2014 Exempt Org. Return prepared for:

GOOD NEIGHBORS USA 2301 EAST 7TH STREET Suite A-248 LOS ANGELES, CA 90023

UCMK, LLP 3530 Wilshire Blvd., Suite 1200 Los Angeles, CA 90010

2014 FEDERAL EXEMPT ORGAN	PAGE 1		
GOOD NEIGHE	20-3644749		
REVENUE	2014	2013	DIFF
CONTRIBUTIONS AND GRANTS INVESTMENT INCOME	2,724,864 2,789	2,419,315 113	305,549 2,676
TOTAL REVENUE	2,727,653	2,419,428	308,225
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	2,331,783 554,992 418,824	985,521 505,873 450,176	1,346,262 49,119 -31,352
TOTAL EXPENSES	3,305,599	1,941,570	1,364,029
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	-577,946 81,861 35,428 46,433	477,858 656,065 31,686 624,379	-1,055,804 -574,204 3,742 -577,946

2014 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1

GOOD NEIGHBORS USA

REVENUE TOTAL REVENUE.	2014 0	2013 0	DIFF 0
DEDUCTIONS TOTAL DEDUCTIONS	0	0	0
UNRELATED BUSINESS TAXABLE INCOME UNRELATED BUSINESS TAXABLE INCOME	0	0	0
TAX COMPUTATION INCOME TAX	0	0	0
TOTAL TAX	0	0	0
PAYMENTS AND CREDITS TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE TAX DUE. OVERPAYMENT.	0	0	0

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20	14

CALIFORNIA 199 TAX SUMMARY

PAGE 1

GOOD NEIGHBORS USA

REVENUE	2014	2013	DIFF
GROSS AMOUNT FROM SALE OF ASSETSOTHER INCOME	14,653 12	0 113	14,653 -101
GROSS CONTRIBUTIONS, GIFTS, & GRANTS	2,724,864	2,419,315	305,549
COST OR OTHER BASIS OF ASSETS SOLD	11,876	0	11,876
TOTAL INCOME	2,727,653	2,419,428	308,225
EXPENSES AND DISBURSEMENTS CONTRIBUTIONS, GIFTS, GRANTS COMPENSATION OF OFFICERS, ETC OTHER SALARIES AND WAGES INTEREST TAXES. DEPRECIATION AND DEPLETION OTHER DEDUCTIONS TOTAL DEDUCTIONS	2,331,783 158,137 330,768 946 48,993 10,096 424,876 3,305,599	985,521 155,262 306,897 648 43,714 18,745 430,783	1,346,262 2,875 23,871 298 5,279 -8,649 -5,907
EXCESS OF RECEIPTS OVER DISBURSEMENTS	-577,946	477,858	-1,055,804
FILING FEE FILING FEE BALANCE DUE	10 10	10 10	0
SCHEDULE L BEGINNING ASSETS. BEGINNING LIABILITIES & NET WORTH	656,065 656,065	815,394 815,394	-159,329 -159,329
ENDING ASSETSENDING LIABILITIES & NET WORTH	81,861 81,861	656,065 656,065	-574,204 -574,204

2014 CALIFORNIA 109 TA	X SUMMARY		PAGE 1
GOOD NEIGHBO	RS USA		20-3644749
REVENUE TOTAL UNRELATED BUSINESS INCOME	2014 0	2013	DIFF 0
DEDUCTIONS TOTAL DEDUCTIONS	0	0	0
UNRELATED BUSINESS TAXABLE INCOME UNRELATED BUSINESS TAXABLE INCOME	0	0	0
TAX COMPUTATION TAX. LESS CREDITS BALANCE TOTAL TAX.	0 0 0	0 0 0	0 0 0
PAYMENTS TOTAL PAYMENTS	0	0	0
REFUND OR AMOUNT DUE OVERPAYMENT. PENALTIES AND INTEREST.	0 0	0 0	0

TOTAL DUE.....

0 0

0

2014

GENERAL INFORMATION

PAGE 1

GOOD NEIGHBORS USA

20-3644749

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH F, SCH O, 990-T CALIFORNIA: 199, SCH B, 3885, 3586, 8453-EO, E-FILE INSTRUCTIONS, 109, RRF-1

TAX RATES

UNRELATED BUSINESS	MARGINAL	EFFECTIVE
FEDERAL	0. %	0. %
CALIFORNIA	0. %	0. %

CARRYOVERS TO 2015

NONE

GOOD NEIGHBORS USA

20-3644749

THE ENTITY'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

MAIL FORM 3586 AND PAYMENT TO:

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

CAUTION

DO NOT MAIL FORM 3586 UNTIL THE FRANCHISE TAX BOARD HAS ACCEPTED FORM 199.

EXCEPTION: MAIL FORM 3586 WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

GOOD NEIGHBORS USA

20-3644749

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

ADDITIONAL INSTRUCTIONS:

FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) RETURN CANNOT BE FILED ELECTRONICALLY. YOU MUST FILE THIS RETURN AS A CONVENTIONAL PAPER RETURN.

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FEDERAL WORKSHEETS

PAGE 1

GOOD NEIGHBORS USA

20-3644749

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES GRANTS REVENUE	2,965,100. 0. 0.	2,331,783.	PART IX, LINE 25, COL. B PART IX, LINES 1-3, COL. B PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
	<u>_</u>	TOTAL	SERVICES	& GENERAL	RAISING
ADMINISTRATION FER	<u> </u>	16,370.	15,856.	514.	
	TOTAL <u>\$</u>	16,370.	\$ 15,856.	<u>\$ 514.</u>	\$ 0.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AUTOMOBILE EXPENSE BANK AND CREDIT CARD FEE		11,588. 12,416.	7,355. 1,416.	2,253. 11,000.	1,980.
DUE AND SUBSCRIPTION LOSS FROM DISPOSITION		1,620. 2,579.	781.	647.	192. 2,579.
MISC MISCELLANEOUS		1. 2,435.	1,944.		491.
POSTAGE AND SHIPPING		7,880.	3,626.	3,557.	697.
SPECIAL EVENT STORAGE		10,657. 2,561.	7,223. 2,049.	124.	3,310. 512.
SUPPLY UTILITIES		16,577. 12,217.	9,197. 9,013.	5,173. 2,050.	2,207. 1,154.
WEB MAINTENANCE	TOTAL \$	7,744. 88,275. \$	6,443. 49,047.	974. \$ 25,778.	327. \$ 13,449.
	-		== / 0 1		

2014 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

GOOD NEIGHBORS USA

10	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 <u>BONUS</u>	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS <u>REDUCT</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
ORM 990/99	90-PF															
AMORTIZA	TION															
27 WEBSI	TE	9/03/08		76,650							76,650	76,650	S/L HY	15	.06670	
TOTAL	AMORTIZATION			76,650		0	0	0	0	0	76,650	76,650				
AUTO / TE	RANSPORT EQUIPMENT															
6 AUTON	IOBILE	1/31/11		23,354							23,354	13,623	S/L HY	5	.20000	4
1 AUTON	10BILE	2/14/12	3/31/14	19,448							19,448	9,788	200DB HY	5	.19200	1
23 AUTON	10BILE	5/26/10	8/31/14	22,395							22,395	16,373	200DB HY	5	.11520	
TOTAL	AUTO / TRANSPORT EQUIP			65,197		0	0	0	0	0	65,197	39,784				
FURNITURI	E AND FIXTURES															
1 FURNIT	URE	11/12/10		700							700	317	S/L HY	7	.14290	
2 FURNIT	URE	11/12/10		500							500	226	S/L HY	7	.14290	
10 OFFICE	FURNITURE	1/17/12		1,173							1,173	322	S/L HY	7	.14290	
7 FURNIT	TURE AND FIXTURE	10/15/07		2,941							2,941	2,622	S/L HY	7	.07140	
TOTAL	FURNITURE AND FIXTURE			5,314		0	0	0	0	0	5,314	3,487				
MACHINER	Y AND EQUIPMENT															
3 PROJEC	CTOR	12/30/10		603							603	362	S/L HY	5	.20000	
4 DUPLIC	CATOR	2/08/10		713							713	559	S/L HY	5	.20000	
5 TELEPI	HONE	1/18/10		3,867							3,867	3,029	S/L HY	5	.20000	
7 COMPL	ITER	7/30/11		647							647	312	S/L HY	5	.20000	

2014 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

GOOD NEIGHBORS USA

<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METH(<u>0D</u>	LIFE.	RATE .	CURRENT DEPR.
8	COMPUTER	12/27/11		1,973	;						1,973	790	S/L	HY	5	.20000	395
12	COMPUTER	1/17/12		1,967	,						1,967	754	S/L	HY	5	.20000	393
13	CAMERA	2/29/12		1,633	}						1,633	599	S/L	HY	5	.20000	327
14	CAMERA	4/30/12		1,855	;						1,855	618	S/L	HY	5	.20000	371
16	OFFICE EQUIPMENT	9/07/12		696	;						696	132	S/L	HY	7	.14290	99
20	EQUIPMENT	10/15/07		3,435	j						3,435	3,435	S/L	HY	5		0
21	EQUIPMENT	10/15/07		2,567	,						2,567	2,567	S/L	HY	5		0
22	EQUIPMENT	10/15/07		896	;						896	896	S/L	HY	5		0
MI	TOTAL MACHINERY AND EQUIPME		_	20,852	- !	0	0	() (0	20,852	14,053				•	2,751
_																	
9	SOFTWARE	5/03/11		993	}						993	751	S/L	HY	5	.20000	199
15	NOTE BOOK	9/07/12		886	;						886	236	S/L	HY	5	.20000	177
18	COMPUTER	10/15/07		2,058	3						2,058	2,058	S/L	HY	5		0
19	COMPUTER	10/15/07		1,196	j						1,196	1,196	S/L	HY	5		0
24	COMPUTER	3/12/10		730)						730	560	S/L	HY	5	.20000	146
25	COMPUTER	6/21/10		1,316	;						1,316	921	S/L	HY	5	.20000	263
26	COMPUTER	7/12/10		869)						869	609	S/L	HY	5	.20000	174
	TOTAL MISCELLANEOUS		_	8,048	}	0	0	((0	8,048	6,331					959
	TOTAL DEPRECIATION		=	99,411	=	0	0	((0	99,411	63,655					12,026
	GRAND TOTAL AMORTIZATION			76,650)	0	0	C) (0	76,650	76,650					0
	GRAND TOTAL DEPRECIATION		=	99,411	=	0	0	0		0	99,411	63,655				:	12,026

2014 FEDERAL BOOK DEPRECIATION SCHEDULE

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GOOD NEIGHBORS USA

NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHODLIFE.	RATE	CURRENT DEPR.
DEPRECIATION ASSETS SOLD			41,843		0	0	0)	0 0	41,843	26,161			3,157
DEPR REMAINING ASSETS			57,568		0	0	C)	0 0	57,568	37,494		=	8,869

2014 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

GOOD NEIGHBORS USA

NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
ORM 199															
AMORTIZATION															
27 WEBSITE	9/03/08		76,650	_						76,650	76,650	S/L HY	15	.06670	
TOTAL AMORTIZATION			76,650		0	0	0	0	0	76,650	76,650				
AUTO / TRANSPORT EQUIPMENT	Г														
6 AUTOMOBILE	1/31/11		23,354							23,354	13,623	S/L HY	5	.20000	4,
11 AUTOMOBILE	2/14/12	3/31/14	19,448							19,448	9,788	200DB HY	5	.19200	1,
23 AUTOMOBILE	5/26/10	8/31/14	22,395	. <u>-</u>						22,395	16,373	200DB HY	5	.11520	1
TOTAL AUTO / TRANSPORT	EQUIP		65,197		0	0	0	0	0	65,197	39,784				;
FURNITURE AND FIXTURES															
1 FURNITURE	11/12/10		700							700	317	S/L HY	7	.14290	
2 FURNITURE	11/12/10		500							500	226	S/L HY	7	.14290	
10 OFFICE FURNITURE	1/17/12		1,173							1,173	322	S/L HY	7	.14290	
17 FURNITURE AND FIXTURE	10/15/07		2,941	. <u>-</u>						2,941	2,622	S/L HY	7	.07140	
TOTAL FURNITURE AND FIXT	URE		5,314		0	0	0	0	0	5,314	3,487				
MACHINERY AND EQUIPMENT	_														
3 PROJECTOR	12/30/10		603							603	362	S/L HY	5	.20000	
4 DUPLICATOR	2/08/10		713							713	559	S/L HY	5	.20000	
5 TELEPHONE	1/18/10		3,867							3,867	3,029	S/L HY	5	.20000	
7 COMPUTER	7/30/11		647							647	312	S/L HY	5	.20000	

