239,709				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,461,576				
	<b>h Total.</b> Add lines 1a-1f						
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real 229,114				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	229,114				
	<b>d</b> Net rental income or (loss)			229,114			229,114
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS	Business Code		33,295	33,295		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d				33,295		
	<b>12 Total revenue.</b> See instructions				12,587,317	33,295	0

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>9,739,879</b>	<b>9,739,879</b>		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>848,833</b>	<b>578,728</b>	<b>77,455</b>	<b>192,650</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>109,549</b>	<b>54,852</b>	<b>22,366</b>	<b>32,331</b>
<b>10</b> Payroll taxes	<b>40,570</b>	<b>26,523</b>	<b>-992</b>	<b>15,039</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	<b>98,329</b>	<b>45,120</b>	<b>53,209</b>	
<b>12</b> Advertising and promotion	<b>402,691</b>	<b>69,183</b>	<b>37,763</b>	<b>295,745</b>
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	<b>734</b>	<b>190</b>	<b>412</b>	<b>132</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>30,804</b>	<b>7,353</b>	<b>23,451</b>	
<b>23</b> Insurance	<b>6,579</b>	<b>661</b>	<b>5,918</b>	
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM SUPPORT</b>	<b>856,144</b>	<b>856,144</b>		
<b>b</b> <b>DONOR MANAGEMENT</b>	<b>163,040</b>	<b>51,469</b>	<b>35,973</b>	<b>75,598</b>
<b>c</b> <b>OTHER TAX</b>	<b>69,752</b>		<b>69,752</b>	
<b>d</b> <b>REPAIR AND MAINTENANCE</b>	<b>68,163</b>	<b>8,132</b>	<b>60,000</b>	<b>31</b>
<b>e</b> All other expenses	<b>96,703</b>	<b>30,489</b>	<b>57,890</b>	<b>8,324</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>12,531,770</b>	<b>11,468,723</b>	<b>443,197</b>	<b>619,850</b>
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>527,074</b>	<b>1</b>	<b>356,317</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>198,366</b>	<b>4</b>	<b>118,880</b>
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>43,832</b>	<b>9</b>	<b>54,448</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>2,478,999</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>234,472</b>	<b>2,274,990</b>	<b>10c</b> <b>2,244,527</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	<b>3,206</b>	<b>14</b>	<b>2,865</b>
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>14,545</b>	<b>15</b>	<b>15,175</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>3,062,013</b>	<b>16</b>	<b>2,792,212</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>406,834</b>	<b>17</b>	<b>81,027</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	<b>2,040</b>	<b>25</b>	<b>2,499</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>408,874</b>	<b>26</b>	<b>83,526</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>2,653,139</b>	<b>27</b>	<b>2,708,686</b>
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	<b>2,653,139</b>	<b>32</b>	<b>2,708,686</b>
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>3,062,013</b>	<b>33</b>	<b>2,792,212</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>12,587,317</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>12,531,770</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>55,547</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,653,139</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,708,686</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>X</b>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.****Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2024****Open to Public  
Inspection**

Name of the organization

**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)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>5</b> 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)						27,434,927
<b>6</b> Public support. Subtract line 5 from line 4.						25,484,723

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	13,783,872	7,625,131	10,865,676	8,320,063	12,324,908	52,919,650
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,982	160,649	176,676	219,548	229,114	968,969
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	1,719					1,719
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	49,674					49,674
<b>11 Total support.</b> Add lines 7 through 10						53,940,012
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	190,478
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	47.25 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	46.96 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests — 2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

- 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?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 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? *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.*
- 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? *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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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)? *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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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? *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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

  

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

## 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

**\$ 49,674**

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.**  
**Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

Employer identification number

**GOOD NEIGHBORS USA****20-3644749****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

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

Schedule B (Form 990) (Rev. 12-2024)

