

Critical Messages

None

Electronic Filing

- The File this return electronically field has been selected on Screen ELF; however, the electronic file has not been created or checked for errors under File > Print Returns > Select the Gov't copy and the Create electronic file checkbox

Informational Messages

- Enter an election statement on Screen Elect when electing out of bonus depreciation for 3 year property
- Organization contact email is blank in the electronic record for firm contact information; Organization email is updated on screen Contact
- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- Preparer 'KIWOOK UHM, CPA', Staff 'KIWOOK UHM'

Missing Data

	Prior Year Data
Functional Expenses	
<input type="checkbox"/> Tot / PS, occupancy	24,402
<input type="checkbox"/> F/R occupancy	1,514
Income, Analysis of Activities, Additional Information	
<input type="checkbox"/> Direct public support-noncash	7,684,525
<input type="checkbox"/> Tax-exempt interest	137
Extensions	
<input type="checkbox"/> Date extension due - 990	11/15/17
<input type="checkbox"/> 8868 date for 990 / 990-EZ	11/15/17
Non-Cash Contributions	
<input type="checkbox"/> Medical supplies - method	COST OF LOWER OF MARKET
Balance Sheet - Assets	
<input type="checkbox"/> Current year book depreciation	45,983
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> Unrestricted - EOY force	1,452,692
<input type="checkbox"/> Other liabilities - EOY	6,400

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

20-3644749

GOOD NEIGHBORS USA

Net Asset / Fund Balance at Beginning of Year		<u>1,452,692</u>
Revenue		
Contributions	<u>18,885,394</u>	
Program service revenue	<u> </u>	
Investment income	<u> </u>	
Capital gain / loss	<u>2,509,405</u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>39,571</u>	
Total revenue		<u>21,434,370</u>
Expenses		
Program services	<u>18,812,454</u>	
Management and general	<u>257,058</u>	
Fundraising	<u>281,042</u>	
Total expenses		<u>19,350,554</u>
Excess / (deficit)		<u>2,083,816</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>3,536,508</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>21,434,370</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>21,434,370</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>19,350,554</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>19,350,554</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,381,951</u>	<u>3,633,878</u>	
Liabilities	<u>1,929,259</u>	<u>97,370</u>	
Net assets	<u>1,452,692</u>	<u>3,536,508</u>	<u>2,083,816</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/18
Failure to file penalty _____

UCMK LLP
3530 Wilshire Blvd Ste 1510
Los Angeles, CA 90010-2342
213-388-8943

September 27, 2018

CONFIDENTIAL

GOOD NEIGHBORS USA
6131 ORANGETHORPE AVE. #410
BUENA PARK, CA 90620

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

UCMK LLP

UCMK LLP
3530 Wilshire Blvd Ste 1510
Los Angeles, CA 90010-2342
213-388-8943

September 27, 2018

CONFIDENTIAL

GOOD NEIGHBORS USA
6131 ORANGETHORPE AVE. #410
BUENA PARK, CA 90620

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/17.

Amount due \$ 0.00

Filing Instructions

GOOD NEIGHBORS USA

Exempt Organization Tax Return

Taxable Year Ended December 31, 2017

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/17 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

UCMK LLP
3530 Wilshire Blvd Ste 1510
Los Angeles, CA 90010-2342

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 2017, and ending 20

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

Name and title of officer

**SUNGRACK PARK
SECRETARY**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	21,434,370
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **UCMK LLP** to enter my PIN **44749** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature }

Date } **09/30/18**

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.

96355611114
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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 }

Date } **09/30/18**

ERO Must Retain This Form ?See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

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 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">GOOD NEIGHBORS USA</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">6131 ORANGETHORPE AVE. #410</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">BUENA PARK CA 90620</p>	D Employer identification number <p style="text-align: center;">20-3644749</p> E Telephone number <p style="text-align: center;">877-499-9899</p> G Gross receipts \$ 24,624,965
F Name and address of principal officer: <p style="text-align: center;">ILHA YI</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.GOODNEIGHBORS.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	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: <p style="text-align: center;">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.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	43
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,032,993	Current Year 18,885,394
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137	2,509,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,444	39,571
	12 Total revenue ?add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,037,574	21,434,370
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1?)	9,353,737	18,149,830
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5?0)	244,128	310,210
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 281,042	0	0
	17 Other expenses (Part IX, column (A), lines 11a?1d, 11f?24e)	516,303	890,514
18 Total expenses. Add lines 13?7 (must equal Part IX, column (A), line 25)	10,114,168	19,350,554	
19 Revenue less expenses. Subtract line 18 from line 12	923,406	2,083,816	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,381,951	End of Year 3,633,878
	21 Total liabilities (Part X, line 26)	1,929,259	97,370
	22 Net assets or fund balances. Subtract line 21 from line 20	1,452,692	3,536,508

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 <p style="text-align: center;">SUNGRACK PARK</p> Type or print name and title	Date <p style="text-align: center;">SECRETARY</p>
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Paid Preparer Use Only	Print/Type preparer's name KIWOOK UHM, CPA	Preparer's signature KIWOOK UHM, CPA	Date 09/27/18	Check <input type="checkbox"/> if self-employed PTIN P00845230
	Firm's name } UCMK LLP			Firm's EIN } 27-4502493
	Firm's address } 3530 Wilshire Blvd Ste 1510 Los Angeles, CA 90010-2342			Phone no. 213-388-8943

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **926,464** including grants of \$ **926,464**) (Revenue \$)

Emergency Relief.

Good Neighbors delivers immediate assistance and set up long-term relief efforts including dispensing food and clean water;improving sanitation;providing medical assistance and shelter; and preventing or minimizing disease outbreaks. Good Neighbors USA coordinated the acquisition of food and medicine that were distributed to daycare centers, hospitals, medical offices and clinics as well as to other Good Neighbors project sites.

4b (Code:) (Expenses \$ **27,065** including grants of \$ **27,065**) (Revenue \$)

Water For Life.