2014 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

GOOD NEIGHBORS USA

8 (DESCRIPTION	DATE ACQUIRED _	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE	CURRENT DEPR.
	COMPUTER	12/27/11		1,973	3						1,973	790	S/L HY	5	.20000	395
12 (COMPUTER	1/17/12		1,967	7						1,967	754	S/L HY	5	.20000	393
13 (CAMERA	2/29/12		1,633	3						1,633	599	S/L HY	5	.20000	327
14	CAMERA	4/30/12		1,855	5						1,855	618	S/L HY	5	.20000	371
16	OFFICE EQUIPMENT	9/07/12		696	6						696	132	S/L HY	7	.14290	99
20	EQUIPMENT	10/15/07		3,435	5						3,435	3,435	S/L HY	5		0
21	EQUIPMENT	10/15/07		2,567	7						2,567	2,567	S/L HY	5		0
22	EQUIPMENT	10/15/07	_	896	6						896	896	S/L HY	5	_	0
	TOTAL MACHINERY AND EQUIPME			20,852	2	0	0	() (0	20,852	14,053				2,751
MIS	CELLANEOUS															
9 :	SOFTWARE	5/03/11		993	3						993	751	S/L HY	5	.20000	199
15	NOTE BOOK	9/07/12		886	6						886	236	S/L HY	5	.20000	177
18 (COMPUTER	10/15/07		2,058	8						2,058	2,058	S/L HY	5		0
19	COMPUTER	10/15/07		1,196	6						1,196	1,196	S/L HY	5		0
24	COMPUTER	3/12/10		730	0						730	560	S/L HY	5	.20000	146
25	COMPUTER	6/21/10		1,316	6						1,316	921	S/L HY	5	.20000	263
26	COMPUTER	7/12/10	_	869	9					<u></u>	869	609	S/L HY	5	.20000	174
-	TOTAL MISCELLANEOUS			8,048	8	0	0	() (0	8,048	6,331				959
	TOTAL DEPRECIATION		-	99,411	- <u>1</u>	0	0	() (0	99,411	63,655				12,026
(GRAND TOTAL AMORTIZATION			76,650	0	0	0	() (0	76,650	76,650				0
(GRAND TOTAL DEPRECIATION		_	99,411	<u>1</u>	0	0	() (0	99,411	63,655				12,026

2014 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 3

GOOD NEIGHBORS USA

NO. DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHODLIFE.	RATE	CURRENT DEPR.
DEPRECIATION ASSETS SOLD			41,843		0	0	0)	0 0	41,843	26,161			3,157
DEPR REMAINING ASSETS			57,568		0	0	C)	0 0	57,568	37,494		=	8,869

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990. 2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number Check if applicable: GOOD NEIGHBORS USA Address change 20-3644749 2301 EAST 7TH STREET A-248 Name change LOS ANGELES, CA 90023 Initial return (877) 499-9899 Final return/terminated **G** Gross receipts \$ 2,739,529. Amended return Application pending | F Name and address of principal officer: H(a) Is this a group return for subordinates Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE Yes Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.GOODNEIGHBORS.ORG **H(c)** Group exemption number ▶ X Corporation Trust L Year of formation: 2005 Form of organization: Association M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGANIZATION COMMITTED TO BUILDING Governance GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HEALTH, HARMONY, AND DIGNITY Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 8 જ Number of independent voting members of the governing body (Part VI, line 1b). 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary)..... 6 88 7a Total unrelated business revenue from Part VIII, column (C), line 12... 7a 0. **b** Net unrelated business taxable income from Form 990-T. line 34..... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 2,419,315. 2,724,864. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 2,789. 113 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 2,419,428 2,727,653 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 985,521 2,331,783. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 505,873 554,992. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 450,176. 418,824. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,941,570. 3,305,599. Revenue less expenses. Subtract line 18 from line 12..... 477,858. -577,946. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 656,065 81,861 Total liabilities (Part X. line 26)..... 21 31,686 35,428. 22 Net assets or fund balances. Subtract line 21 from line 20..... 624,379 46,433. 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. Signature of officer Date Sign Here EUNJU OH **SECRETARY** Type or print name and title. Print/Type preparer's name Preparer's signature KIWOOK UHM KIWOOK UHM self-employed P00845230 **Paid** Preparer ► UCMK, LLP Firm's name Use Only Firm's EIN ► 27-4502<u>493</u> Firm's address 3530 WILSHIRE BLVD., **SUITE 1200** LOS ANGELES, CA 90010 (213)389-0080

May the IRS discuss this return with the preparer shown above? (see instructions).....

Nο

X Yes

Form **990** (2014)

Par	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGAN	JTZATTON
	COMMITTED TO BUILDING A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HI	
	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 X 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? If 'Yes,' describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t and revenue, if any, for each program service reported.	sured by expenses. he total expenses,
4 a	(Code:) (Expenses \$ 1,876,964. including grants of \$) (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.	
	NEIGHBORS USA COORDINATED THE ACQUISITION OF FOOD AND MEDICINE THAT WERE	. – – – – – – – – –
	TO DAYCARE CENTERS, HOSPITALS, MEDICAL OFFICES AND CLINICS AS WELL AS TO	OTHER GOOD
	NEIGHBORS PROJECT SITES.	
		. – – – – – – – –
4 6	(Code:) (Expenses \$ 577,400. including grants of \$) (Revenue \$	
4 D	· · · · · · · · · · · · · · · · · · ·)
	SEE SCHEDULE O	. – – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
4 c	(Code:) (Expenses \$)
	SEE SCHEDULE O	
اء ۾	(Other pregram corvices (Describe in Schedule O.)	
4 d	Other program services. (Describe in Schedule O.) SEE SCHEDULE O (Expanses \$ 22,000 including grapts of \$ 20,000 including grapts	`
4.0	(Expenses \$ 23,600 including grants of \$) (Revenue \$ Total program service expenses ► 2.965.100)
70		

Form 990 (2014) GOOD NEIGHBORS USA Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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>	11 a	Х	
	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>	11 b		X
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	37	Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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>	14b	Х	
	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>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) GOOD NEIGHBORS USA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes', complete Schedule L, Part II.	26		Х
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? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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 l</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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>	36		Х
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>	37		Х
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.	38	Х	

BAA Form **990** (2014)

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....

	Check if Schedule O contains a response or note to any line in this Part V				🔲
				Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?.	eportable gaming	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11			
	\mathbf{b} If at least one is reported on line 2a, did the organization file all required federal employmen	l .	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in:		20	Λ	
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		71
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi		4 a		Х
	b If 'Yes,' enter the name of the foreign country: ▶		74		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	·			37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b		
	Organizations that may receive deductible contributions under section 170(c).				
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		7.5		
	Form 8282?d If 'Yes,' indicate the number of Forms 8282 filed during the year		7 c		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	q If the organization received a contribution of qualified intellectual property, did the organization file F		 ' ' 		
,	as required?		7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	• •			
	- gg , , ,		8		
	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
	Section 501(c)(7) organizations. Enter:	40			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD	-		
	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	11 a			
		II a	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	f Form 1041? 1 2b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	I	1		
	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul				
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	i			
	· · · · · · · · · · · · · · · · · · ·	13b			
	c Enter the amount of reserves on hand	13c			,,
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	000	(2014)
AΑ	TEEA0105L 05/28/14		rorm	990	(2014)

Form 990 (2014) GOOD NEIGHBORS USA 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 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE 0 2 Χ 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? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

LOS ANGELES CA 90023 (877) 499-9898

EUNJU OH 2301 EAST 7TH STREET

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

- 1 a 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. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated (list any employee hours for and related related organizations organiza tions helow dotted (1) TIMOTHY HASS 1 DIRECTOR 0 Χ 0 0 0. (2) ILHA YI 2 PRESIDENT & CEO 0 Χ Χ 0 0 0. (3) DAVID MARH 1 0 0. CHAIRMAN Χ 0 0 THOMAS YI 1 TREASURER 0 Χ Χ 0 0 0. (5) PATRICIA IDLER 1 DIRECTOR 0 Χ 0 0. 0. (6) GORDON TURNER 1 DIRECTOR 0 Χ 0. 0 0. (7) BRYAN LEE 40 DEPUTY DIRECTOR Χ 0. 0 Χ 80,237 0. (8) EUNJU OH 40 **SECRETARY** 0 Χ 77,900 0 0. (10) (11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru		Key	Ŀт			es,	and	d Highest Com	pensated Emp	loyees	(continued)
	(B)			(C	•						
(A)	Average hours	(do box	not c	heck	more	than	one h an	(D)	(E)		(F) timated
Name and title	per week	offic		nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amour	nt of other ensation
	(list any hours	Individual or director	nstit	Officer	Key employee	empl	om	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro	om the inization
	for related	ridu:	utio	압	emp	est c	ner			and	related nizations
	organiza - tions	or Fig	nal t		oloye	omp				J. ga.	
	below dotted line)	Individual trustee or director	nstitutional trustee		e	ensa					
	ilile)		ðő			Highest compensated employee					
(15)											
(16)											
(17)											
(18)											
(10)											
(19)											
(20)											
(21)											
	1	•									
(22)											
(23)											
(24)											
(24)											
(25)											
1 b Sub-total								158,137.	0.		0
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.		0
d Total (add lines 1b and 1c)								158,137.	0.		0
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	
from the organization 0											
											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	em/	ploy	yee,	or h	nighest compensati	ted employee	. 3	Х
·											A
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	ie coi 50,00	mpe 00?	ensa If '}	ition <i>(es'</i>	and com	otn <i>plet</i>	er compensation in e Schedule J for	from		
such individual										. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fro	om	any	unre	late	ed organization or	individual	. 5	Х
Section B. Independent Contractors	s, comple	<i>ie</i> 30	neu	uic	3 10	i suc	πρ	er3011		. 3	Ι Λ
1 Complete this table for your five highest compen	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of		
compensation from the organization. Report compen	sation for	the ca	alen	dar <u>i</u>	year	endi	ng v	İ			
(A) Name and business add	ress							(B) Description (of services	(C Comper	s) nsation
2 Total number of independent contractors (including to		ited to	tho	se l	isted	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	D 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) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 2,724,864 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 2,724,864 Program Service Revenue **Business Code f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 12 12 Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 14,653 **b** Less: cost or other basis and sales expenses 11,876 c Gain or (loss)..... 2,777 d Net gain or (loss)..... <u>2,</u>777 2,777 8 a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 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..... Miscellaneous Revenue **Business Code d** All other revenue..... **Total revenue.** See instructions.....

2,727,653

789

0

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		
Do i 6b,	not include amounts reported on lines 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	2,331,783.	2,331,783.		
4 5	Benefits paid to or for members	158,137.	102,906.	27,616.	27,616.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	330,768.	222,904.	40,953.	66,911.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,700.	222,304.	40,555.	00, 511.
9	Other employee benefits	17,094.	11,734.	2,670.	2,690.
10	Payroll taxes	48,993.	31,243.	9,451.	8,299.
11	Fees for services (non-employees):	10,333.	31/213.	3, 101.	0,255.
	Management				
	b Legal				
	: Accounting	16,460.		16,460.	
	Lobbying	10,400.		10,400.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0)	16,370.	15,856.	514.	
	Advertising and promotion	32,192.	18,597.	3,087.	10,508.
13	Office expenses	14,657.	5,108.	8,579.	970.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	24,442.	22,309.	990.	1,143.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,649.	18,987.	2,405.	2,257.
20	Interest	946.	881.	65.	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,096.	4,745.	2,887.	2,464.
23	Insurance	40,556.	24,466.	10,103.	5,987.
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	RENT	58,684.	46,808.	3,132.	8,744.
	PROFESSIONAL FEES	33,540.	3,386.	148.	30,006.
	CONSULTING	33,000.	30,000.		3,000.
	CAMPAIGN	25,957.	24,340.	1,617.	-,
	All other expenses	88,275.	49,047.	25,778.	13,449.
	Total functional expenses. Add lines 1 through 24e	3,305,599.	2,965,100.	156,455.	184,044.
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 ► ☐ if following SOP 98-2 (ASC 958-720)			·	·

		Check if Schedule O contains a response or note to any line in this Part X	, 		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	616,310.	1	63,722.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 und 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	
ts	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,099.	9	4,034.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	568.		
	b	Less: accumulated depreciation		10 c	11,205.
	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	2,900.	15	2,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	=,,,,,,	16	81,861.
_	17	Accounts payable and accrued expenses	24,664.	17	34,734.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
J	22	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	604
	25	, ,	.,	24	694.
	26	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24). Complete Part X of Schedu Total liabilities. Add lines 17 through 25.		25 26	35,428.
_					33,420.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and comple lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets.		27	46,433.
Ba	28	Temporarily restricted net assets.		28	
nd	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	624,379.	33	46,433.
~	34	Total liabilities and net assets/fund balances		34	81,861.