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	BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BROKEN ARROW OK 74012	\$ 7,629,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 18,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUNG HU PARK 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SEONGHO KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 9,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EUNICE KIM 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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	JONG YONG PARK 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SUNNY HILL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CKP, LLP 3435 WILSHIRE BLVD. SUITE 2240 LOS ANGELES CA 90010	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SU MORROW 2449 CHERWOOD DR ENID OK 73703	\$ 9,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HYUN JUNG CHO 944 S PENINSULA DR. APT 205 DAYTONA BEACH FL 32118	\$ 7,991	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HEYSUN HAN 3497 VIOLA LN AUBURN GA 30011	\$ 5,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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
13	YOUNG HWA MISSION FOUNDATION 169 W ARROW HWY GLENDORA CA 91740	\$ 5,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HYUN AH SON 207 BANCROFT IRVINE CA 92620	\$ 5,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	YOUNG JIN KO 3959 LAUREL CANYON BLVD. APT A STUDIO CITY CA 91604	\$ 5,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KYE OK DEMPS 4374 WEST AVE. M 11 LANCASTER CA 93536	\$ 5,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BROTHERS'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH PA 15233	\$ 53,901	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	BUSINESS CONNECT L3C 4064 DIVISION AVE S GRAND RAPIDS MI 49548	\$ 412,535	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
19	GENESIS DESIGN & MARKETING GROUP 9915 PIONEER BLVD SANTA FE SPRINGS CA 90670	\$ 173,118	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	BLACKYAK & NAU.COM 304 NW 11TH AVENUE PORTLAND OR 97209	\$ 112,359	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	GOOD 360 675 N. WASHINGTON ST. STE 330 ALEXANDRA VA 22314	\$ 80,323	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	\$ 7,629,340	
17	MEDICAL SUPPLIES	\$ 53,901	
18	WATER PURIFICATION TABLETS	\$ 412,535	
19	WOMEN SHOES	\$ 173,118	
20	CLOTHING	\$ 112,359	
21	EDUCATION MATERIALS	\$ 80,323	

**SCHEDULE D  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	\$ .....
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....
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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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? .....

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....		<b>1,500,000</b>		<b>1,500,000</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>978,999</b>	<b>234,472</b>	<b>744,527</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>2,244,527</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) <b>OPERATING LEASE</b> .....	<b>2,499</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	<b>2,499</b>

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

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

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

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



**Part XIII Supplemental Information (continued)**

SCHEDULE F  
(Form 990)  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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		695,461
CENTRAL AMERICA AND CARRI					
(2)		1	PROGRAM		782,287
SUB-SAHARAN AFRICA					
(3)		1	PROGRAM		8,262,130
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		3			9,739,878
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3			9,739,878

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				HEALTH	5,968,470			MEDICAL SUPPLY	
(2)				EDUCATION	70,339				
(3)				EMERGENCY RELIEF	2,462,742				
(4)				WATER AND SANITATION	500,691				
(5)				CHILD SUPPORT	732,637				
(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 the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Part V

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GOOD NEIGHBORS USA IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH THE FIELD OFFICES OF GOOD NEIGHBORS INTERNATIONAL, AN AFFILIATION ORGANIZED IN KOREA. PROGRAMS FUNDED BY GOOD NEIGHBORS WOULD INCLUDE STAFF ASSISTANCE, WHERE A TECHNICAL SPECIALIST WILL WORK WITH AND VISIT GOOD NEIGHBORS FIELD STAFF IN THE RESPECTIVE COUNTRIES.

PART I, LINE 3 - ACTIVITIES PER REGION			
REGION	EXPENDITURES	INVESTMENTS	
EAST ASIA & THE PACIFIC O	\$ 695,461	\$	0
CENTRAL AMERICA AND CARIBBEAN	\$ 782,287	\$	0
SUB-SAHARAN AFRICA	\$ 8,262,130	\$	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****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 .....	<b>X</b>		<b>285,477</b>	
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 .....	<b>X</b>	<b>3</b>	<b>8,095,776</b>	<b>INTERAGENCY GIK STANDARD</b>
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <b>EDUCATION</b> ) .....	<b>X</b>	<b>1</b>	<b>80,323</b>	<b>INTERAGENCY GIK STANDARD</b>
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		<b>X</b>

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		<b>X</b>
----	--	----------

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

32a		<b>X</b>
-----	--	----------

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.

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

Schedule M (Form 990) 2024

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

Form area with horizontal lines for supplemental information.