Our Water For Life project is simple and economically sustainable: build water wells in areas of developing countries where local people are deprived of clean water. Families regularly drink filthy water from muddy puddles or nearby rivers-often the same water used for washing dishes or bathing-which can lead to cholera, malaria, and other debilitating diseases. Children spend whole days walking miles to collect water, leaving them vulnerable to assaults and making school attendance a low priority. One Good Neighbors water well serves a village of 4,000 for up to 21 years, dramatically and immediately improving the health and well-being of an entire community. We build the well with villagers, monitor its progress in

4c (Code:) (Expenses \$ **201,460** including grants of \$ **201,460**) (Revenue \$)

Child sponsorship.

Good Neighbors' child sponsorship program is designed to combat three critical problems that children in developing countries face:a lack of education, poor nutrition, and little to no access to affordable medical care. Our child sponsorship program encourages donors to make a monthly commitment that covers a child's tuition, uniforms, school supplies, books, lunchtime meals, and medical care. It's an effective program that stands out because it is 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

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

(Expenses \$ **17,657,465** including grants of \$ **16,994,841**) (Revenue \$)

4e Total program service expenses **u 18,812,454**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	7		
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 in Schedule O.			
1b	4		
Enter the number of voting members included in line 1a, above, who are independent			
2		X	
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?			
3			X
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
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?			
7b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8a		X	
a The governing body?			
8b		X	
b Each committee with authority to act on behalf of the governing body?			
9			X
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 in Schedule O.			

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: **u**

GOOD NEIGHBORS USA
BUENA PARK

6131 ORANGETHORPE AVE. # 410

CA 90620

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ILHA YI PRESIDENT	2.00 0.00	X		X				0	0	0
(2) TIMOTHY HASS DIRECTOR	1.00 0.00	X						0	0	0
(3) DAVID MARH CHAIRMAN	1.00 0.00	X						0	0	0
(4) THOMAS YI TREASURER	1.00 0.00	X		X				0	0	0
(5) GORDON TURNER DIRECTOR	1.00 0.00	X						0	0	0
(6) JINOK YANG DIRECTOR	1.00 0.00	X						0	0	0
(7) SUNGRACK PARK SECRETARY	40.00 0.00			X				0	0	0
(8) RALPH PLUMB DIRECTOR	40.00 0.00			X				0	0	0
(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u 0**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,885,394			
	g Noncash contributions included in lines 1a-1f: \$		16,711,882			
	h Total. Add lines 1a?f	u	18,885,394			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a?f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			5,700,000			
	b Less: cost or other basis & sales exps.		3,190,595			
	c Gain or (loss)		2,509,405			
	d Net gain or (loss)	u	2,509,405	2,509,405		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a <u>INTEREST INCOME</u>			21,910		21,910	
b <u>REAL PROPERTY RENTAL INCOME</u>			16,691		16,691	
c <u>INSURANCE</u>			970		970	
d All other revenue						
e Total. Add lines 11a?1d	u		39,571			
12 Total revenue. See instructions.	u		21,434,370	2,509,405	0	39,571

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,149,830	18,149,830		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	268,594	182,874	42,434	43,286
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,000	10,800	1,800	5,400
9 Other employee benefits				
10 Payroll taxes	23,616	16,150	3,846	3,620
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	71,195	14,239	8,624	48,332
13 Office expenses	3,515	1,249	2,031	235
14 Information technology				
15 Royalties				
16 Occupancy	23,101		23,101	
17 Travel	33,253	12,065	7,681	13,507
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,927	1,807	2,694	2,426
20 Interest	42,185	7,172	30,795	4,218
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,220	2,318	21,902	
23 Insurance	29,038	19,901	4,595	4,542
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL FEES	423,175	342,354	38,971	41,850
b SPECIAL EVENTS	149,723	29,984	14,369	105,370
c DUE AND SUBSCRIPTION	20,132	9,399	6,266	4,467
d SUPPLY	16,748	3,517	12,945	286
e All other expenses	47,302	8,795	35,004	3,503
25 Total functional expenses. Add lines 1 through 24e	19,350,554	18,812,454	257,058	281,042
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	157,410	1	3,484,246
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	84,088
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,026	9	6,244
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,612		
	b Less: accumulated depreciation	10b 35,824	10c	45,788
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	375	15	13,512
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,381,951	16	3,633,878	
Liabilities	17 Accounts payable and accrued expenses	59,750	17	97,370
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,863,109	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,400	25	
	26 Total liabilities. Add lines 17 through 25	1,929,259	26	97,370
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,452,692	27	3,536,508
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,452,692	33	3,536,508	
34 Total liabilities and net assets/fund balances	3,381,951	34	3,633,878	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,434,370
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,350,554
3	Revenue less expenses. Subtract line 2 from line 1	3	2,083,816
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,452,692
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,536,508

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

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 or 990-EZ).)
- 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 in 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?0 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,419,428	2,724,864	2,905,652	11,032,993	18,885,394	37,968,331
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,419,428	2,724,864	2,905,652	11,032,993	18,885,394	37,968,331
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,951,652
6 Public support. Subtract line 5 from line 4.						22,016,679

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,419,428	2,724,864	2,905,652	11,032,993	18,885,394	37,968,331
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	113		6			119
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				4,444	38,601	43,045
11 Total support. Add lines 7 through 10						38,011,495

12 Gross receipts from related activities, etc. (see instructions) 12 119

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	57.92 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.98 %

16a 33 1/3% support test?017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test?016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test?017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test?016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests?2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests?2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