Form **990** (2014) BAA

Forn	n 990 (2014) GOOD NEIGHBORS USA 20-3	3644749		Page 1
Pa	rt 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	2,72	7,653
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,30	5,599
3	Revenue less expenses. Subtract line 2 from line 1	3	-57	7,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62	4,379
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		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	6,433
Pa	rt XII Financial Statements and Reporting			<u>, </u>
	Check if Schedule O contains a response or note to any line in this Part XII			Г
	Oncok ii ochodule o contains a response of note to any line in this r art XII			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ies ito
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separar	te		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			

BAA Form 990 (2014)

Χ

3 a

3 b

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number

GOOD NEIGHBORS USA 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that 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). (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

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

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.)

Sec	tion A. Public Support			I	I	I I				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.			
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)						0.			
6	Public support. Subtract line 5 from line 4						9,278,398.			
Sec	tion B. Total Support			T	T	ı				
Calendar year (or fiscal year beginning in) ►		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		429.	64.	113.		606.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.			
11	Total support. Add lines 7 through 10						9,279,004.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶			
Sec	tion C. Computation of Bul	alic Support D	orcontage							
	Public support percentage for 20						99.99%			
	Public support percentage from 2						99.99%			
16 a 33-1/3% support test − 2014. If the organization did not check the box on line 13, and the 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 — 2013. 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										
17 a	17 a 10%-facts-and-circumstances test − 2014. 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 — 2013. 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 organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >			

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	Total. Add lines 1 through 5 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						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10 a	Amounts from line 6						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul					ı	
	Public support percentage for 20	•	• • •		•		5 %
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv					1 -	
	Investment income percentage f			-			7 %
	Investment income percentage f						8 %
19a 33-1/3% support tests — 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 33-1/3% support tests — 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more to							tion ▶
L	line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За		
ŀ	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)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
(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)? 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	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
ŀ	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?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	a 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))? If 'Yes,' provide detail in Part VI	9a		
k	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
k	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)				
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No	
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	gover	ning body of a supported organization?	11a			
b	A fam	nily member of a person described in (a) above?	11b			
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c			
Sect	tion E	B. Type I Supporting Organizations				
1	Did th	a directors, tructoos, or mambarchin of one or more supported organizations have the power to regularly appoint		Yes	No	
'	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,				
		ed to such powers during the tax year	1			
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2			
Sect		C. Type II Supporting Organizations	<u>!</u>		1	
		Mr. salka a 2 2 and a		Yes	No	
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
Sect	tion [D. All Type III Supporting Organizations				
				Yes	No	
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the				
•	organ	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax				
	year, organ	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s)					
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at				
	all tin	nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played				
C1		s regard	3			
Seci	lion E	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):				
а	П	he organization satisfied the Activities Test. Complete line 2 below.				
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.				
С	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).			
2	Λ otivi	ties Test. Answer (a) and (b) below.	1	V	NI.	
				Yes	No	
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted the organization of the organization o	2a			
		antially all of its activities	Za			
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	24			
_		ization's involvement	2b			
		nt of Supported Organizations. Answer (a) and (b) below.				
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a			
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb Secti	er 20, 1970. See instruct ions A through E.	ions. All
Sec	tion 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		
Sec	tion 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		
ı	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally-inte	grated	d Type III supporting or	ganization

(see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.			
3	Administrative expenses paid to accomplish exempt purposes of sup	oported 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 in Part VI). See instructions	n is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

BAA

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

GOOD NEIGHBORS USA		20-3644749	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (en	ter number) organization	
	4947(a)(1) nonexer	mpt charitable trust not treated as a private foundation	
	527 political organi	zation	
Form 990-PF	501(c)(3) exempt p	rivate foundation	
	4947(a)(1) nonexer	mpt charitable trust treated as a private foundation	
	501(c)(3) taxable p	rivate foundation	
Check if your organization is covered by	by the General Rule or a Special	Rule	
Note. Only a section 501(c)(7), (8), or	(10) organization can check boxe	es for both the General Rule and a Special Rule. See instructions.	
General Rule			
For an organization filing Form 990 property) from any one contributor.), 990-EZ, or 990-PF that receive Complete Parts I and II. See in	ed, during the year, contributions totaling \$5,000 or more (in money or structions for determining a contributor's total contributions.	r
Special Rules			
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A	or 990-EZ that met the 33-1/3% support test of the regulations (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ins of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Parts I and II.	
For an organization described in seduring the year, total contributions purposes, or for the prevention of organization.	of more than \$1,000 exclusively	g Form 990 or 990-EZ that received from any one contributor, for religious, charitable, scientific, literary, or educational amplete Parts I, II, and III.	
during the year, contributions <i>exclu</i> \$1,000. If this box is checked, ente charitable, etc., purpose. Do not co	usively for religious, charitable, ear here the total contributions that complete any of the parts unless t	g Form 990 or 990-EZ that received from any one contributor, tc., purposes, but no such contributions totaled more than it were received during the year for an <i>exclusively</i> religious, the General Rule applies to this organization because obtaing \$5,000 or more during the year	
990-PF), but it must answer 'No' on Pa	art IV, line 2, of its Form 990; or	or the Special Rules does not file Schedule B (Form 990, 990-EZ, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Schedule B (Form 990, 990-EZ, or 990-PF).	

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1**

Name of organization
GOOD NEIGHBORS USA

Employer identification number 20-3644749

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOMANG SOCIETY 17211 VALLEY VIEW AVENUE	\$158,200.	Person X Payroll Noncash
	CERRITOS, CA 90703		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ -	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Complete Part II for noncash contributions.)

of Part II

1

Employer identification number

Name of organization

GOOD NEIGHBORS USA 20-3644749 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spaces	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ا	

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Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

of Part III Name of organization
GOOD NEIGHBORS USA Employer identification number 20-3644749 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8)

	Transferee's name, addres	Relationship of transferor to transferee	
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
	N/A 		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	GOOD NEIGHBORS USA			20-3644749
Par	t Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Funds or Ac	counts.
	Complete if the organization answ	wered 'Yes' to Form 990,	Part IV, line 6.	
		(a) Donor advised fu	inds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the			
6	Did the organization inform all grantees, donor	rs, and donor advisors in writing	g that grant funds can be u	sed only
	for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	or for any other purpose co	onferring Yes No
Par				
rai	Complete if the organization answ	wered 'Yes' to Form 990	Part IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., re		Preservation of a historical	ally important land area
	Protection of natural habitat		Preservation of a certified	,
	Preservation of open space	L	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contr	ibution in the form of a conse	ervation easement on the
	last day of the tax year.			
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easer			
(: Number of conservation easements on a certif	fied historic structure included in	n (a) 2 c	
C	Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, o	r terminated by the organizat	tion during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re-			
•	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conserva	ation easements during the year	ear
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation	easements during the year	
,	►\$	etting, and emoreting conservation	casements daring the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its reto the organization's financial st	venue and expense statementatements that describes th	nt, and balance sheet, and e organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collection	ctions of Art Historical T	reacures or Other Si	milar Accets
Par	Complete if the organization answ	wered 'Yes' to Form 990,	Part IV, line 8.	IIIIIai Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education,	or research in furtherance of	ent and balance sheet works of f public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, or it	t in its revenue statement a research in furtherance of pul	and balance sheet works of art, blic service, provide the
	(i) Revenue included in Form 990, Part VIII, I			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hamounts required to be reported under SFAS	istorical treasures, or other simila 116 (ASC 958) relating to these	r assets for financial gain, pr items:	rovide the following
ā	Revenue included in Form 990, Part VIII, line	1		▶ \$
ŀ	Assets included in Form 990, Part X			►\$

Schedule D (Form 990) 2014 GOOD NEIGHBORS USA 20-3644749 Page 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 d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations 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?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV,
line 9, or reported an amount on Form 990, Part X, line 21.
1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included
on Form 990, Part X?
Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1 a Beginning of year balance
b Contributions
c Net investment earnings, gains,
and losses
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ► %
b Permanent endowment
c Temporarily restricted endowment ► %
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No
organization by: (i) unrelated organizations
(ii) related organizations.
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value
(investment) basis (other) depreciation
1 a Land
b Buildings
c Leasehold improvements
d Equipment
e Other 13,362. 11,326. 2,036 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,205

BAA Schedule **D** (Form 990) 2014

			answerea					
(a) Descri	ription of security or cat		of security)	(b) Book value				0, Part X, line 12 year market value
	al derivatives				, ,			-
` '	-held equity intere		<u> </u>					
(3) Other	, ,							
(A)								
(B)								
(C)								
(D)								
<u>`</u>								
(F)								
(G)								
<u>: - </u>								
(l)								
	nn (b) must equal Form	 990, Part X, column (B)	line 12.) ▶					
	Investments -	- Program Rel	ated.		N	I/A		
CIT VIII	Complete if th	e organization	answered	'Yes' to Form 99				
	(a) Description o	f investment type		(b) Book value	(c) Method	of valuation: C	Cost or end-	of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(8)								
(8) (9) (10) Total. (Column	n (b) must equal Form) line 13.) ►					
(8) (9) (10) Total. (Column	Other Assets.			N/	A O Part IV li	no 11d Soc	Form 99	0 Part V line 15
(8) (9) (10) Total. (Column	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	0, Part X, line 15
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	N/ 'Yes' to Form 99 cription	A 0, Part IV, li	ne 11d. See	e Form 99	0, Part X, line 15 (b) Book value
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.		answered	'Yes' to Form 99	A 0, Part IV, li	ne 11d. See	e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if th	e organization	answered (a) Des	'Yes' to Form 99 cription	0, Part IV, li			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. Complete if the	e organization	answered (a) Des	'Yes' to Form 99	0, Part IV, li		e Form 99	
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization	answered (a) Des	'Yes' to Form 99 cription	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. Complete if the	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the	e organization	answered (a) Des	'Yes' to Form 99 cription	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere	answered (a) Des	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line	0, Part IV, Ii			
(8) (9) (10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. Complete if the following complete if the other Liabilitic Complete if the or (a) Description.	e organization al Form 990, Part es. ganization answere btion of liability	answered (a) Des X, column (B) ed 'Yes' to Fo	'Yes' to Form 99 cription 8), line 15.) rm 990, Part IV, line (b) Book valu	0, Part IV, Ii			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,727,653.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	2,727,653.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,727,653.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	,
	· · · · · · ·	1.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	rictari	I-
	1	3,305,599.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	1	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2 e	3,305,599.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2 e	3,305,599.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b Other (Describe in Part XIII.).	2e 3	3,305,599.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	3,305,599.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 b Other (Describe in Part XIII.).	2e 3	3,305,599.

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

BAA Schedule **D** (Form 990) 2014

Schedule F (Form 990)

Statement of Activities Outside the United States

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

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. 2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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,		
	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?	X 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. PART V

CENTRAL AMERICA AND 1 PROGRAM EMERGENCY RELIEF 85,898.	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
Theogram	(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	(d) is a program service, describe specific type of	expenditures for and investments		
CENTRAL AMERICA AND 1 FROGRAM EMERGENCY RELIEF 85,898.	EAST ASIA & THE							
C2 CARRIBBEAN 1 PROGRAM EMERGENCY RELIEF 85,898.			1	PROGRAM	EMERGENCY RELIEF	1,889,579.		
(3) SUB-SAHARAN AFRICA 1 PROGRAM CHILD SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total			_					
(4) SUB-SAHARAN AFRICA 1 PROGRAM 1 PROGRAM SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(2) CARRIBBEAN		1	PROGRAM	EMERGENCY RELIEF	85,898.		
(4) SUB-SAHARAN AFRICA 1 PROGRAM SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(3) SUB-SAHARAN AFRICA		1	PROGRAM	İ	70,034.		
(6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(4) SUB-SAHARAN AFRICA		1	PROGRAM		301,177.		
(7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total	(5)							
(8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total	(6)							
(9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	_(7)							
(10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	_(8)							
(11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(9)							
(12) (13) (14) (15) (16) (17) 3 a Sub-total	<u>(10)</u>							
(13) (14) (15) (16) (17) 3a Sub-total	(11)							
(14) (15) (16) (17) 3 a Sub-total	(12)							
(15) (16) (17) 3 a Sub-total	(13)							
(17) 3a Sub-total	(14)							
(17) 4 2,346,688. b Total from continuation sheets to Part I	(15)							
3a Sub-total 4 2,346,688 b Total from continuation sheets to Part I 0 4 c Totals (add lines 3a and 3b) 0 4 2,346,688	(16)							
b Total from continuation sheets to Part I	(17)							
sheets to Part I	3 a Sub-total		4			2,346,688.		
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2014					0.1	2,346,688.		

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

Schedule **F** (Form 990) 2014

20-3644749

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(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.