SCHEDULE O  
(Form 990)  
(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT  
HEALTH AND NUTRITION

THE GNU HEALTH PROGRAM FOCUSES ON IMPROVING THE HEALTH STATUS AND ENVIRONMENTS FOR CHILDREN AND COMMUNITY MEMBERS. THESE EFFORTS PROVIDE INTEGRATED SUPPORT TO ENHANCE PEOPLE'S PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL WELL-BEING. GNU SUPPORTS COMMUNITY MEMBERS WITH IMPROVED ACCESS TO HEALTH SERVICES, FOCUSING ON DISEASE PREVENTION ACTIVITIES SUCH AS SUPPORTING HEALTH FACILITIES, PROVIDING REGULAR HEALTH CHECK-UP SERVICES, AND DISTRIBUTING DEWORMING PILLS. IN 2024, GNU LAUNCHED THE ZERO MALARIA PROJECT IN ZAMBIA TO ADDRESS HIGH MALARIA RATES THROUGH COMMUNITY-BASED INTERVENTIONS. THE PROJECT TRAINED 22 COMMUNITY HEALTH WORKERS, DISTRIBUTED 37,000 RAPID TEST KITS, AND PROVIDED BICYCLES TO IMPROVE HEALTHCARE ACCESS. IT ALSO INCLUDED THE RENOVATION OF A LOCAL HEALTH FACILITY, CONTRIBUTING TO A SIGNIFICANT DECLINE IN MALARIA CASES. ADDITIONALLY, TO IMPROVE ACCESS TO AFFORDABLE MEDICINE IN REMOTE AND VULNERABLE AREAS OF AFRICA, GNU SUPPLIED TABLETS OF PRAZIQUANTEL TO THE MINISTRIES OF HEALTH IN GHANA AND CAMEROON.

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

GNU SPONSORED 3,333 CHILDREN AGES FROM 3 TO 18 IN GUATEMALA, NICARAGUA, 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  
WOMEN & CHILDREN SHELTER

IN 2024, THE GOOD NEIGHBORS LA DOMESTIC SHELTER SUCCESSFULLY ENROLLED A TOTAL OF 75 CLIENTS, INCLUDING 52 ADULTS AND 23 CHILDREN, PROVIDING A SAFE AND SUPPORTIVE ENVIRONMENT FOR WOMEN AND CHILDREN IN CRISIS. THROUGHOUT THE YEAR, THE SHELTER OFFERED COMPREHENSIVE AND INDIVIDUALIZED CASE MANAGEMENT SERVICES DESIGNED TO ADDRESS THE DIVERSE NEEDS OF CLIENTS. THESE SERVICES INCLUDED ASSISTANCE WITH SECURING EMERGENCY INCOME, ACCESSING MEDICAL CARE, CONNECTING WITH MENTAL HEALTH RESOURCES, OBTAINING PERSONAL IDENTIFICATION, AND RECEIVING LEGAL SUPPORT. IN ADDITION, CLIENTS WERE PROVIDED WITH TRANSPORTATION SERVICES, INCENTIVES, AND CONSISTENT SUPPORT IN NAVIGATING HOUSING PLACEMENT OPPORTUNITIES.

EDUCATION

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,

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**GOOD NEIGHBORS USA**

Employer identification number

**20-3644749**

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. IN 2024, GNU SPONSORED AN IT PROGRAM FOR SIX SECONDARY SCHOOLS IN THANH HOA PROVINCE, VIETNAM, PROVIDING THE MATERIAL, PROGRAM, AND TRAINING FOR STUDENTS TO LEARN BASIC IT SKILLS AND PROPER HANDLING OF THE INTERNET.