\$ 4,444

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLOBAL MED PARTNERS 3505 CADILLA AVE COSTA MESA CA 92626	\$ 16,711,882	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	OARSMEN FOUNDATION 25550 HAWTHORNE BLVD TORRANCE CA 90505	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SEUNG YUP DAVID YANG 5504 COREOPSIS COURT CENTREVILLE VA 20120	\$ 4,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JANETTE KANG 20234 VIA SANSOVINO PORTER RANCH CA 91326	\$ 3,835	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KEON SEOK & HAE RYONG KIM 3417 AVALON BLVD. LOS ANGELES CA 90011	\$ 21,245	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOHN BYON 3200 WILSHIRE BLVD. SUITE 1515 LOS ANGELES CA 90010	\$ 7,006	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE ELDERS CHOIR OF SOUTHERN CA 7902 COLLINS LN LA PALMA CA 90623	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ERIC & GRACE YUN 3528 W. 8TH STREET. NO. B LOS ANGELES CA 90005	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	YOUNGMI & CHOONHO YOON 4245 HASTINGS DR. CUMMING GA 30041	\$ 3,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SAN FRANCISCO GOD'S IMAGE 8101 ADMIRALTY LANE FOSTER CITY CA 94404	\$ 3,805	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NEW HOPE CHURCH OF SOUTHERN CA 50 S. ROSEMEAD BLVD. PASADENA CA 91107	\$ 3,360	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JOYFUL BAPTIST CHURCH 9565 OTERO AVE. COLORADO SPRINGS CO 80920	\$ 3,290	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HYUKBIN KWON 17200 JAMBOREE RD IRVINE CA 92614	\$ 3,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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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	\$ 16,711,882
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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 |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		81,612	35,824	45,788
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				45,788

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA & THE PACIFIC	0				
(1)		1	PROGRAM		13,485
CENTRAL AMERICA AND CARRI					
(2)		1	PROGRAM		159,703
SUB-SAHARAN AFRICA					
(3)		1	PROGRAM		122,560
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		3			295,748
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3			295,748

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)				CHILD SPONSORSHIP	201,460				
(2)				EMERGENCY RELIEF	926,464				
(3)				WATER FOR LIFE	27,065				
(4)				OTHER PROGRAM	193,210				
(5)				MEDICAL SUPPORT			16,801,631	MEDICAL SUPPLY	
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** _____

3 Enter total number of other organizations or entities **u** _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Procedures for Monitoring the Use of Grant Funds Good Neighbors USA implements its international activities through the field offices of Good Neighbors International, an affiliation organized in Korea. Programs funded by Good Neighbors would include staff assistance, where a technical specialist will work with and visit Good Neighbors field staff in the respective countries.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
EAST ASIA & THE PACIFIC O	\$ 13,485	\$ 0
CENTRAL AMERICA AND CARRI	\$ 159,703	\$ 0
SUB-SAHARAN AFRICA	\$ 122,560	\$ 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art Works of art				
2 Art Historical treasures				
3 Art Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities Publicly traded				
10 Securities Closely held stock				
11 Securities Partnership, LLC, or trust interests				
12 Securities Miscellaneous				
13 Qualified conservation contribution Historic structures				
14 Qualified conservation contribution Other				
15 Real estate Residential				
16 Real estate Commercial				
17 Real estate Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	16,711,882	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	29
--	-----------

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

SCHEDULE O
(Form 990 or 990-EZ)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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749**Form 990, Part III, Line 4b - Second Accomplishment**

the following months, and then train locals to continue maintaining the well as needed. In 2011, Good Neighbors built 30 wells: 20 in Chad, five in the Dominican Republic, and five in Malawi, providing clean water to approximately 120,000 people.

Form 990, Part III, Line 4c - Third Accomplishment

the right opportunities to one day be productive adults who contribute positively to their society. Last year, Good Neighbors USA successfully sponsored 915 children ages 4-18 in Chad, Malawi, and Guatemala.

Form 990, Part III, Line 4d - All Other Accomplishment**Project Cookstovers & Other Projects.**

Three billion people around the world cook, eat, sleep, and work around indoor fires and old cookstoves every day. Toxic indoor smoke leads to a number of health risks including low birth weight, pneumonia in young children, emphysema, cardiovascular disease, and lung cancer. Children spend hours each day walking miles to collect firewood instead of attending school, and the trip makes them vulnerable to assaults since many travel into the woods by themselves. In 2010, Good Neighbors launched Project Cookstoves in Solola, Guatemala, an initiative that builds clean cookstoves for families and allows us to promote education, empowerment of women, the well-being of children, and environmental protection. After a new stove is installed, there is an immediate difference in the family's standard of living; mothers can be seen cooking around the stove with their daughters,

Name of the organization GOOD NEIGHBORS USA	Employer identification number 20-3644749
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children play freely in a smoke-free home, and everyone's overall health is drastically changed for the better. The cost to build on cookstove is \$400. In 2011, we built 20 cookstoves for about 100 family members.

Hope School.

Hope School project focuses on improving the quality of education for children in Africa. Good Neighbors builds and help operate elementary schools in communities so that children can have access to education. The schools also function as a community center where adults can receive training and workshops to make their community more self-sustaining.

Medical supply (Gift-in-Kind)

To provide tangible health resources given in support of one or more medical institutions by our GN field countries toward the mutual objective of improving the health and well-being of the recipients

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 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

Name of the organization

Employer identification number

GOOD NEIGHBORS USA

20-3644749

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

NO DOCUMENTS AVAILABLE TO PUBLIC

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **179**

Name(s) shown on return

GOOD NEIGHBORS USA

Identifying number

20-3644749

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	2,552

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 2017	17	21,668
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 checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	24,220
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** (2017)