BAA

Schedule F (Form 990) 2014

Page 3

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 non- cash assistance	(g) Description of non-cash 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) BAA						Schedule F	(Form 990) 2014

Pa	rt IV	Foreign Forms		
1	organi.	e organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require Foreig	organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain in Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see stions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	organi.	organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain n Corporations (see Instructions for Form 5471).	Yes	X No
4	electing <i>Return</i>	ne organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see citions for Form 8621).	Yes	X No
5	organi.	organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the zation may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes,	e organization have any operations in or related to any boycotting countries during the tax year? ' the organization may be required to file Form 5713, International Boycott Report (see Instructions rm 5713; do not file with Form 990).	Yes	X No

BAA TEEA3505L 06/16/13 Schedule **F** (Form 990) 2014

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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

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 COUNTRY THROUGHOUT THE DURATION OF THE FUNDING. GOOD NEIGHBORS STAFF WOULD ALSO HELP SET UP MONITORING AND EVALUATION SYSTEMS TO ENSURE THE PROGRAM'S SUCCESSFUL IMPLEMENTATION. BY DESIGN, EACH FUNDED PROGRAM ALREADY HAS CLEAR GOALS, OBJECTIVES, AND A SET OF IMPACT INDICATORS-ALL OF WHICH ALLOW US TO MEASURE THE EFFECTIVENESS OF OUR WORK.

BAA TEEA3504L 08/18/14 Schedule **F** (Form 990) 2014

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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

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 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 - PROGRAM SERVICE ACCOMPLISHMENTS

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number
20-3644749

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

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 - OTHER PROGRAM SERVICES DESCRIPTION

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, 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.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

EUNJU OH BYUNGHEE LEE

SECRETARY KEY EMPLOYEE

WIFE AND HUSBAND

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO PUBLIC

Exempt Organization Business Income Tax Return OMB No. 1545-0687 Form 990-T (and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning _ ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Check box if name changed and see instructions. Employer identification number ☐ address changed (Employees' trust, see instructions.) Print GOOD NEIGHBORS USA В Exempt under section 2301 EAST 7TH STREET A-248 $X_{501}(C)(3)$ or 20-3644749 Type LOS ANGELES, CA 90023 Unrelated business activity 408(e) 220(e) 408A 530(a) 529(a) Book value of all assets at end of year F Group exemption number (See instructions.)▶ G Check organization type ▶ 401(a) trust X 501(c) corporation 501(c) trust Other trust 81,861 Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?.... If 'Yes,' enter the name and identifying number of the parent corporation . The books are in care of ▶ EUNJU OH Telephone number► 499-9898 (877)Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales. . . **b** Less returns and allowances . . . 1 c 2 Cost of goods sold (Schedule A, line 7)..... 2 3 4a Capital gain net income (attach Schedule D)..... 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)...... 4 b c Capital loss deduction for trusts..... 4 c Income (loss) from partnerships and S corporations 5 (attach statement) Rent income (Schedule C)..... 6 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)... 9 10 Exploited exempt activity income (Schedule I)..... 10 11 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule) 12 13 13 Total. Combine lines 3 through 12. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 15 Salaries and wages..... 15 16 17 17 18 Interest (attach schedule) 18 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules)..... 20 20 21 22 22 b 23 23 24 24 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J)..... 27 Other deductions (attach schedule) 28 28 **Total deductions.** Add lines 14 through 28..... 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13...... 30 30 Net operating loss deduction (limited to the amount on line 30)..... 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30..... 32 32 0. 33 33 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. 34

BAA

	t III Tax Computation							
35	Organizations Taxable as Corporations.	See instructions for tax comp	utation.					
	Controlled group members (sections 156)	1 and 1563) check here ►	See instructions and:					
а	Enter your share of the \$50,000, \$25,000	, and \$9,925,000 taxable inco	me brackets (in that ord	er):				
	(1) \$ (2) \$	(3) \$						
b	Enter organization's share of: (1) Addition	nal 5% tax (not more than \$11	,750) \$					
	(2) Additional 3% tax (not more than \$100	0,000)	\$					
	Income tax on the amount on line 34				35 c			0.
36	Trusts Taxable at Trust Rates. See instru	actions for tax computation. In	come tax on the amoun	t				
		or Schedule D (Form			36			
37	Proxy tax. See instructions				37			
	Alternative minimum tax				38			
	Total. Add lines 37 and 38 to line 35c or				39			0.
-		50, Whichever applies			33			0.
	t IV Tax and Payments	1110	110					
	Foreign tax credit (corporations attach Fo		·					
	Other credits (see instructions)							
	General business credit. Attach Form 380							
	Credit for prior year minimum tax (attach							
	Total credits. Add lines 40a through 40d				40 e			0.
41	Subtract line 40e from line 39				41			0.
42	Other taxes. Check if from: Form 4255							
	Other (attach schedule)				42			
43	Total tax. Add lines 41 and 42				43			0.
	Payments: A 2013 overpayment credited							
b	2014 estimated tax payments		44 b					
С	Tax deposited with Form 8868		44 c					
d	Foreign organizations: Tax paid or withhe	eld at source (see instructions)	44 d					
е	Backup withholding (see instructions)		44 e					
f	Credit for small employer health insurance	ce premiums (Attach Form 894	·1) 44 f					
q	Other credits and payments:	orm 2439						
J		Other To	otal ► 44 a					
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45 46 47 48 49 Par 1 2 3 Schot 1 2 3 4a b 5 Sigr Here	Total payments. Add lines 44a through 42 Estimated tax penalty (see instructions). Tax due. If line 45 is less than the total of Overpayment. If line 45 is larger than the Enter the amount of line 48 you want: Crest V Statements Regarding Certs. At any time during the 2014 calendar year, of financial account (bank, securities, or other) in Report of Foreign Bank and Financial Accounting the tax year, did the organization of YES, see instructions for other forms the Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the amount of tax-exempt interest recetedule A — Cost of Goods Sold. Enter the A — Cost of Goods Sold. Enter the A — Cost of Goods Sold. Enter t	Check if Form 2220 is attached flines 43 and 46, enter amouse total of lines 43 and 46, enter edited to 2015 estimated tax ain Activities and Other did the organization have an interest a foreign country? If YES, the counts. If YES, enter the name receive a distribution from, or the organization may have to fine the inventory valuation of preparer (other than taxpayer) is several total part of the property of t	Information (see insome set in or a signature or or expanization may have the of the foreign country was it the grantor of, or le. The sear some search set in or a signature or or expanization may have the of the foreign country was it the grantor of, or le. The sear some search	Refunded tructions) ther authority over to file FinCEN there I are transferor to, as	46 47 48 49 er a Form a fore 6 7 h respansive resaments from knowleh the preference instructions from the preference from the	pect to le) apply owledge and dge. EIRS discuss to parer shown brions)?	Yes his return elow (see	No X X
45 46 47 48 49 Par 1 2 3 Scho 1 2 3 4 a b 5	Total payments. Add lines 44a through 4 Estimated tax penalty (see instructions). Tax due. If line 45 is less than the total o Overpayment. If line 45 is larger than the Enter the amount of line 48 you want: Cr t V Statements Regarding Certs At any time during the 2014 calendar year, of financial account (bank, securities, or other) in Report of Foreign Bank and Financial Acc During the tax year, did the organization If YES, see instructions for other forms the Enter the amount of tax-exempt interest rece edule A — Cost of Goods Sold. Er Inventory at beginning of year Purchases. Cost of labor. Additional section 263A costs (attach schedule) Other costs (attach sch) Total. Add lines 1 through 4b. Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declared Signature of officer Print/Type preparer's name KIWOOK UHM	Check if Form 2220 is attached flines 43 and 46, enter amouse total of lines 43 and 46, enter edited to 2015 estimated tax ain Activities and Other did the organization have an interest a foreign country? If YES, the counts. If YES, enter the name receive a distribution from, or the organization may have to fine the divided or accrued during the tax years at the method of inventory valuation of the preparer (other than taxpayer) is set to the preparer of the than taxpayer) is signature.	Information (see insome set in or a signature or or expanization may have the of the foreign country was it the grantor of, or le. The sear some search set in or a signature or or expanization may have the of the foreign country was it the grantor of, or le. The sear some search	Refunded Tructions) ther authority over to file FinCEN transferor to, as transferor	46 47 48 49 er a Form a fore 6 7 h resp r resa fmy knowleh May this the preprint fruits frui	pect to le) apply owledge and dge. parer shown brions)? X	Yes his return elow (see	No X X
45 46 47 48 49 Par 1 2 3 Schot 1 2 3 4a b 5 Sigr Here	Total payments. Add lines 44a through 4 Estimated tax penalty (see instructions). Tax due. If line 45 is less than the total o Overpayment. If line 45 is larger than the Enter the amount of line 48 you want: Cr t V Statements Regarding Certs At any time during the 2014 calendar year, of financial account (bank, securities, or other) in Report of Foreign Bank and Financial Acc During the tax year, did the organization If YES, see instructions for other forms the Enter the amount of tax-exempt interest rece edule A — Cost of Goods Sold. En Inventory at beginning of year Purchases. Cost of labor. Additional section 263A costs (attach schedule) Other costs (attach sch) Total. Add lines 1 through 4b Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declared Signature of officer Print/Type preparer's name KIWOOK UHM Firm's name UCMK, LLP Firm's address 3530 WILSHIR	Check if Form 2220 is attached flines 43 and 46, enter amouse total of lines 43 and 46, enter edited to 2015 estimated tax ain Activities and Other did the organization have an interest a foreign country? If YES, the counts. If YES, enter the name receive a distribution from, or the organization may have to fine the divided or accrued during the tax years at the method of inventory valuation of the preparer (other than taxpayer) is set to the preparer of the than taxpayer) is signature.	Information (see instrest in or a signature or or erganization may have er of the foreign country was it the grantor of, or le. ear \$ 1 Cost of goods so line 6 from line 5. and in Part I, line 2 Do the rules of se property produced to the organization anying schedules and statemer based on all information of white the control of the organization anying schedules and statemer based on all information of white the control of the organization anying schedules and statemer based on all information of white the control of the organization and the control of the organization and the control of the organization and the control of the organization of the organization and the control of the c	Refunded Tructions) ther authority over to file FinCEN transferor to, as transferor	46 47 48 49 er a Form a fore 6 7 h resp r resa fmy knowleh May this the preprint fruits frui	pect to le) apply cowledge and dge. IRS discuss to parer shown brions)? X Y	Yes his return elow (see	No X X X

Schedule C — Rent Incor 1 Description of property	ne (From Real Pi	operty and	d Persor	nal Property	Leas	ed With Rea	al Prop	erty) (see instructions)
(1)								
(2)								
(4)								
(-)	2 Rent received of	or accrued						
(a) From personal pr (if the percentage of rent property is more than 10 more than 50%	roperty for personal 0% but not	(b) From re (if the perce property ex	entage of ceeds 50%	ersonal propert rent for persor 6 or if the rent or income)	ial	3(a) Deduce the incon	ne in col	rectly connected with umns 2(a) and 2(b) schedule)
(1)								
(2)								
(3)								
(4)								
Total	Tota	al				(h) Tatal dadat:	Futor	
(c) Total income. Add totals of here and on page 1, Part I, line	e 6, column (A)	·				(b) Total deducting there and on page I, line 6, column (l	1. Part	
Schedule E — Unrelated	Debt-Financed Ir	ncome (see	instruction	ns)	1			
1 Description of de	ebt-financed property	,	or alloca	income from able to debt-		debt-	financed	cted with or allocable to property
(3)			finance	ed property	depre	a) Straight line ciation (attach	sch)	(b) Other deductions (attach schedule)
(1)								
(2)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus or allocable to de property (attach	ebt-financed	div	column 4 vided by olumn 5		Gross income rtable (column column 6)	2 x	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				왕				
(4)				ે				
TotalsTotal dividends-received dedu	ctions included in co	lumn 8			Part I	, line 7, columi	n (A). P	nter here and on page 1 art I, line 7, column (B).
Schedule F – Interest, A	nnuities, Royalti	es, and Re	nts Fror	n Controlle	d Orga	anizations (s	see instru	uctions)
		Exempt Con	trolled Org	janizations				
1 Name of controlled organization	2 Employer identification number	3 Net unr income (see instru	(loss)	4 Total of sp payments r	ecified made	5 Part of contract that is included the contract organization gross in	uded in olling ition's	6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)	r.							
Nonexempt Controlled Organiza		10-11		100		0.11.1.		D 1 1: 1: 11
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified Its made	include	d in the	nn 9 that is controlling ross income		Deductions directly nnected with income in column 10
(1)								
(2)								
(3)								
(4)				here and o	n page	nd 10. Enter 1, Part I, line		olumns 6 and 11. Enter
Totals				. 8,	column	(A).		8, column (B).