**WATER & 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.

**INCOME GENERATION**

THE INCOME GENERATION PROJECT SUPPORTS THE ESTABLISHMENT AND OPERATION OF CO-OPERATIVES TO EXPAND OPPORTUNITIES AND STRENGTHEN CAPABILITIES FOR RESIDENTS IN POVERTY DUE TO LIMITED RESOURCES, INFORMATION, AND LOW TECHNOLOGY. IT SEEKS EQUAL ECONOMIC GROWTH IN THE COMMUNITY THROUGH INITIAL CAPITAL, TECHNICAL, AND BUSINESS COMPETENCY SUPPORT. IT HELPS DEVELOP THE COMMUNITY BY ESTABLISHING AND OPERATING SOCIAL ENTERPRISES THAT SIMULTANEOUSLY CREATE ECONOMIC AND SOCIAL VALUES. GNU PROVIDES TRAINING, RESOURCES, AND SUPPORT TO HELP FAMILIES START SMALL BUSINESSES, SUCH AS FARMING OR HANDICRAFTS, AND EARN A SUSTAINABLE INCOME. THE PROJECT ALSO FOCUSES ON BUILDING THE SKILLS AND KNOWLEDGE OF COMMUNITY MEMBERS TO MANAGE THEIR BUSINESSES EFFECTIVELY AND SUSTAINABLY.

**FORM 990, PART VI - ADDITIONAL INFORMATION****SECTION B, LINE 11 B**

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS AFTER IT IS REVIEWED BY MANAGEMENT. THE BOARD OF DIRECTORS REVIEWS FORM 990 AND RAISES ANY QUESTIONS TO MANAGEMENT FOR RESOLUTION. FORM 990 IS THEN FILED ELECTRONICALLY WITH THE IRS AND POSTED GOOD NEIGHBORS USA'S WEB SITE.

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

ILHA YI  
CHAIRMAN  
BROTHER

THOMAS YI  
TREASURER

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**GOOD NEIGHBORS USA**

Employer identification number

**20-3644749**

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

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

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

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

FORM 990, PART XII - ADDITIONAL INFORMATION  
LINE 2C

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

034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2024****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name

**GOOD NEIGHBORS USA**

Identifying number

**20-3644749****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>12,587,317</b>
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>12,587,317</b>
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

**Part II Settle Your Account Electronically for Taxable Year 2024**5 ☐ Direct deposit of refund (Form 109 only.)6 ☐ Electronic funds withdrawal      6a Amount \_\_\_\_\_      6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)9 Routing number **122000247**10 Account number **3163154721**11 Type of account: ☒ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Signature of officer

**04/14/25**

Date

**SECRETARY GENERAL**

Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 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**ERO's  
signature**KIWOOK UHM**

Date

**05/15/25**Check if  
also paid  
preparerCheck  
if self-  
employed

ERO's PTIN

**P00845230****Must  
Sign**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**Paid  
preparer's  
signature

Date

Check  
if self-  
employed

Paid preparer's PTIN

**Must  
Sign**Firm's name (or yours  
if self-employed)  
and address

Firm's FEIN

ZIP code

FTB 8453-EO 2024

TAXABLE YEAR

2024

California Exempt Organization  
Annual Information Return

FORM

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name

GOOD NEIGHBORS USA

California corporation number

2775061

Additional information. See instructions.

FEIN

20-3644749

Street address (suite or room)

131 N. TUSTIN AVE. STE 204

PMB no.

City

TUSTIN

State

CA

ZIP code

92780

Foreign country name

Foreign province/state/county

Foreign postal code

<b>A</b> First return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D</b> Final information return?	
• <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	
Enter date: (mm/dd/yyyy) _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF	
(3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series	
<b>G</b> Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Is this organization in a group exemption	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," what is the parent's name? _____	
<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <b>N/A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K</b> Is the organization exempt under R&TC Section 23701g?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the gross receipts from nonmember sources \$ _____	
<b>L</b> Is the organization a limited liability company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>O</b> Is federal Form 1023/1024 pending?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date filed with IRS _____	