Year Ended: December 31, 2017

20-3644749

GOOD NEIGHBORS USA
6131 ORANGETHORPE AVE. #410
BUENA PARK, CA 90620

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

20-3644749

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
17	FURNITURE AND FIXTURE	10/15/07	2,941			2,941	7 HY 200DB	2,941	0
18	COMPUTER	10/15/07	2,058			2,058	5 HY 200DB	2,058	0
19	COMPUTER	10/15/07	1,196			1,196	5 HY 200DB	1,196	0
20	EQUIPMENT	10/15/07	3,435			3,435	5 HY 200DB	3,435	0
21	EQUIPMENT	10/15/07	2,567			2,567	5 HY 200DB	2,567	0
22	EQUIPMENT	10/15/07	896			896	5 HY 200DB	896	0
28	BUILDING - COSTA MESA	4/05/16	2,331,642			2,331,642	39 MMS/L	43,656	21,618
	Sold/Scrapped: 5/15/17								
30	FURNITURE AND FIXTURE	8/29/16	350			350	7 HY 200DB	17	50
			<u>2,345,085</u>			<u>2,345,085</u>		<u>56,766</u>	<u>21,668</u>
Other Depreciation:									
1	FURNITURE	11/12/10	700			700	7 MO S/L	614	86
2	FURNITURE	11/12/10	500			500	7 MO S/L	438	62
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	822	168
12	COMPUTER	1/17/12	1,967			1,967	5 MO S/L	1,951	16
13	CAMERA	2/29/12	1,634			1,634	5 MO S/L	1,581	53
14	CAMERA	4/30/12	1,855			1,855	5 MO S/L	1,734	121
15	NOTE BOOK	9/07/12	886			886	5 MO S/L	765	121
16	OFFICE EQUIPMENT	9/07/12	696			696	7 MO S/L	429	100
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
29	LAND - COSTA MESA	4/05/16	925,086			925,086	0 -- Land	0	0
	Sold/Scrapped: 5/15/17								
31	COMPUTER	7/22/16	743			743	5 MO S/L	67	148
32	COMPUTER	1/31/17	2,375			2,375	5 MO S/L	0	435
33	COMPUTER	3/06/17	867			867	5 MO S/L	0	143
34	COMPUTER	6/06/17	146			146	5 MO S/L	0	17
35	FURNITURE	1/17/17	780			780	7 MO S/L	0	106
36	FURNITURE	1/26/17	1,049			1,049	7 MO S/L	0	139
37	OFFICE EQUIPMENT	3/30/17	97			97	7 MO S/L	0	10
38	OFFICE EQUIPMENT	5/08/17	276			276	7 MO S/L	0	26
39	FURNITURE-SHELTER	10/10/17	12,757			12,757	7 MO S/L	0	409
40	FURNITURE-SHELTER	10/25/17	1,875			1,875	7 MO S/L	0	49
41	FURNITURE-SHELTER	10/26/17	1,626			1,626	7 MO S/L	0	42
42	FURNITURE-SHELTER	10/31/17	981			981	7 MO S/L	0	23
43	FURNITURE-SHELTER	11/07/17	523			523	7 MO S/L	0	11
44	FURNITURE-SHELTER	11/10/17	891			891	7 MO S/L	0	18
45	FURNITURE-SHELTER	11/14/17	1,795			1,795	7 MO S/L	0	33
46	FURNITURE-SHELTER	11/17/17	620			620	7 MO S/L	0	11
47	FURNITURE-SHELTER	11/14/17	3,296			3,296	7 MO S/L	0	61
48	FURNITURE-SHELTER	11/20/17	900			900	7 MO S/L	0	14
49	FURNITURE-SHELTER	11/28/17	552			552	7 MO S/L	0	7
50	FURNITURE-SHELTER	11/17/17	219			219	7 MO S/L	0	4
51	FURNITURE-SHELTER	12/11/17	900			900	7 MO S/L	0	7
52	FURNITHRE-SHELTER	11/30/17	1,750			1,750	7 MO S/L	0	21
53	COMPUTER-SHELTER	10/30/17	1,748			1,748	5 MO S/L	0	58
54	CAMERA-SHELTER	12/18/17	702			702	5 MO S/L	0	5
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109			109	7 MO S/L	0	3
56	LHI-SHELTER	11/01/17	122			122	39 MO S/L	0	1
57	LHI-SHELTER	11/03/17	272			272	39 MO S/L	0	1
58	LHI-SHELTER	11/10/17	900			900	39 MO S/L	0	3
59	LHI-SHELTER	11/10/17	641			641	39 MO S/L	0	2
60	LHI-SHELTER	11/13/17	431			431	39 MO S/L	0	2
61	LHI-SHELTER	11/15/17	600			600	39 MO S/L	0	2
62	LHI-SHELTER	11/15/17	810			810	39 MO S/L	0	3
63	LHI-SHELTER	11/20/17	800			800	39 MO S/L	0	2
64	LHI-SHELTER	11/30/17	900			900	39 MO S/L	0	2
65	LHI-SHELTER	12/05/17	700			700	39 MO S/L	0	1
66	LHI-SHELTER	12/07/17	327			327	39 MO S/L	0	1

20-3644749

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
67	LHI-SHELTER	12/11/17	100			100	39 MO S/L	0	0
68	LHI-SHELTER	12/11/17	240			240	39 MO S/L	0	0
69	LHI-SHELTER	12/13/17	600			600	39 MO S/L	0	1
70	LHI-SHELTER	12/14/17	520			520	39 MO S/L	0	1
71	LHI-SHELTER	12/14/17	1,507			1,507	39 MO S/L	0	3
Total Other Depreciation			<u>993,255</u>			<u>993,255</u>		<u>20,112</u>	<u>2,552</u>
Total ACRS and Other Depreciation			<u>993,255</u>			<u>993,255</u>		<u>20,112</u>	<u>2,552</u>
Amortization:									
27	WEBSITE	9/03/08	76,650			76,650	15 MO Amort	76,650	0
			<u>76,650</u>			<u>76,650</u>		<u>76,650</u>	<u>0</u>
Grand Totals			3,414,990			3,414,990		153,528	24,220
Less: Dispositions and Transfers			3,256,728			3,256,728		43,656	21,618
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>158,262</u>			<u>158,262</u>		<u>109,872</u>	<u>2,602</u>

20-3644749

CA Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
17	FURNITURE AND FIXTURE	10/15/07	2,941	2,941	2,941	0	0	0
18	COMPUTER	10/15/07	2,058	2,058	2,058	0	0	0
19	COMPUTER	10/15/07	1,196	1,196	1,196	0	0	0
20	EQUIPMENT	10/15/07	3,435	3,435	3,435	0	0	0
21	EQUIPMENT	10/15/07	2,567	2,567	2,567	0	0	0
22	EQUIPMENT	10/15/07	896	896	896	0	0	0
28	BUILDING - COSTA MESA	4/05/16	2,331,642	2,331,642	43,665	21,618	21,618	0
	Sold/Scrapped: 5/15/17							
30	FURNITURE AND FIXTURE	8/29/16	350	350	17	50	50	0
			<u>2,345,085</u>	<u>2,345,085</u>	<u>56,775</u>	<u>21,668</u>	<u>21,668</u>	<u>0</u>