Schedule G - Investment Inco	ome of a Section	n 50 1(c)(7), (9), or (17) Orga	nization (se	e instruct	ions)	
1 Description of income	2 Amount of inc	ome	dire	Deductions ctly connected ach schedule)	4 Set-a (attach so		set-a	Il deductions and sides (column 3 us column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on part I, line 9, colur						Enter he Part I, I	ere and on page 1, ine 9, column (B).
Totals.								
Schedule I — Exploited Exemp		1e, Otl	ner Tha	n Advertising	Income (see	instruction	ons)	_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne pro of u	ses directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income activity that is unrelated busin income	not attri	Expenses butable to olumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A).	on p Part l	here and page 1, , line 10, mn (B).					Enter here and on page 1, Part II, line 26.
Totals								
Schedule J — Advertising Inco								
Part I Income From Periodic	als Reported or	ı a Co	nsolida	ted Basis				
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulatio income	n 6 R	eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)				,				
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	•							
Part II Income From Periodic 7 on a line-by-line basis.)	als Reported or	ı a Se	parate I	Basis (For each p	periodical liste	d in Part	II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5	5 Circulatio income	n 6 R	eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)				through 7.				
(2)								
(4)								
(5) Totals from Part I								
	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, , line 11, mn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	(00)							
Schedule K — Compensation of	of Officers, Dire	ctors,	and Tr	ustees (see instr	ructions)			
1 Name				2 Title	3 Perce time de to busi	voted		ation attributable ated business
						%		
						%		
						જ		
						જ		
Total. Enter here and on page 1. Part	II. line 14					•		

2014

California Exempt Organization Annual Information Return

199

Calamilia	O	111 au 6 1	and beginning (I-I-II)			,a .a al	∕ ⊹ منام				
		,	year beginning (mm/dd/yyyy)			, and en	aing (i	mm/dd/yyyy)			
Corporation/Or	ganiza	tion name								California corporation nu	mber
		HBORS US								2775061	
Additional infor	matior	n. See instruction	ns.							EIN	
										20-3644749	
Street address									F	PMB no.	
2301 E/	AST	/TH STR	EET #A-248					State	7	IP code	
LOS ANO	ert.e	79						CA		90023	
Foreign country								Foreign province/state/county		oreign postal code	
Δ First Retu	ırn			Yes	X No	J If exempt	under	R&TC Section 23701d, has th	e		
				\square	=	organizati	ion enga	aged in political activities?		Пу	П.,
B Amended	Retur	n	•	Yes	X No	See instru	uctions			• Yes	X No
C IRC Section	on 494	7(a)(1) trust		Yes	X No						
D Final Info	rmatio	n Return?	Dissolved Surre	endered (W	/ithdrawn)	K Is the org	anizatio	on exempt under R&TC Section	on 2370 ⁻	1q? • Yes	X No
		Reorganized				If 'Yes ' e	nter the	aross receipts from		_	
						nonmemb	er sour	ces	\$	'	
E Check acc	ter dat Sountir	te (mm/dd/yyy	y) •					exempt under R&TC Section	23701d	l	
			al 3 Other			and meets	s the fil	ing fee exception, check box. equired		- □	
F Federal re			an 3 L outer			NO IIIIII	166 12 16	equireu		• [
			990-PF 3 ● Sch H (9	מממ		M Is the org	anizatio	on a Limited Liability Compan	ıy?	• Yes	X No
				Yes	No.	N Did the o	rnanizat	tion file Form 100 or Form 10	9 to rer	nort	
G is this a g	group 1	filing? See instr	uctions •	162	X No						X No
II a ar				Пу		O Is the orm	anizatio	on under audit by the IRS or I	nac tha	IPC JQI	
			exemption?	Yes	X No			r year?			X No
If 'Yes,' v	vhat is	the parent's na	ime?					, ,			<u></u>
						P Is an IRS	Form 1	023/1024 pending?		Yes	No
■ Did the o	rnaniza	ation have any c	changes to its guidelines			Date filed		20			ш
			nstructions	Yes	X No	Date med	i with ir				
						manal la atur	-4!	D and C		CACA1112L	07/30/15
Part I		•	unless not required to file t								
	1		s or receipts from other sou						1	14	<u>,665.</u>
Docainto	2		s and assessments from me						2		
Receipts and	3	Gross cont	ributions, gifts, grants, and	similar a	amounts	received			3	2,724	<u>,864.</u>
Revenues	4		receipts for filing requirement								
		This line m	nust be completed. If the res	sult is les	ss than \$	\$50,000, s <u>ee</u>	Gene	eral Instruction B •	4	2,739	, 529.
	5	•	ods sold								
	6	Cost or oth	er basis, and sales expense	s of ass	sets sold	•	6	11,876.			
	7		. Add line 5 and line 6						7	11	,876.
	8	Total gross	income. Subtract line 7 fro	m line 4					8	2,727	,653.
F	9	Total exper	nses and disbursements. Fr	om Side	2, Part	II, line 18			9	3,305	
Expenses	10	Excess of r	receipts over expenses and	disburse	ements. S	Subtract line	9 froi	m line 8 •	10		,946.
	11	Filing fee \$	S10 or \$25. See General Ins	truction	F				11		10.
- !!!	12	_	nents						12		••
Filing Fee	13		and Interest. See General In						13		
	14		ee General Instruction K						14		-
	15		ie. Add line 11, line 13, and								
		Then subtra	act line 12 from the result						15		10.
Sign	Under	penalties of per	rjury, I declare that I have examined to Declaration of preparer (other than	his return, i	including ac	companying sch	nedules	and statements, and to the bes	st of my	knowledge and belief, i	it is true,
Here			. Books attorn or propertor (other than		Title	an mormation of		Date	_	 Telephone 	
	of off	ature >			SECRE	TARY				(877) 499-9	899
	Prena	arer's ►		<u> </u>		Date		Check if self-	- I	● PTIN	
Paid	signa	ture KIW	VOOK UHM					self- employed	_	P00845230	
Preparer's Use Only	Firm's name UCMK, LLP							'	● FEIN		
USE UIIIY	(or yours, if self-employed) 3530 WILSHIRE BLVD., SUIT			SUITE	1200				27-4502493		
	and a	LOS ANGELES, CA 90010							 Telephone 		
										(213)389-00	80
	May	the FTB dis	scuss this return with the pr	eparer s	shown ab	ove? See in	structi	ions		X Yes	No
				<u> </u>							

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

		1	Gross sales or receipts from all	business activities. See	instru	ctions		1		
		2	Interest					2		
_		3	Dividends					3		
Rece from		4	Gross rents					4		
Othe	r	5	Gross royalties					5		
Soui	ces	6	Gross amount received from sa	le of assets (See instruct	ions).			6		14,653.
		7	Other income. Attach schedule.					7		12.
		8	Total gross sales or receipts from other					8		14,665.
		9	Contributions, gifts, grants, and similar	_				9		2,331,783.
		10	Disbursements to or for member	•				10		
		11	Compensation of officers, direct					11		158,137.
		12	Other salaries and wages					12		330,768.
	nses	13	Interest					13		946.
and Disb	urse-	14	Taxes					14		48,993.
men		15	Rents				_	15		40/333.
		16	Depreciation and depletion (See					16		10,096.
		17	Other Expenses and Disbursem					17		424,876.
		18	Total expenses and disbursements. Add					18		3,305,599.
Sch	edule	_	Balance Sheets	Beginning of					xable	
		; L	Balatice Streets	(a)	laxau	(b)	(c)	i Oi ta	xable	(d)
Asse 1				` ,		616,310.	(6)		•	63,722.
2			receivable			010,310.			•	05,722.
3			eivable						•	
4									•	
5			tate government obligations						•	
6			n other bonds						•	
7	Investn	nents i	n stock						•	
8			18						•	-
9		•	nents. Attach schedule						•	
-			ssets				57,5	68.		
			ated depreciation			35,756.	46,3			11,205.
						207.000	20,0		•	
12			Attach schedule. STM 4			3,999.			•	6,934.
						656,065.				81,861.
			et worth			000,000.				01,0011
			able			24,664.			•	34,734.
			, gifts, or grants payable			21,001.			•	<u> </u>
			otes payable			7,022.			•	694.
17			yable			,,022.			•	
18			es. Attach schedule							
19			or principal fund			624,379.			•	46,433.
20	•		pital surplus. Attach reconciliation			021/075			•	10, 133.
21			lings or income fund					-	•	
22			ies and net worth			656,065.				81,861.
Sch	edule	: М-	1 Reconciliation of income per Do not complete this schedule				s less than \$50,000			
1	Net inc	ome n	er books	-577,946			books this year not incl			
2			ne tax	•	7		h schedule		•	
3	Excess	of cap	ital losses over capital gains	•	8	Deductions in this r		Ī		
4			ecorded on books this year.			against book incom	e this year.			
			ıle	•	╛			_	•	
5			orded on books this year not deducted		9		nd line 8	[
			. Attach schedule		10	Net income per		ļ		
6	Total. A	Add lin	e 1 through line 5	-577,946	•	Subtract line 9	from line 6			-577 , 946.

Side 2 Form 199 C1 2014 059 3652144 CACA1112L 12/08/14

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

GOOD NEIGHBORS USA		20-3644749	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (e	nter number) organization	
	4947(a)(1) nonexe	empt charitable trust not treated as a private foundation	
	527 political organ	nization	
Form 990-PF	501(c)(3) exempt	private foundation	
	4947(a)(1) nonexe	empt 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 Specia	al Rule	
Note. Only a section 501(c)(7), (8), o	r (10) organization can check box	xes for both the General Rule and a Special Rule. See instructions.	
General Rule			
X For an organization filing Form 99	90, 990-EZ, or 990-PF that receiver. Complete Parts I and II. See i	ved, during the year, contributions totaling \$5,000 or more (in money or nstructions for determining a contributor's total contributions.	٢
Special Rules			
under sections 509(a)(1) and 170(b)	(1)(A)(vi), that checked Schedule A	or 990-EZ that met the 33-1/3% support test of the regulations A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Parts I and II.	
For an organization described in a during the year, total contribution purposes, or for the prevention of	s of more than \$1,000 <i>exclusivel</i>	ng Form 990 or 990-EZ that received from any one contributor, ly for religious, charitable, scientific, literary, or educational complete Parts I, II, and III.	
during the year, contributions exc \$1,000. If this box is checked, en charitable, etc., purpose. Do not	clusively for religious, charitable, ter here the total contributions the complete any of the parts unless	ng Form 990 or 990-EZ that received from any one contributor, etc., purposes, but no such contributions totaled more than nat were received during the year for an <i>exclusively</i> religious, the General Rule applies to this organization because totaling \$5,000 or more during the year	
990-PF), but it must answer 'No' on F	Part IV, line 2, of its Form 990; o	/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or or check the box on line H of its Form 990-EZ or on its Form 990-PF,	
rant i, line ∠, to certify that it does no	or meet the illing requirements of	f Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1**

Name of organization
GOOD NEIGHBORS USA

Employer identification number 20-3644749

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOMANG SOCIETY 17211 VALLEY VIEW AVENUE	\$158,200.	Person X Payroll Noncash
	CERRITOS, CA 90703		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ -	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Complete Part II for noncash contributions.)

of Part II

1

Employer identification number

Name of organization

GOOD NEIGHBORS USA 20-3644749 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spaces	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 to

1 of Part III

Name of organization
GOOD NEIGHBORS USA

Employer identification number

20-3644749

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
	N/A											
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held								
	<u></u>											
		(e)										
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	gift Relationship of transferor to transferee									

2014 Corporation Depreciation and Amortization

3885

Comparison name CORDON INSIGHBORS USA Part I Election to Expense Certain Property Under IRC Section 179 1		ch to Form 100 or For	m 100W. FOR	4 199									
Part	Corpo	ration name								Califor	nia corp	ooratio	n number
1 Maximum deduction under IRC Section 179 for California. 2 2 Total cost of IRC Section 179 property baced in service. 2 3 Threshold cost of IRC Section 179 property before reduction in limitation. Strate Iris 2 (1) Section 179 property before reduction in limitation. Strate Iris 2 (1) Section 179 property before reduction in limitation. Strate Iris 2 (1) Section 179 property (1) Cost (business use only) (2) Elected cast of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts on 10 line 10	GOO	DD NEIGHBORS U	JSA							277	5061	L	
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (b) Cest (business use only) (c) Elected cest 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c) and line 10, less line 12. 1	Par	Election to Ex	pense Certain Pro	perty Under IRC Se	ection 17	79							
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. if zero or less, enter -0. 6 (a) Description of property 7 Listed property (elected IRC Section 179 cost). 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Tentative deduction in the smaller of line 5 or line 8. 10 Carryover of disallowed deduction from prior taxable years. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Eusiness income limitation. Enter the smaller of business income (not less than zero) or line 5. 12 Eusiness income limitation. Enter the smaller of line 1. 13 Eusiness income limitation. Enter the smaller of line 1. 14 (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	3			-							_		\$200 , 000
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13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12. 13							-						
Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356 14 (a) (b) Date acquired (mm/dd/yyyy) Cost or other basis Depreciation allowed or property Date acquired (mm/dd/yyyy) Cost or other basis Depreciation allowed or property Date acquired (mm/dd/yyyy) Date acqu							F		1		12		
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PURNITURE		of property		other basis			method	ra	ite	this	year		year
FURNITURE													depreciation
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ROJECTOR 12/30/2010 603. 362. S/L 5 121.													
DUPLICATOR 2/08/2010 713. 559. S/L 5 143. TELEPHONE 1/18/2010 3,867. 3,029. S/L 5 773. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g). 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 16. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 16. If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization 19 (a) Description of property Date acquired (mm/dd/yyyy) other basis allowed or allow													
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20 Total. Add the amounts in column (g)	WEE	ост п р	9/03/300	0 76	650			· `			15		
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Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or											21		
	22	Form 100W. Side 1.	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20.	, enter t enter the	ne aitterence e difference	e nere and	u on For on Fori	ım 10 m 100	or or			
											22		