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	262,409	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	12,324,908	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.			
		<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	12,587,317	00
Expenses	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	12,587,317	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	12,531,770	00
Payments	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	55,547	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer	Title	Date	Telephone	
	Signature of officer	SECRETARY GENERAL	05/15/2025	877-499-9898	
	Preparer's signature	Signature of preparer	Date	Check if self-employed	PTIN
	Preparer's signature	Signature of preparer	Date	Check if self-employed	PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	MOUNTAIN, LLP 3700 WILSHIRE BLVD STE 535 LOS ANGELES, CA 90010-2918			Firm's FEIN
					88-4118548
					Telephone
				213-389-0080	
May the FTB discuss this return with the preparer shown above? See instructions					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Receipts from Other Sources</b>	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	229,114	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income. Attach schedule	•	7	SEE STATEMENT 1	33,295 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	262,409	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	SEE STATEMENT 2	9,739,879 00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	SEE STATEMENT 3	00
	12	Other salaries and wages	•	12	848,833	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16	30,804	00
	17	Other expenses and disbursements. Attach schedule	•	17	SEE STATEMENT 4	1,912,254 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	12,531,770	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		527,074	•	356,317
2	Net accounts receivable		198,366	•	118,880
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	978,999		978,999	
b	Less accumulated depreciation	204,009	774,990	234,472	744,527
11	Land		1,500,000	•	1,500,000
12	Other assets. Attach schedule. <b>STMT 5</b>		61,583	•	72,488
13	<b>Total assets</b>		3,062,013		2,792,212
<b>Liabilities and net worth</b>					
14	Accounts payable		406,834	•	81,027
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule. <b>STMT 6</b>		2,040		2,499
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		2,653,139	•	2,708,686
22	<b>Total liabilities and net worth</b>		3,062,013		2,792,212

**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	•	55,547	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		55,547
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		55,547				

**Schedule B  
(Form 990)**(Rev. December 2024))  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**GOOD NEIGHBORS USA****20-3644749**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

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

Schedule B (Form 990) (Rev. 12-2024)

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	BLESSINGS INTERNATIONAL 1650 N. INDIANWOOD AVE. BROKEN ARROW OK 74012	\$ 7,629,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	OPEN BANK 1000 WILSHIRE BLVD. SUITE 500 LOS ANGELES CA 90017	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KEON SEOK AND HAE RYONG KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 18,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JUNG HU PARK 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SEONGHO KIM 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 9,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EUNICE KIM 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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	JONG YONG PARK 131 N. TUSTIN AVE. # 204 TUSTIN CA 92780	\$ 6,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SUNNY HILL 131 N. TUSTIN AVE. #204 TUSTIN CA 92780	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CKP, LLP 3435 WILSHIRE BLVD. SUITE 2240 LOS ANGELES CA 90010	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SU MORROW 2449 CHERWOOD DR ENID OK 73703	\$ 9,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HYUN JUNG CHO 944 S PENINSULA DR. APT 205 DAYTONA BEACH FL 32118	\$ 7,991	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HEYSUN HAN 3497 VIOLA LN AUBURN GA 30011	\$ 5,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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
13	YOUNG HWA MISSION FOUNDATION 169 W ARROW HWY GLENDORA CA 91740	\$ 5,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HYUN AH SON 207 BANCROFT IRVINE CA 92620	\$ 5,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	YOUNG JIN KO 3959 LAUREL CANYON BLVD. APT A STUDIO CITY CA 91604	\$ 5,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KYE OK DEMPS 4374 WEST AVE. M 11 LANCASTER CA 93536	\$ 5,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	BROTHERS'S BROTHER FOUNDATION 1200 GALVESTON AVE PITTSBURGH PA 15233	\$ 53,901	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	BUSINESS CONNECT L3C 4064 DIVISION AVE S GRAND RAPIDS MI 49548	\$ 412,535	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
19	GENESIS DESIGN & MARKETING GROUP 9915 PIONEER BLVD SANTA FE SPRINGS CA 90670	\$ 173,118	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	BLACKYAK & NAU.COM 304 NW 11TH AVENUE PORTLAND OR 97209	\$ 112,359	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	GOOD 360 675 N. WASHINGTON ST. STE 330 ALEXANDRA VA 22314	\$ 80,323	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOOD NEIGHBORS USA

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	\$ 7,629,340	
17	MEDICAL SUPPLIES	\$ 53,901	
18	WATER PURIFICATION TABLETS	\$ 412,535	
19	WOMEN SHOES	\$ 173,118	
20	CLOTHING	\$ 112,359	
21	EDUCATION MATERIALS	\$ 80,323	