Other Depreciation:

1	FURNITURE	11/12/10	700	700	614	86	86	0
2	FURNITURE	11/12/10	500	500	438	62	62	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	822	168	168	0
12	COMPUTER	1/17/12	1,967	1,967	1,951	16	16	0
13	CAMERA	2/29/12	1,634	1,634	1,581	53	53	0
14	CAMERA	4/30/12	1,855	1,855	1,734	121	121	0
15	NOTE BOOK	9/07/12	886	886	765	121	121	0
16	OFFICE EQUIPMENT	9/07/12	696	696	429	100	100	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
29	LAND - COSTA MESA	4/05/16	925,086	925,086	0	0	0	0
	Sold/Scrapped: 5/15/17							
31	COMPUTER	7/22/16	743	743	67	148	148	0
32	COMPUTER	1/31/17	2,375	2,375	0	435	435	0
33	COMPUTER	3/06/17	867	867	0	143	143	0
34	COMPUTER	6/06/17	146	146	0	17	17	0
35	FURNITURE	1/17/17	780	780	0	106	106	0
36	FURNITURE	1/26/17	1,049	1,049	0	139	139	0
37	OFFICE EQUIPMENT	3/30/17	97	97	0	10	10	0
38	OFFICE EQUIPMENT	5/08/17	276	276	0	26	26	0
39	FURNITURE-SHELTER	10/10/17	12,757	12,757	0	409	409	0
40	FURNITURE-SHELTER	10/25/17	1,875	1,875	0	49	49	0
41	FURNITURE-SHELTER	10/26/17	1,626	1,626	0	42	42	0
42	FURNITURE-SHELTER	10/31/17	981	981	0	23	23	0
43	FURNITURE-SHELTER	11/07/17	523	523	0	11	11	0
44	FURNITURE-SHELTER	11/10/17	891	891	0	18	18	0
45	FURNITURE-SHELTER	11/14/17	1,795	1,795	0	33	33	0
46	FURNITURE-SHELTER	11/17/17	620	620	0	11	11	0
47	FURNITURE-SHELTER	11/14/17	3,296	3,296	0	61	61	0
48	FURNITURE-SHELTER	11/20/17	900	900	0	14	14	0
49	FURNITURE-SHELTER	11/28/17	552	552	0	7	7	0
50	FURNITURE-SHELTER	11/17/17	219	219	0	4	4	0
51	FURNITURE-SHELTER	12/11/17	900	900	0	7	7	0
52	FURNITHRE-SHELTER	11/30/17	1,750	1,750	0	21	21	0
53	COMPUTER-SHELTER	10/30/17	1,748	1,748	0	58	58	0
54	CAMERA-SHELTER	12/18/17	702	702	0	5	5	0
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109	109	0	3	3	0
56	LHI-SHELTER	11/01/17	122	122	0	1	1	0
57	LHI-SHELTER	11/03/17	272	272	0	1	1	0
58	LHI-SHELTER	11/10/17	900	900	0	3	3	0
59	LHI-SHELTER	11/10/17	641	641	0	2	2	0
60	LHI-SHELTER	11/13/17	431	431	0	2	2	0
61	LHI-SHELTER	11/15/17	600	600	0	2	2	0
62	LHI-SHELTER	11/15/17	810	810	0	3	3	0
63	LHI-SHELTER	11/20/17	800	800	0	2	2	0
64	LHI-SHELTER	11/30/17	900	900	0	2	2	0
65	LHI-SHELTER	12/05/17	700	700	0	1	1	0
66	LHI-SHELTER	12/07/17	327	327	0	1	1	0

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CA Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
67	LHI-SHELTER	12/11/17	100	100	0	0	0	0
68	LHI-SHELTER	12/11/17	240	240	0	0	0	0
69	LHI-SHELTER	12/13/17	600	600	0	1	1	0
70	LHI-SHELTER	12/14/17	520	520	0	1	1	0
71	LHI-SHELTER	12/14/17	2,300	2,300	0	3	3	0
Total Other Depreciation			<u>994,048</u>	<u>994,048</u>	<u>20,112</u>	<u>2,552</u>	<u>2,552</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>994,048</u>	<u>994,048</u>	<u>20,112</u>	<u>2,552</u>	<u>2,552</u>	<u>0</u>
Amortization:								
27	WEBSITE	9/03/08	76,650	76,650	76,650	0	0	0
			<u>76,650</u>	<u>76,650</u>	<u>76,650</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			3,415,783	3,415,783	153,537	24,220	24,220	0
Less: Dispositions			3,256,728	3,256,728	43,665	21,618	21,618	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>159,055</u>	<u>159,055</u>	<u>109,872</u>	<u>2,602</u>	<u>2,602</u>	<u>0</u>