2014 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FORI	4 199						
Corpo	ration name						California	corporation	on number
GOO	D NEIGHBORS U	JSA					27750	061	
Par	Election to Ex	pense Certain Pro	perty Under IRC Se	ection 179			•		
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service					2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation				3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov						· · · · · · · · · -	10	
11	Business income lim			·	-		· · · · · · · · · -	l1 l2	
12 13	IRC Section 179 exp				_			12	
Par	Carryover of disallov			Expense Deduction			24256		
	•	1		•	T .				(6)
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	(f) Life or	(g) Depreciati	on for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye		year
				allowable in earlier years					depreciation
AUI	OMOBILE	1/31/2011	23,354.	13,623.	S/L	5	4.	610.	
	IPUTER	7/30/2011	647.	312.	S/L	5	- /	129.	
	IPUTER	12/27/2011	1,973.	790.	S/L	5		395.	
	TWARE	5/03/2011	993.	751.	S/L	5		199.	
	FICE FURNITUR	1/17/2012	1,173.	322.	S/L	7		168.	
	Add the amounts in		•						
13	\$2,000. See instruct								
Par	t III Summary		(,						
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)) or				
	Additional first year Depreciation (if no e								
17	Total depreciation cl	•		•	,				
	Depreciation adjustn	nent. If line 17 is q	reater than line 16,	enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 1.	line 6. If line 17 is	less than line 16,	enter the difference	e here and o	on Form 100	or		
	state adjustments or	,						. 18	
Par			, ,	, , , , , , , , , , , , , , , , , , , ,					
19	(a)	(b)	(c)	(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		ization	R&TC	Period o		Amortization
	of property	(mm/dd/yyyy	other bas		allowable er years	section (see instr)	percentag	je	for this year
					· y · · ·	(111			
20	Total. Add the amou	ınts in column (a)						20	
21	Total amortization cl	107						21	
	Amortization adjustr		•	,			· · · · · · · · · - 		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 1,	line 12					2	22	

CALIFORNIA FORM

2014 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or For	m 100W. FORM	<u>.</u> 4 199						
	ration name	1014	1 100				California	corporation	on number
GOO	DD NEIGHBORS (1 C Z					27750	61	
Par		pense Certain Pro	nerty Under IRC Se	ection 179			127730	01	
1	Maximum deduction								\$25,000
2	Total cost of IRC Se								<u> </u>
3	Threshold cost of IR		•						\$200,000
4	Reduction in limitation							_	4200,000
5	Dollar limitation for t							;	
6		Description of property		(b) Cost (business)		(c) Elected			
	· ·	1 1 1 7		(7)	,,				
7	Listed property (elec	ted IRC Section 17	79 cost)		7				
8	Total elected cost of		•			ine 7	8	ı T	
9	Tentative deduction.								
10	Carryover of disallov							,	
11	Business income lim		'						
12	IRC Section 179 exp			•	•			2	
13	Carryover of disallov				_				
Par				Expense Deduction			24356	•	
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciatio		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or method allowable in		rate	this yea	ır	year depreciation
				earlier years					depreciation
AU	TOMOBILE	9,788.	200DB	5	1,8	367.			
CON	1PUTER	754.	S/L	5	393.				
CAN	ÆRA	1/17/2012 2/29/2012	1,967. 1,633.	599.	S/L	5		327.	
	ÆRA	4/30/2012	1,855.	618.	S/L				
	TE BOOK	9/07/2012	886.	236.	S/L	5		177.	
15	Add the amounts in \$2,000. See instruct								
Par		10113 101 11110 14, 00	(1)						
16	Total: If the corporat	tion is electina:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g)	or or				
	Additional first year Depreciation (if no e							16	
17	Total depreciation of	• • • • • • • • • • • • • • • • • • • •		·	107			17	
	Depreciation adjustn							- ' '	
10	Form 100W. Side 1.	line 6. If line 17 is	less than line 16.	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 1,							18	
Par	state adjustments or t IV Amortization	1 FORM 100 OF FORM	1 100vv, no adjustn	nent is necessary.).				10	
19		(h)	(0)		۵۱	(a)	46		(m)
19	(a) Description	(b) Date acquire	d (c) Cost o		d) ization	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or		section	percentage	:	for this year
				in earlie	er years	(see instr)			
								_	
20	Total. Add the amou	ints in column (g).					20)	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form 4562, line	44		21		
22			•						
	Amortization adjustr Form 100W, Side 1,							. [
	Form 100W, Side 1,	line 12					22	<u> </u>	

2014 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	rm 100W. FORI	4 199									
Corpoi	ration name								Califor	nia corpor	ation numb	oer
GOO	D NEIGHBORS (JSA							277	5061		
Parl	Election to Ex	pense Certain Pro	perty Under IRC Se	ection 179								
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ection 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in limita	ation					3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0				5		
6	(a) Description of property (b) Cost (business use only) (c) Elected cost											
7	Listed property (elec		•							_		
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim			-						11 12		
12 13	IRC Section 179 exp					_				12		
Part	Carryover of disallov	and Election of Ad						tion 2/	1256			
	•						1					(la)
14	(a) Description	(b) Date acquired	(c) Cost or	(d Deprec) iation	(e) Depreciation	(f) Life	or	Deprecia	3) ation foi	Add	(h) litional first
	of property	(mm/dd/yyyy)	other basis	allowe	ed or	method	rat		this			year
				allowal earlier							de	preciation
OFF	earlier years									99		
_	RNITURE AND F		2,941.	2	622.	S/L		7		210.		
	PUTER	10/15/2007	2,058.		,058.	S/L		5		210	•	
	PUTER	10/15/2007	1,196.		,196.	S/L		5				
	JIPMENT	10/15/2007	3,435.		,435.	S/L		5				
				•	•							
15	Add the amounts in \$2,000. See instruct							15				
Parl	t III Summary		(,									
	Total: If the corporate	tion is electing:										
	IRC Section 179 exp	pense, add the amo	unt on line 12 and	line 15, co	olumn (g)	or) (I-)			
	Additional first year Depreciation (if no e											
17	Total depreciation of	•				107					_	
	Depreciation adjustr	nent. If line 17 is q	reater than line 16	, enter the	differenc	e here and	l on For	m 100	or			
	Form 100W, Side 1, Form 100W, Side 1.											
	state adjustments or									18		
Parl			· · · · · ·							u u	ı	_
19	(a)	(b)	(c)		((d)	(e))	(f)			(g)
	Description of property	Date acquire			Amorti	zation allowable	R&T		Period			rtization
	or property	(mm/dd/yyy)	oulei bas	SIS a	in earlie		secti (see ir		percenta	aye	for t	his year
20	Total. Add the amou	unts in column (a)								20		
21	Total amortization c	107								21		
	Amortization adjustr		•		,							
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the c	lifference	here and	on Form	100 c	r			
	Form 100W, Side 1,	line 12								22		

2014 Corporation Depreciation and Amortization

3885

		-	-								
	ch to Form 100 or For	m 100W. FORI	м 199								
Corpo	ration name							Ca	lifornia	corporati	on number
GOO	DD NEIGHBORS (JSA						2	7750	61	
Par	t Election to Ex	pense Certain Pro	perty Under IRC Se	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2	
3	Threshold cost of IR		-							3	\$200 , 000
4	Reduction in limitation									4	
5	Dollar limitation for		act line 4 from line	1. If ze	ro or less, e	enter -0			!	5	
6	(a)	Description of property		(b) C	ost (business ı	use only)	(c) Ele	cted cost			
7	Listed property (elec		•								
8	Total elected cost of									8	
9	Tentative deduction.									9	
10	Carryover of disallov		•						_		
11 12	Business income lim IRC Section 179 exp				•	,					
13	Carryover of disallow					_			1	_	
Par	,		ditional First Year		•			n 24356			
14		(b)		LAPONS	(d)	1		11 2-330	(a)		(b)
14	(a) Description	Date acquired	(c) Cost or	Depr	reciation	(e) Depreciation	(f) Life o	Depre	(g) eciatio	n for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	method	rate		nis yea		year
					wable in er years						depreciation
EOI	JIPMENT	10/15/2007	2,567.		2,567.	S/L		5			
	JIPMENT	10/15/2007	896.		896.	S/L		5			
	OMOBILE	5/26/2010	22,395.			200DB		5	1 -	290.	
	MPUTER	3/12/2010	730.		560 .	S/L		5		146.	
	MPUTER	6/21/2010	1,316.		921.	S/L		5		263.	
										200.	
15	Add the amounts in \$2,000. See instruct							;			
Par		10113 101 11110 14, 00	idiiii (ii)				1				
	Total: If the corporate	tion is electina:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15	, column (g)	or					
	Additional first year Depreciation (if no e										
17	Total depreciation of	•				,				17	
	Depreciation adjustr										
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	here and	on Form 1	00 or			
	Form 100W, Side 1, state adjustments or	n Form 100 or Form	na depreciation an n 100W no adjustn	nent is r	necessary)	i eliiiiie i	iet income	belore		18	
Par					1000000					1	
19	(a)	(b)	(c)		((d)	(e)		(f)		(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC	Per	iod or		Amortization
	of property	(mm/dd/yyyy	v) other bas	SIS	allowed or in earlie		section (see inst		entage	9	for this year
					carne	, 5 0 0 1 0	(555 11150	.,			
20	Total. Add the amou	ints in column (a)					1		. 2	n	
21	Total amortization c	107									
			•						··	•	
22	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	enter th	e difference	here and	on Form 1	00 or			
	Form 100W, Side 1,	line 12	<u></u>						2	2	

TAXABLE YEAR (

2014 Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

	ch to Form 100 or For	m 100W. FORI	м 199								
Corpo	ration name						Califor	nia corpora	tion number		
GOO	DD NEIGHBORS U						277	5061			
Par	Election to Ex	pense Certain Pro	perty Under IRC Se	ection 179							
1	Maximum deduction							1	\$25 , 000		
2											
3											
4								5			
	5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0										
	(a)										
	Listed property (also	stad IDC Spation 1	70 andt)		7						
7 8	Listed property (electronal elected cost of					line 7		8			
9	Tentative deduction.							9			
10	Carryover of disallov							10			
11	Business income lim		'					11			
12	IRC Section 179 exp			•	•			12			
13	Carryover of disallov	ved deduction to 20	015. Add line 9 and	d line 10, less line	12	13					
Par	t II Depreciation a	and Election of Ad	ditional First Year	Expense Deduction	on Under R8	TC Section 2	24356				
14	_ (a)	(b)	(c)	(d)	(e)	(f)	_ (g	a).	(h)		
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	n Life or rate	Deprecia this		Additional first year		
	3. p. sp s. ty	(5 ti 101 2 do 10	allowable in				, oa.	depreciation		
		E /10 /0010		earlier years	- /-	 _					
CON	IPUTER	7/12/2010	869.	609	. S/L	5		174.	· <u> </u>		
15	Add the amounts in										
Par	\$2,000. See instruct	ions for line 14, co	iuiiiii (ii)			13					
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g) or						
	Additional first year Depreciation (if no e										
17	Total depreciation cl								+		
	Depreciation adjustn	nent. If line 17 is a	reater than line 16	, enter the differer	nce here and	d on Form 10	0 or				
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the different	ce here and	on Form 100	or				
	Form 100W, Side 1, state adjustments or	n Form 100 or Forr	na depreciation an n 100W. no adiustr	nent is necessary.)			18			
Par			, ,		,			1			
19	(a)	(b)	(c)		(d)	(e)	_ (f)		(g)		
	Description of property	Date acquire	d Cost o		rtization or allowable	R&TC section	Period percenta		Amortization		
	or property	(mm/aa/yyy)	other ba.		lier years	(see instr)	percent	age	for this year		
20	Total. Add the amou	ints in column (g).						20			
21	Total amortization cl	aimed for federal	ourposes from fede	eral Form 4562, lin	e 44			21			
22	Amortization adjustn	nent. If line 21 is q	reater than line 20	, enter the differer	nce here and	d on Form 10	0 or				
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the different	ce here and	on Form 100	or	22			
	Form 100W, Side 1,	IIII 1∠						22			

2014	4
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CALIFORNIA STATEMENTS

PAGE 1

GOOD NEIGHBORS USA

20-3644749

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

 OTHER INVESTMENT INCOME
 \$ 12.