California Statements

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

Description	Amount
MISCELLANEOUS	\$ 33,295
TOTAL	\$ 33,295

GOOD4749 GOOD NEIGHBORS USA  
20-3644749  
FYE: 12/31/2024

5/15/2025

## California Statements

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

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
	EDUCATION	EDUCATION	70,339					
	WATER FOR LIFE	WATER AND SANITATION	500,691					
	INCOME GENERATION	INCOME GENERATION	5,000					
SUBTOTAL			\$ 576,030					
1	MEDICAL SUPPORT	HEALTH	5,968,470					
2	EMERGENCY RELIEF	EMERGENCY RELIEF	2,462,742					
3	CHILD SUPPORT	CHILD SUPPORT	732,637					
TOTAL			\$ 9,739,879					

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

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

## California Statements

5/15/2025

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

Name		Address		Title	Avg Hrs	Compensation Amount
City	State	Zip				
GORDON TURNER				DIRECTOR	2.00	
JOHN BYON				DIRECTOR	2.00	
MINHO CHOI				DIRECTOR	2.00	
MINA CHOI				SECRETARY GENERAL	2.00	
TOTAL						<u>0</u>

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

Description	Amount
PAYROLL TAXES	\$ 40,570
PROFESSIONAL FEE	98,329
TRAVEL	734
AUTOMOBILE EXPENSE	13,032
BANK CHARGE	3,883
DONER MANAGEMENT	163,040
DUE AND SUBSCRIPTION	18,895
OTHER TAX	69,752
PROGRAM SUPPORT	856,144
REPAIR AND MAINTENANCE	68,163
UTILITIES	57,128
SUPPLIES	3,765
ADVERTISING	402,691
INSURANCE	6,579
	109,549
TOTAL	\$ 1,912,254

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

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 8,552	\$ 7,376
OPERATING LEASE ROU	5,993	7,799
PREPAID EXPENSES	43,832	54,448
	3,206	2,865
TOTAL	\$ 61,583	\$ 72,488

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

Description	Beginning of Year	End of Year
OPERATING LEASE	\$ 2,040	\$ 2,499
TOTAL	\$ 2,040	\$ 2,499



034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2024****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)

<b>1</b> Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) .....	<b>1</b> _____
<b>2</b> Total gross income or total tax (Form 199, line 8 or Form 109, line 14) .....	<b>2</b> _____
<b>3</b> Refund (Form 109, line 26) .....	<b>3</b> _____
<b>4</b> Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) .....	<b>4</b> _____

**Part II Settle Your Account Electronically for Taxable Year 2024****5** ☐ Direct deposit of refund (Form 109 only.)**6** ☐ Electronic funds withdrawal      **6a** Amount \_\_\_\_\_      **6b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
<b>7</b> Amount				
<b>8</b> Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)**9** Routing number **122000247****10** Account number **3163154721****11** Type of account: ☒ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Signature of officer

Date

**SECRETARY GENERAL**

Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**ERO's  
signature**KIWOOK UHM**

Date

Check if  
also paid  
preparerCheck  
if self-  
employed

ERO's PTIN

**P00845230**Firm's name (or yours  
if self-employed)  
and address**MOUNTAIN, LLP****3700 WILSHIRE BLVD STE 535  
LOS ANGELES CA**

Firm's FEIN

**88-4118548**

ZIP code

**90010-2918**

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

**Paid  
Preparer  
Must  
Sign**Paid  
preparer's  
signature

Date

Check  
if self-  
employed

Paid preparer's PTIN

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

Firm's FEIN

ZIP code

FTB 8453-EO 2024

TAXABLE YEAR

**2024****Corporation Depreciation  
and Amortization**

CALIFORNIA FORM

**3885**Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

**GOOD NEIGHBORS USA**

California corporation number

**2775061****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
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 <b>smaller</b> 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 2025. 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					30,463	
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) .....					30,463	

**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	30,463
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) .....	20	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