20-3644749

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
17	FURNITURE AND FIXTURE	10/15/07	2,941			2,941	7 HY 200DB	2,941	0
18	COMPUTER	10/15/07	2,058			2,058	5 HY 200DB	2,058	0
19	COMPUTER	10/15/07	1,196			1,196	5 HY 200DB	1,196	0
20	EQUIPMENT	10/15/07	3,435			3,435	5 HY 200DB	3,435	0
21	EQUIPMENT	10/15/07	2,567			2,567	5 HY 200DB	2,567	0
22	EQUIPMENT	10/15/07	896			896	5 HY 200DB	896	0
28	BUILDING - COSTA MESA	4/05/16	2,331,642			2,331,642	39 MMS/L	43,665	21,618
	Sold/Scrapped: 5/15/17								
30	FURNITURE AND FIXTURE	8/29/16	350			350	7 HY 200DB	17	50
			<u>2,345,085</u>			<u>2,345,085</u>		<u>56,775</u>	<u>21,668</u>
Other Depreciation:									
1	FURNITURE	11/12/10	700			700	7 MO S/L	614	86
2	FURNITURE	11/12/10	500			500	7 MO S/L	438	62
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	822	168
12	COMPUTER	1/17/12	1,967			1,967	5 MO S/L	1,951	16
13	CAMERA	2/29/12	1,634			1,634	5 MO S/L	1,581	53
14	CAMERA	4/30/12	1,855			1,855	5 MO S/L	1,734	121
15	NOTE BOOK	9/07/12	886			886	5 MO S/L	765	121
16	OFFICE EQUIPMENT	9/07/12	696			696	7 MO S/L	429	100
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
29	LAND - COSTA MESA	4/05/16	925,086			925,086	0 -- Land	0	0
	Sold/Scrapped: 5/15/17								
31	COMPUTER	7/22/16	743			743	5 MO S/L	67	148
32	COMPUTER	1/31/17	2,375			2,375	5 MO S/L	0	435
33	COMPUTER	3/06/17	867			867	5 MO S/L	0	143
34	COMPUTER	6/06/17	146			146	5 MO S/L	0	17
35	FURNITURE	1/17/17	780			780	7 MO S/L	0	106
36	FURNITURE	1/26/17	1,049			1,049	7 MO S/L	0	139
37	OFFICE EQUIPMENT	3/30/17	97			97	7 MO S/L	0	10
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	0	409
40	FURNITURE-SHELTER	10/25/17	1,875			1,875	7 MO S/L	0	49
41	FURNITURE-SHELTER	10/26/17	1,626			1,626	7 MO S/L	0	42
42	FURNITURE-SHELTER	10/31/17	981			981	7 MO S/L	0	23
43	FURNITURE-SHELTER	11/07/17	523			523	7 MO S/L	0	11
44	FURNITURE-SHELTER	11/10/17	891			891	7 MO S/L	0	18
45	FURNITURE-SHELTER	11/14/17	1,795			1,795	7 MO S/L	0	33
46	FURNITURE-SHELTER	11/17/17	620			620	7 MO S/L	0	11
47	FURNITURE-SHELTER	11/14/17	3,296			3,296	7 MO S/L	0	61
48	FURNITURE-SHELTER	11/20/17	900			900	7 MO S/L	0	14
49	FURNITURE-SHELTER	11/28/17	552			552	7 MO S/L	0	7
50	FURNITURE-SHELTER	11/17/17	219			219	7 MO S/L	0	4
51	FURNITURE-SHELTER	12/11/17	900			900	7 MO S/L	0	7
52	FURNITHRE-SHELTER	11/30/17	1,750			1,750	7 MO S/L	0	21
53	COMPUTER-SHELTER	10/30/17	1,748			1,748	5 MO S/L	0	58
54	CAMERA-SHELTER	12/18/17	702			702	5 MO S/L	0	5
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109			109	7 MO S/L	0	3
56	LHI-SHELTER	11/01/17	122			122	39 MO S/L	0	1
57	LHI-SHELTER	11/03/17	272			272	39 MO S/L	0	1
58	LHI-SHELTER	11/10/17	900			900	39 MO S/L	0	3
59	LHI-SHELTER	11/10/17	641			641	39 MO S/L	0	2
60	LHI-SHELTER	11/13/17	431			431	39 MO S/L	0	2
61	LHI-SHELTER	11/15/17	600			600	39 MO S/L	0	2
62	LHI-SHELTER	11/15/17	810			810	39 MO S/L	0	3
63	LHI-SHELTER	11/20/17	800			800	39 MO S/L	0	2
64	LHI-SHELTER	11/30/17	900			900	39 MO S/L	0	2
65	LHI-SHELTER	12/05/17	700			700	39 MO S/L	0	1
66	LHI-SHELTER	12/07/17	327			327	39 MO S/L	0	1

20-3644749

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
67	LHI-SHELTER	12/11/17	100			100	39 MO S/L	0	0
68	LHI-SHELTER	12/11/17	240			240	39 MO S/L	0	0
69	LHI-SHELTER	12/13/17	600			600	39 MO S/L	0	1
70	LHI-SHELTER	12/14/17	520			520	39 MO S/L	0	1
71	LHI-SHELTER	12/14/17	2,300			2,300	39 MO S/L	0	3
Total Other Depreciation			<u>993,772</u>			<u>993,772</u>		<u>20,112</u>	<u>2,526</u>
Total ACRS and Other Depreciation			<u>993,772</u>			<u>993,772</u>		<u>20,112</u>	<u>2,526</u>
Grand Totals			3,338,857			3,338,857		76,887	24,194
Less: Dispositions and Transfers			3,256,728			3,256,728		43,665	21,618
Net Grand Totals			<u>82,129</u>			<u>82,129</u>		<u>33,222</u>	<u>2,576</u>