 TOTAL \$ 12.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
EUNJU OH 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	SECRETARY 40.00	\$ 0.	\$ 0.	\$ 0.
TIMOTHY HASS 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	DIRECTOR 1.00	0.	0.	0.
ILHA YI 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	PRESIDENT & CEO 2.00	0.	0.	0.
DAVID MARH 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	CHAIRMAN 1.00	0.	0.	0.
THOMAS YI 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	TREASURER 1.00	0.	0.	0.
PATRICIA IDLER 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	DIRECTOR 1.00	0.	0.	0.
GORDON TURNER 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	DIRECTOR 1.00	0.	0.	0.
BRYAN LEE 2301 EAST 7TH STREET A-248 LOS ANGELES, CA 90023	DEPUTY DIRECTOR 40.00	80,237.	0.	0.
	TOTAL	\$ 80,237.	\$ 0.	\$ 0.

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/U		4

CALIFORNIA STATEMENTS

PAGE 2

GOOD NEIGHBORS USA

20-3644749

STATEMENT 3	
FORM 199, PART II, LINE 17	
OTHER EXPENSES	

ACCOUNTING FEES		16,460.
ADVERTISING AND PROMOTION		32,192.
AUTOMOBILE EXPENSE		11,588.
BANK AND CREDIT CARD FEE		12,416.
CAMPAIGN.		25,957.
CONFERENCES, CONVENTIONS, AND MEETINGS		23,649.
CONSULTING.		33,000.
DUE AND SUBSCRIPTION		1,620.
INSURANCE		40,556.
LOSS FROM DISPOSITION		2,579.
MISC		1.
MISCELLANEOUS		2,435.
OFFICE EXPENSES		14,657.
OTHER EMPLOYEE BENEFIT		17,094.
OTHER FEES.		16,370.
POSTAGE AND SHIPPING		7,880.
PROFESSIONAL FEES		33,540.
RENT		58,684.
SPECIAL EVENT		10,657.
STORAGE		2,561.
SUPPLY		16,577.
TRAVEL		24,442.
UTILITIES		12,217.
WEB MAINTENANCE	^	7,744.
TOTAL	\$	424,876.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES	4,034.
SECURITY DEPOSIT.	2,900.
TOTAL	\$ 6,934.

STATEMENT 5 FORM 199, SCHEDULE L, LINE 16 BONDS AND NOTES PAYABLE

TOTAL NOTES AND BONDS PAYABLE \$ 694.

GOOD NEIGHBORS USA

20-3644749

THE ENTITY'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ENTITY SHOULD REVIEW THEIR CALIFORNIA EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ENTITY SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILING THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

MAIL FORM 3586 AND PAYMENT TO:

FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531

CAUTION

DO NOT MAIL FORM 3586 UNTIL THE FRANCHISE TAX BOARD HAS ACCEPTED FORM 199.

EXCEPTION: MAIL FORM 3586 WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

FORM

California Exempt Organization

109 **Business Income Tax Return** Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) Corporation/Organization name California corporation number GOOD NEIGHBORS USA 2775061 Additional information. See instructions. 20-3644749 Street address (suite/room no.) 2301 EAST 7TH STREET #A-248 City (If the corporation has a foreign address, see instructions.) State ZIP code 90023 LOS ANGELES CA Foreign country name Foreign province/state/county Foreign postal code x No First Return Filed?.... Is the organization a non-exempt charitable trust as Yes described in IRC Section 4947(a)(1)? X No Is this an education IRA within the Is this organization claiming any former; Enterprise Is the organization under audit by the IRS Zone (EZ), Los Angeles Revitalization Zone (LARZ) Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? or has the IRS audited in a prior year?..... ● Final Return? X No Dissolved Surrendered (Withdrawn) Is this organization a qualified pension, profit-sharing, or Merged/Reorganized. Enter date (mm/dd/yyyy) ● stock bonus plan as described in IRC Section 401(a)?.. • X No K Unrelated Business Activity (UBA) Code..... Other Accounting Method Used: Cash (2) X Accrual Is this a Hospital?...... X No Nature of trade or business If 'Yes,' attach IRS Schedule H (Form 990) Unrelated business taxable income from Side 2, Part II, line 30..... 1 0. Taxable Corporation Multiply line 1 by the average apportionment percentage Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions 2 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1..... 3 Taxable Unrelated business taxable income from Side 2, Part II, line 30.... 4 Trust Unrelated business taxable income from line 3 or line 4..... 5 Tax Compu-Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction 6 tation 7 Add line 6 and line 7 8 Net unrelated business taxable income. Subtract line 8 from line 5..... 9 10 % x line 9. See General Information J..... 11b 11 a New employment credit, amount generated • a) 11c 11d Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-...... 12 Total 0. Tax 13 Total tax. Add line 12 and line 13..... 14 Overpayment from a prior year allowed as a credit...... **Payments** 15 2014 estimated tax payments. See instructions • 16 2014 withholding (Form 592-B and/or 593.) See instructions. ● 17 18 Amount paid with extension (form FTB 3539)..... 18 Total payments and credits. Add line 15 through line 18..... 19 Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions..... 20 Refund 21 (Direct Deposit of 22 Enter amount of line 21 to be applied to 2014 estimated tax..... 22 Refund) or Use tax. See instructions 23 Amount Due Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21. 24 a Fill in the account information to have the refund directly deposited. Routing number Savings ● c Account Number..... Penalties and interest. See General Information M..... 25

Check if estimate penalty computed using Exception B or C and attach form FTB 5806.
 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result

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GOOD NEIGHBORS USA 20-3644749

Unrelated Business Taxable Income

Part	: I	Unrelated Trade or Business Income							
		s receipts or gross sales b Less returns and al							
2	Cos	t of goods sold and/or operations (Schedule A, line 7)					2		
3	Gro	ss profit. Subtract line 2 from line 1c					3		
4 a	Сар	ital gain net income. See Specific Line Instructions - Trusts	s attach Sch	edule	D (541).		4 a		
b	Net	gain (loss) from Part II, Schedule D-1					4 b		
С	Сар	ital loss deduction for trusts					4 c		
5	Inco	ome (or loss) from partnerships, limited liability companies,	or S corpora	itions.	See spec	cific line			
		ructions. Attach Schedule K-1 (565, 568, or 100S) or similar					5		
6	Ren	tal income (Schedule C)					6		
7	Unr	elated debt-financed income (Schedule D)					7		
8	Inve	stment income of an R&TC Section 23701g, 23701i, or 2370	01n organiza	ation (Schedule	E)	8		
9	Inte	rest, Annuities, Royalties and Rents from controlled organiz	ations (Sche	edule F	F)		9		
10	Ехр	loited exempt activity income (Schedule G)					10		
11		ertising income (Schedule H, Part III, Column A)					h	-	
12		er income. Attach schedule					h		
13	Tota	al unrelated trade or business income. Add line 3 through lin	ne 12				13		
		Deductions Not Taken Elsewhere (Except for contributions, deducti						,	
14		pensation of officers, directors, and trustees from Schedule							
15		aries and wages							
16		airs						-	
17		debts							
18		rest. Attach schedule							
19		es. Attach schedule							
20		tributions. See instructions and attach schedule							
		eciation (Corporations and Associations — Schedule J) (Trusts — form FTI		_			20		
		s: depreciation claimed on Schedule A. See instructions					21		
		letion. Attach schedule		_					
		tributions to deferred compensation plans					23 a		
		bloyee benefit programs. See instructions					23 b		
		er deductions. Attach schedule							
25	1012	al deductions. Add line 14 through line 24					25		
26		elated business taxable income before allowable excess adv					.		
		13					26		
		ess advertising costs (Schedule H, Part III, Column B)							
28		elated business taxable income before specific deduction. S							
29		cific deduction. See instructions.					29		
30	Unr	elated business taxable income. Subtract line 29 from line 2					30		
Sign		Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than taxpayer) is based or					of my knowle	edge and b	pelief, it is true,
Here		I		0		, ,	I.a.		
		Signature of	Title			Date	Telephor	ie	
		officer	SECRETA	RY			(877) 499	9-9899
		Preparer's		Date		Check if self-	● PTIN		
Paid		signature KIWOOK UHM				employed X		45230)
Pre-	,'a	Firm's name (or yours, if self-employed) and address					● FEIN		
parei Use	5	UCMK, LLP					27-4	50249	93
Only		3530 WILSHIRE BLVD., SUITE 1200					Telephor	ie	
,		LOS ANGELES, CA 90010					(213	3) 389-	<u>-0080</u>
		May the FTB discuss this return with the preparer shown above? See instruction	ns				• X Ye		No

Side 2 Form 109 C1 2014 059 3642144 CAVA9812L 01/05/15

GOOD NEIGHBORS USA

Schedule A Cost of Goods Sold and/or Operations.

	od of inventory valuation (specify)			
1	Inventory at beginning of year			. 1
2	Purchases			. 2
3	Cost of labor			3
4 a	Additional IRC Section 263A costs. Attach schedule			. 4a
ŀ	Other costs. Attach schedule			4 b
5	Total. Add line 1 through line 4b			. 5
6	Inventory at end of year			. 6
7	Cost of goods sold and/or operations. Subtract line 6 from	n line 5. Enter here and	on Side 2, Part I, line 2	. 7
	Do the rules of IRC Section 263A (with respect to property pro	oduced or acquired for res	ale) apply to this organization	n? Yes X No
Sch	redule B Tax Credits. Do not claim the New Employment C	Credit on Schedule B.		
1	Enter credit name code no. •	•	1	
2	Enter credit namecode no. •	•	2	
3	Enter credit namecode no. •	•	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the New Employment Credit, on line 4. Enter here and on Side 1, line 11c	total of all claimed credits, ex	cept	. 4
Sch	redule K Add-On Taxes or Recapture of Tax. See inst			. -
1	Interest computation under the look-back method for completed long-tern		83/1	1
2	Interest on tax attributable to installment: a Sales of cert			
_			oligations	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on		•	3
4	Credit recapture. Credit name		•	4
	Total. Combine the amounts on line 1 through line 4. See	instructions		5
	nedule R Apportionment Formula Worksheet. Use only			
	A. Standard Method — Single-Sales Factor Formula. Con			gle-sales factor formula.
		(a)	(b)	(c)
		Total within and	Total within	Percent within
		outside California	California	California [(b) ÷ (a)] x 100
1	Total Sales		•	
1	Total Sales	_	_	
2	Apportionment percentage. Divide total sales column (b) by total sales			
_	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on		-	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			•
_	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.		ee-factor formula.	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	(a)	ee-factor formula.	(c) Percent within
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2		ee-factor formula.	(c) Percent within California [(b) ÷ (a)] x 100
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	(a) Total within and	ee-factor formula. (b) Total within California	Percent within
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees	(a) Total within and	ee-factor formula. (b) Total within	Percent within
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns	(a) Total within and	ee-factor formula. (b) Total within California	Percent within
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances.	(a) Total within and	ee-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100 •
2 Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c)	(a) Total within and	ee-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100 •
2 Part 1 2 3 4	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2.	(a) Total within and	ee-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100 •
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	(a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100 •
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	(a) Total within and outside California	ee-factor formula. (b) Total within California • • • • • th Real Property	Percent within California [(b) ÷ (a)] x 100 • • •
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	(a) Total within and outside California	ee-factor formula. (b) Total within California • • • th Real Property tion 23701n organizations. See in	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5 Sch	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	(a) Total within and outside California	ee-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	(a) Total within and outside California	ee-factor formula. (b) Total within California • • • • th Real Property tion 23701n organizations. See in	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property %
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	(a) Total within and outside California	ee-factor formula. (b) Total within California • • • • th Real Property tion 23701n organizations. See in	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % %
2 Part 1 2 3 4 5 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Include C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property	(a) Total within and outside California nal Property Leased with 3701g, Section 23701i, and Section 23701i.	ee-factor formula. (b) Total within California th Real Property tion 23701n organizations. See in 2 Rent received or accrued	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % %
2 Part 1 2 3 4 5 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Iedule C Rental Income from Real Property and Perso ental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property	(a) Total within and outside California nal Property Leased with 3701g, Section 23701i, and Section 23701i.	ee-factor formula. (b) Total within California • • • • th Real Property tion 23701n organizations. See in	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % %
2 Part 1 2 3 4 5 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Include C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	(a) Total within and outside California nal Property Leased wi 3701g, Section 23701i, and Sec	ee-factor formula. (b) Total within California th Real Property tion 23701n organizations. See in 2 Rent received or accrued	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50%
2 Part 1 2 3 4 5 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Medule C Rental Income from Real Property and Personatal income from debt-financed property, use Schedule D, R&TC Section 2. Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income.	(a) Total within and outside California nal Property Leased with 3701g, Section 23701i, and Section 23701i.	ee-factor formula. (b) Total within California th Real Property tion 23701n organizations. See in Rent received or accrued umn 3 is more than 10%, but not	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50%
2 Part 1 2 3 4 5 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Redule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	(a) Total within and outside California nal Property Leased with 3701g, Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee-factor formula. (b) Total within California (c) (d) Total within California (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50%
2 Part 1 2 3 4 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Redule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	(a) Total within and outside California nal Property Leased with 3701g, Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee-factor formula. (b) Total within California (c) (d) Total within California (c) (d) (e) (e) (f) (f) (f) (f) (f) (f	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50%
2 Part 1 2 3 4 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Bedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible, column 2 less column 4(a)	(a) Total within and outside California nal Property Leased wi 3701g, Section 23701i, and Sec	ee-factor formula. (b) Total within California th Real Property tion 23701n organizations. See in 2 Rent received or accrued umn 3 is more than 10%, but not (b) Deductions directly connect with personal property (att	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50% (c) Net income includible, column 5(a) less column 5(b)
2 Part 1 2 3 4 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Redule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	(a) Total within and outside California nal Property Leased wi 3701g, Section 23701i, and Sec	ee-factor formula. (b) Total within California th Real Property tion 23701n organizations. See in 2 Rent received or accrued umn 3 is more than 10%, but not (b) Deductions directly connect with personal property (att	Percent within California [(b) ÷ (a)] x 100 structions for exceptions. 3 Percentage of rent attributable to personal property % % more than 50% (c) Net income includible, column 5(a) less column 5(b)