5/15/2025

### 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
FURNITURE	1/17/17	\$ 780	\$ 774	S/L	7.00	\$ 5	\$
FURNITURE	1/26/17	1,049	1,038	S/L	7.00	10	
OFFICE EQUIPMENT	3/30/17	97	94	S/L	7.00	3	
OFFICE EQUIPMENT	5/08/17	276	262	S/L	7.00	14	
FURNITURE-SHELTER	10/10/17	12,757	11,349	S/L	7.00	1,408	
FURNITURE-SHELTER	10/25/17	1,875	1,657	S/L	7.00	218	
FURNITURE-SHELTER	10/26/17	1,626	1,434	S/L	7.00	192	
FURNITURE-SHELTER	10/31/17	981	863	S/L	7.00	118	
FURNITURE-SHELTER	11/07/17	523	459	S/L	7.00	63	
FURNITURE-SHELTER	11/10/17	891	781	S/L	7.00	109	
FURNITURE-SHELTER	11/14/17	1,795	1,570	S/L	7.00	223	
FURNITURE-SHELTER	11/17/17	620	542	S/L	7.00	77	
FURNITURE-SHELTER	11/14/17	3,296	2,887	S/L	7.00	409	
FURNITURE-SHELTER	11/30/17	900	786	S/L	7.00	114	
FURNITURE-SHELTER	11/28/17	552	479	S/L	7.00	72	
FURNITURE-SHELTER	11/17/17	219	192	S/L	7.00	27	
FURNITURE-SHELTER	12/11/17	900	778	S/L	7.00	121	

## California Statements

5/15/2025

### 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
OFFICE EQUIPMENT-SHELTER	11/06/17	\$ 109	\$ 96	S/L	7.00	\$ 13	\$
LHI-SHELTER	11/01/17	122	19	S/L	39.50	3	
LHI-SHELTER	11/03/17	272	42	S/L	39.50	7	
LHI-SHELTER	11/10/17	900	140	S/L	39.50	23	
LHI-SHELTER	11/10/17	641	100	S/L	39.50	16	
LHI-SHELTER	11/13/17	431	67	S/L	39.50	11	
LHI-SHELTER	11/15/17	600	93	S/L	39.50	15	
LHI-SHELTER	11/15/17	810	126	S/L	39.50	20	
LHI-SHELTER	11/20/17	800	123	S/L	39.50	20	
FURNITURE-SHELTER	11/30/17	900	782	S/L	7.00	118	
FURNITURE-SHELTER	12/05/17	700	607	S/L	7.00	93	
LHI-SHELTER	12/07/17	327	50	S/L	39.50	9	
LHI-SHELTER	12/11/17	100	15	S/L	39.50	3	
LHI-SHELTER	12/11/17	240	37	S/L	39.50	6	
LHI-SHELTER	12/13/17	600	92	S/L	39.50	16	
LHI-SHELTER	12/14/17	520	80	S/L	39.50	13	
LHI-SHELTER	12/14/17	1,500	231	S/L	39.50	38	

## California Statements

5/15/2025

### Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
COMPUTER	5/20/19	\$ 1,278	\$ 1,181	S/L	5.00	\$ 97	\$
LHI	12/31/19	2,400	243	S/L	39.50	61	
BUILDING	5/29/18	875,000	122,682	S/L	39.50	23,483	
FURNITURE-SHELTER	3/03/20	130	71	S/L	7.00	19	
FURNITURE-SHELTER	3/03/20	700	383	S/L	7.00	100	
FURNITURE-SHELTER	3/03/20	800	437	S/L	7.00	115	
FURNITURE-SHELTER	3/03/20	3,000	1,641	S/L	7.00	429	
FURNITURE-SHELTER	9/23/20	399	186	S/L	7.00	57	
EQUIPMENT - BLDG.	11/05/20	5,880	2,649	S/L	7.00	840	
COMPUTER-SHELTER	2/24/21	539	307	S/L	5.00	107	
COMPUTER	3/28/21	1,459	805	S/L	5.00	292	
COMPUTER	5/12/21	603	318	S/L	5.00	121	
COMPUTER	10/31/21	544	235	S/L	5.00	109	
COMPUTER	10/31/21	973	421	S/L	5.00	194	
COMPUTER	12/22/21	1,458	589	S/L	5.00	292	
COMPUTER	1/04/22	867	344	S/L	5.00	174	
COMPUTER	9/27/22	613	155	S/L	5.00	122	

## California Statements

### Indirect Depreciation

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
COMPUTER	10/21/22	\$ 1,222	\$ 292	S/L	5.00	\$ 244	\$
TOTAL		\$ 936,574	\$ 161,584			\$ 30,463	\$ 0

### 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	\$ 1,907	197	15.00	\$ 341
TOTAL		\$ 5,113	\$ 1,907			\$ 341