20-3644749

Depreciation Adjustment Report

FYE: 12/31/2017

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	17	FURNITURE AND FIXTURE	0	0	0
Page 1	1	18	COMPUTER	0	0	0
Page 1	1	19	COMPUTER	0	0	0
Page 1	1	20	EQUIPMENT	0	0	0
Page 1	1	21	EQUIPMENT	0	0	0
Page 1	1	22	EQUIPMENT	0	0	0
Page 1	1	28	BUILDING - COSTA MESA	21,618	21,618	0
Page 1	1	30	FURNITURE AND FIXTURE	50	50	0
				<u>21,668</u>	<u>21,668</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
17	FURNITURE AND FIXTURE	10/15/07	2,941	0	0
18	COMPUTER	10/15/07	2,058	0	0
19	COMPUTER	10/15/07	1,196	0	0
20	EQUIPMENT	10/15/07	3,435	0	0
21	EQUIPMENT	10/15/07	2,567	0	0
22	EQUIPMENT	10/15/07	896	0	0
30	FURNITURE AND FIXTURE	8/29/16	350	81	81
			<u>13,443</u>	<u>81</u>	<u>81</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	167	167
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	99	99
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
31	COMPUTER	7/22/16	743	149	149
32	COMPUTER	1/31/17	2,375	475	475
33	COMPUTER	3/06/17	867	173	173
34	COMPUTER	6/06/17	146	29	29
35	FURNITURE	1/17/17	780	112	112
36	FURNITURE	1/26/17	1,049	150	150
37	OFFICE EQUIPMENT	3/30/17	97	14	14
38	OFFICE EQUIPMENT	5/08/17	276	40	0
39	FURNITURE-SHELTER	10/10/17	12,757	1,823	1,823
40	FURNITURE-SHELTER	10/25/17	1,875	268	268
41	FURNITURE-SHELTER	10/26/17	1,626	232	232
42	FURNITURE-SHELTER	10/31/17	981	141	141
43	FURNITURE-SHELTER	11/07/17	523	75	75
44	FURNITURE-SHELTER	11/10/17	891	127	127
45	FURNITURE-SHELTER	11/14/17	1,795	256	256
46	FURNITURE-SHELTER	11/17/17	620	88	88
47	FURNITURE-SHELTER	11/14/17	3,296	471	471
48	FURNITURE-SHELTER	11/20/17	900	129	129
49	FURNITURE-SHELTER	11/28/17	552	78	78
50	FURNITURE-SHELTER	11/17/17	219	31	31
51	FURNITURE-SHELTER	12/11/17	900	129	129
52	FURNITURE-SHELTER	11/30/17	1,750	250	250
53	COMPUTER-SHELTER	10/30/17	1,748	350	350
54	CAMERA-SHELTER	12/18/17	702	140	140
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109	15	15
56	LHI-SHELTER	11/01/17	122	3	3
57	LHI-SHELTER	11/03/17	272	7	7
58	LHI-SHELTER	11/10/17	900	23	23
59	LHI-SHELTER	11/10/17	641	17	17
60	LHI-SHELTER	11/13/17	431	11	11
61	LHI-SHELTER	11/15/17	600	15	15
62	LHI-SHELTER	11/15/17	810	20	20
63	LHI-SHELTER	11/20/17	800	20	20
64	LHI-SHELTER	11/30/17	900	23	23
65	LHI-SHELTER	12/05/17	700	18	18
66	LHI-SHELTER	12/07/17	327	8	8
67	LHI-SHELTER	12/11/17	100	3	3

Asset	Description	Date In Service	Cost	Tax	AMT
68	LHI-SHELTER	12/11/17	240	6	6
69	LHI-SHELTER	12/13/17	600	15	15
70	LHI-SHELTER	12/14/17	520	13	13
71	LHI-SHELTER	12/14/17	1,507	38	58
Total Other Depreciation			<u>68,169</u>	<u>6,251</u>	<u>6,231</u>
Total ACRS and Other Depreciation			<u>68,169</u>	<u>6,251</u>	<u>6,231</u>
<u>Amortization:</u>					
27	WEBSITE	9/03/08	76,650	0	0
			<u>76,650</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>158,262</u>	<u>6,332</u>	<u>6,312</u>

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
17	FURNITURE AND FIXTURE	10/15/07	2,941	0
18	COMPUTER	10/15/07	2,058	0
19	COMPUTER	10/15/07	1,196	0
20	EQUIPMENT	10/15/07	3,435	0
21	EQUIPMENT	10/15/07	2,567	0
22	EQUIPMENT	10/15/07	896	0
30	FURNITURE AND FIXTURE	8/29/16	350	81
			<u>13,443</u>	<u>81</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	167
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	99
24	COMPUTER	3/12/10	730	0
25	COMPUTER	6/21/10	1,316	0
26	COMPUTER	7/12/10	869	0
31	COMPUTER	7/22/16	743	149
32	COMPUTER	1/31/17	2,375	475
33	COMPUTER	3/06/17	867	173
34	COMPUTER	6/06/17	146	29
35	FURNITURE	1/17/17	780	112
36	FURNITURE	1/26/17	1,049	150
37	OFFICE EQUIPMENT	3/30/17	97	14
38	OFFICE EQUIPMENT	5/08/17	276	40
39	FURNITURE-SHELTER	10/10/17	12,757	1,823
40	FURNITURE-SHELTER	10/25/17	1,875	268
41	FURNITURE-SHELTER	10/26/17	1,626	232
42	FURNITURE-SHELTER	10/31/17	981	141
43	FURNITURE-SHELTER	11/07/17	523	75
44	FURNITURE-SHELTER	11/10/17	891	127
45	FURNITURE-SHELTER	11/14/17	1,795	256
46	FURNITURE-SHELTER	11/17/17	620	88
47	FURNITURE-SHELTER	11/14/17	3,296	471
48	FURNITURE-SHELTER	11/20/17	900	129
49	FURNITURE-SHELTER	11/28/17	552	78
50	FURNITURE-SHELTER	11/17/17	219	31
51	FURNITURE-SHELTER	12/11/17	900	129
52	FURNITURE-SHELTER	11/30/17	1,750	250
53	COMPUTER-SHELTER	10/30/17	1,748	350
54	CAMERA-SHELTER	12/18/17	702	140
55	OFFICE EQUIPMENT-SHELTER	11/06/17	109	15
56	LHI-SHELTER	11/01/17	122	3
57	LHI-SHELTER	11/03/17	272	7
58	LHI-SHELTER	11/10/17	900	23
59	LHI-SHELTER	11/10/17	641	17
60	LHI-SHELTER	11/13/17	431	11
61	LHI-SHELTER	11/15/17	600	15
62	LHI-SHELTER	11/15/17	810	20
63	LHI-SHELTER	11/20/17	800	20
64	LHI-SHELTER	11/30/17	900	23
65	LHI-SHELTER	12/05/17	700	18
66	LHI-SHELTER	12/07/17	327	8
67	LHI-SHELTER	12/11/17	100	3

Asset	Description	Date In Service	Cost	CA
68	LHI-SHELTER	12/11/17	240	6
69	LHI-SHELTER	12/13/17	600	15
70	LHI-SHELTER	12/14/17	520	13
71	LHI-SHELTER	12/14/17	2,300	58
Total Other Depreciation			<u>68,962</u>	<u>6,271</u>
Total ACRS and Other Depreciation			<u>68,962</u>	<u>6,271</u>
<u>Amortization:</u>				
27	WEBSITE	9/03/08	76,650	0
			<u>76,650</u>	<u>0</u>
Grand Totals			<u>159,055</u>	<u>6,352</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

GOOD NEIGHBORS USA**20-3644749**

		2016	2017	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 11,032,993	18,885,394	7,852,401
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 137		-137
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		2,509,405
	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. 4,444	39,571	35,127
	12. Total revenue. Add lines 1 through 11	12. 11,037,574	21,434,370	10,396,796
E x p e n s e s	13. Grants and similar amounts paid	13. 9,353,737	18,149,830	8,796,093
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 61,236		-61,236
	16. Salaries, other compensation, and employee benefits	16. 182,892	310,210	127,318
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.		
	19. Occupancy, rent, utilities, and maintenance	19. 27,241	23,101	-4,140
	20. Depreciation and Depletion	20. 45,983	24,220	-21,763
	21. Other expenses	21. 443,079	843,193	400,114
	22. Total expenses. Add lines 13 through 21	22. 10,114,168	19,350,554	9,236,386
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 923,406	2,083,816	1,160,410
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 11,037,574	21,434,370	10,396,796
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 4,581	2,548,976	2,544,395
	27. Total assets	27. 3,381,951	3,633,878	251,927
	28. Total liabilities	28. 1,929,259	97,370	-1,831,889
	29. Retained earnings	29. 1,452,692	3,536,508	2,083,816
	30. Number of voting members of governing body	30. 7	7	
	31. Number of independent voting members of governing body	31. 5	4	
	32. Number of employees	32. 9	11	
33. Number of volunteers	33. 112	43		

Form 990	Tax Return History	2017
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Name GOOD NEIGHBORS USA	Employer Identification Number 20-3644749
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants			2,905,652	11,032,993	18,885,394	
Membership dues						
Program service revenue						
Capital gain or loss			5,222		2,509,405	
Investment income			6	137		
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				4,444	39,571	
Total revenue			2,910,880	11,037,574	21,434,370	
Grants and similar amounts paid			1,587,992	9,353,737	18,149,830	
Benefits paid to or for members						
Compensation of officers, etc.			59,460	61,236		
Other compensation			409,081	182,892	310,210	
Professional fees						
Occupancy costs			65,747	27,241	23,101	
Depreciation and depletion			7,118	45,983	24,220	
Other expenses			298,629	443,079	843,193	
Total expenses			2,428,027	10,114,168	19,350,554	
Excess or (Deficit)			482,853	923,406	2,083,816	
Total exempt revenue			2,910,880	11,037,574	21,434,370	
Total unrelated revenue						
Total excludable revenue			5,228	4,581	2,548,976	
Total Assets			557,911	3,381,951	3,633,878	
Total Liabilities			28,625	1,929,259	97,370	
Net Fund Balances			529,286	1,452,692	3,536,508	

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER TAXES	\$ 16,625	\$ 1,164	\$ 15,461	\$
AUTOMOBILE EXPENSE	9,085	1,798	4,671	2,616
POSTAGE AND SHIPPING	7,660	1,517	5,987	156
UTILITIES	6,283	1,478	4,533	272
REPAIR AND MAINTENANCE	4,570	2,190	2,380	
TELEPHONE	2,820	564	1,797	459
ADMINISTRATION FEE	259	84	175	
Total	<u>\$ 47,302</u>	<u>\$ 8,795</u>	<u>\$ 35,004</u>	<u>\$ 3,503</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description

Amount

Description	Amount
OTHER CONTRIBUTIONS	\$ 2,089,066
GLOBAL MED PARTNERS	
MEDICAL SUPPLY & MEDICINE	16,711,882
OARSMEN FOUNDATION	
Cash Contribution	20,000
SEUNG YUP DAVID YANG	
Cash Contribution	4,550
JANETTE KANG	
Cash Contribution	3,835
KEON SEOK & HAE RYONG KIM	
Cash Contribution	21,245
JOHN BYON	
Cash Contribution	7,006
THE ELDERS CHOIR OF SOUTHERN CA	
Cash Contribution	5,200
ERIC & GRACE YUN	
Cash Contribution	5,200
YOUNGMI & CHOONHO YOON	
Cash Contribution	3,955
SAN FRANCISCO GOD'S IMAGE	
Cash Contribution	3,805
NEW HOPE CHURCH OF SOUTHERN CA	
Cash Contribution	3,360
JOYFUL BAPTIST CHURCH	
Cash Contribution	3,290
HYUKBIN KWON	
Cash Contribution	3,000
Total	<u>\$ 18,885,394</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
GLOBAL MED PARTNERS	\$ 16,711,882	\$ 15,951,652
OARSMEN FOUNDATION	20,000	
SEUNG YUP DAVID YANG	4,550	
JANETTE KANG	3,835	
KEON SEOK & HAE RYONG KIM	21,245	
JOHN BYON	7,006	
THE ELDERS CHOIR OF SOUTHERN CA	5,200	
ERIC & GRACE YUN	5,200	
YOUNGMI & CHOONHO YOON	3,955	
SAN FRANCISCO GOD'S IMAGE	3,805	
NEW HOPE CHURCH OF SOUTHERN CA	3,360	
JOYFUL BAPTIST CHURCH	3,290	
HYUKBIN KWON	3,000	
Total	<u>\$ 16,796,328</u>	<u>\$ 15,951,652</u>

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
INSURANCE	\$ 970
Less: Deductions	-1,000
Total	\$ -30

Schedule A, Part II, Line 10(e)

Description	Amount
REAL PROPERTY RENTAL INCOME	\$ 16,691
INTEREST INCOME	21,910
Total	\$ 38,601