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20-3644749

Schedule D. Unrelated Debt-Financed Income

Schedule D Unrelated I	Debt-Financed Inc	ome							
1 Description of debt-financed prop	erty			2 Gross income from or allocable to debt	ı t-	3 Deduction debt-finan	s directly conne	cted witl	h or allocable to
				financed property		(a) Straight-li	ne depreciation	(b) Oth	ner deductions
						(attach sc	nedule)	(attacii	schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted of or allocable to of financed property (attach schedule)	basis lebt-	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column column 6	2 x	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6		ind	et income (or loss) cludible, column 7 ss column 8
			olo						
			િ						
			ુ						
Total. Enter here and on Sic									
			ection 23701g, 23701i, o	or 23701n Organiz	ation				
1 Description	2 Amount	3	Deductions directly connected (attach schedule)	4 Net investment inco column 2 less colu	ome, mn 3	5 Set-asides schedule)	s (attach	ind	alance of investment come, column 4 less lumn 5
Total. Enter here and on Sic									
Enter gross income from me									
Schedule F Interest, A	nuities, Royalties	and	Rents from Controlled						
			Exempt Controlled Org						
1 Name of controlled organizations	2 Employer Identification No	ımber	3 Net unrelated income (loss)	4 Total of specified payments made		is included controlling		co	eductions directly nnected with income column (5)
1									
2									
3									
Nonexempt Controlled Orga	nizations								
7 Taxable Income	TIIZALIOTIS		8 Net unrelated	9 Total of specified		10 Part of co	lumn (9) that	11 De	eductions directly
, and an an an an an an an an an an an an an			income (loss)	payments made		is included	d in the organization's	co	nnected with income column (10)
1									
2									
3									
5 Add columns 6 and 11.									
			Side 2, Part 1, line 9						
Schedule G Exploited I	Exempt Activity In	come	e, other than Advertisin	g Income					
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated col business pro income from un	nnected oduction related	n of trade or	5 Gross income from activity that is not unrelated business income	at	penses tributable to lumn 5	7 Excess ex expense, 6 less coll but not mo column 4	column umn 5	8 Net income includible, column 4 less column 7 but not less than zero
									<u> </u>
									
									
Total Foton by 1 01									
Total. Enter here and on Sic	ie 2, Part I, line 10)							<u> </u>

Side 4 Form 109 C1 2014 059 3644144 CAVA9834L 01/05/15

20-3644749

Schedule H Advertising Income and Excess Advertising Costs

Par	Part I Income from Periodicals Reported on a Consolidated Basis												
	lame of eriodical	2 Gross advincome	ertising	3 Direct adver	tising	4 Advertising inco excess advertisi costs. If column greater than col complete colum 6, and 7. If colu is greater than c. 2, enter the exc Part III, column Do not complete columns 5, 6, and the columns 6, and the	ng 2 is umn 3, ns 5, mn 3 column ess in B(b).	5 Circulation in	come	6 Readersh	ip costs	t t c c c c c c c c c c c c c c c c c c	f column 5 is greater han column 6, enter he income shown in column 4, in Part III, column 4 is greater han column 5, subtract the sum of column 6 and column 8 from the sum of column 5 and column 2. Enter amount in Part III, column A(b), f the amount is less han zero, enter -0
Tota	ls												
Par	t II Income	from Perio	dicals Re	ported on a S	eparate	Basis							
Par	t III Columr							t III Column B				sts	
		nsolidated perio n-consolidated		or names of	Part I, c	r total amount from column 4 or 7, and is listed in Part II, umns 4 and 7	(a) Enter 'consolidat non-cons	-	lical' and/or na periodicals	ames of	from	Enter total amount Part I, column 4, and unts listed in Part II, column 4
							Enter	total here and on S	Side 2, Pa	ırt II, line 27			
				ficers, Directo									
1	Name of Office	er	2 SSN	or ITIN	3 T	itle		Percent of time devoted to busines		Compensation attributable unrelated by	to		Expense account allowances
									ે				
									9				
									ે				
								,	용				
									용				
Tota	I. Enter here	and on Side	e 2, Part	II, line 14									
Sch	edule J	Depreciatio	n (Corpo	rations and A	ssociat	ions only. Trust	s use	form FTB 388	5F.)				
1	Group and guid description of	deline class or	(00.100	2 Date acquire (dd/mm/yy	ed 3	Cost or other basis		Depreciation allowed or allowable in prior years	5 M	ethod of mputing preciation	6 Lif		7 Depreciation for this year
1	Total addition	onal first-ye	ar deprec	iation (do not	include	in items below)						
2	Other depre	eciation:											
	Buildings												
	Furniture ar	nd fixtures.											
	Transportat	ion equipme	ent										
		ment											
	Other (spec	ify)											
3													
4													
5													
6	Balance. St	uptract line !	o trom lin	e 4. Enter he	re and d	on Side 2, Part I	ı, line	e∠1a					

CAVA9805L 01/05/15 059 3645144 Form 109 C1 2014 Side 5

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. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Α	For t	he 2014 calend	dar year, or tax year begin	ning	, 20	14, and endin	ıg		,	
В	Check	if applicable:	С				D En	nployer ident	ification number	
	А	ddress change	GOOD NEIGHBORS U	SA			2	0-3644	749	
	\square_{N}	lame change	2301 EAST 7TH ST					lephone num		
	-		LOS ANGELES, CA	90023			(877) 4	99-9899	
		inal return/terminated						011) 1	<u> </u>	
	-	mended return					G G	oss receipts	\$ 2,739	520
	\mathbf{H}	application pending	F Name and address of principal	officer:			H(a) Is this a group			7.7
	ш^	Application pending	SAME AS C ABOVE				H(b) Are all subordi			No
_	Tay	-exempt status	X 501(c)(3) 501(c) () ◀ (insert i	no.) 4947(a)(1)	or 527	If 'No,' attach a	a list. (see ins	structions)	ш
<u>'</u>			W.GOODNEIGHBORS.C	, ,	10.) +347(a)(1)	327	H(c) Group exempti	on number		
K		m of organization:	X Corporation Trust		ther ►	1 Vacr of format			legal domicile: CA	
				ASSOCIATION	iller -	L Year of format	ion: 2005	IVI State of	legal domicile: CA	<u> </u>
Pa	art I	Summar Briefly descri	y be the organization's missi	on or most signi	ficant activities:	COOD NET	CUDADA HA	TC 71	т	
	_		IONAL HUMANITARIA							
Governance			OMMUNITY WHERE PE							<u> </u>
<u> </u>		GLODAL C	OMMONIII WHEKE FE		10GEINEK I	N UEBETU	<u> nakmoni,</u>	AND D	TGNTTT	
Ver	2	Check this bo	if the organization	n discontinued it	s operations or d	isposed of mo	ore than 25% of	its net as		
Ĝ	3		ting members of the gover							8
ంర	4		dependent voting members							4
<u>ti</u>	5	Total number	of individuals employed in	calendar year 2	014 (Part V, line	2a)		5		11
Activities &	6		of volunteers (estimate if							88
Ac			ed business revenue from F							0.
	b	Net unrelated	business taxable income	from Form 990-T	, line 34					0.
							Prior Y		Current Y	
<u>o</u>	8		and grants (Part VIII, line					9,315.	2,724	<u>,864.</u>
Revenue	9	-	ice revenue (Part VIII, line					110		
ě	10		come (Part VIII, column (A	•	•			113.	2	<u>,789.</u>
	11		e (Part VIII, column (A), lin					2 420	2 707	CF 2
	12		e – add lines 8 through 11 milar amounts paid (Part I					9,428.	2,727	
	13		to or for members (Part IX		•			5,521.	2,331	<u>, 183.</u>
	14							- 070		000
S	15		er compensation, employee					5,873.	554	<u>,992.</u>
Š	16 a		fundraising fees (Part IX, c							
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ▶	184,044.				
ш	17	Other expens	es (Part IX, column (A), Iir	nes 11a-11d, 11f	-24e)		. 450	0,176.	418	,824.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, co	lumn (A), line 25)	1,94	1,570.	3,305	,599.
	19	Revenue less	expenses. Subtract line 18	8 from line 12			. 47	7,858.	-577	,946.
0 0	2						Beginning of Cu	ırrent Year	End of Ye	ar
3set	20		(Part X, line 16)				. 650	6,065.	81	,861.
Net Assets Fund Reland	21	Total liabilitie	s (Part X, line 26)				. 3:	1,686.	35	,428.
ž	22	Net assets or	fund balances. Subtract lin	ne 21 from line 2	20		. 624	4,379.	46	,433.
Pa	art II	Signatur	e Block				•	,		
Und	er pena	alties of perjury, I de	clare that I have examined this retu	rn, including accompa	nying schedules and s	atements, and to	the best of my knowl	edge and bel	ief, it is true, correct	t, and
com	plete. D	Declaration of prepa	rer (other than officer) is based on a	all information of whic	h preparer has any kno	wledge.				
		.								
Sig	gn	Signatu	re of officer				Date			
He	ere	EUN.	JU OH				SECRETAR	Y		
		Type or	print name and title.							
		Print/Type p	reparer's name	Preparer's signature		Date	Check	X if	PTIN	
Pa	id	KIWOOK	UHM	KIWOOK UHN	1		self-en	nployed	P00845230	
Pr	epar		► UCMK, LLP						<u> </u>	
	e Or			E BLVD SU	JITE 1200		Firm's	EIN ► 27	-4502493	
			LOS ANGELES,	CA 90010			Phone		3) 389-008(
Ma	v the	IRS discuss th	is return with the preparer		see instructions)				. X Yes	No

Form **990** (2014)

Par	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	GOOD NEIGHBORS USA IS AN INTERNATIONAL HUMANITARIAN AND DEVELOPMENT ORGAN	JTZATTON
	COMMITTED TO BUILDING A GLOBAL COMMUNITY WHERE PEOPLE LIVE TOGETHER IN HI	
	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 X 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? If 'Yes,' describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t and revenue, if any, for each program service reported.	sured by expenses. he total expenses,
4 a	(Code:) (Expenses \$ 1,876,964. including grants of \$) (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.	
	NEIGHBORS USA COORDINATED THE ACQUISITION OF FOOD AND MEDICINE THAT WERE	. – – – – – – – – –
	TO DAYCARE CENTERS, HOSPITALS, MEDICAL OFFICES AND CLINICS AS WELL AS TO	OTHER GOOD
	NEIGHBORS PROJECT SITES.	
		. – – – – – – – –
4 6	(Code:) (Expenses \$ 577,400. including grants of \$) (Revenue \$	
4 D	· · · · · · · · · · · · · · · · · · ·)
	SEE SCHEDULE O	. – – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
		. – – – – – – – –
4 c	(Code:) (Expenses \$)
	SEE SCHEDULE O	
اء ۾	(Other pregram corvices (Describe in Schedule O.)	
4 d	Other program services. (Describe in Schedule O.) SEE SCHEDULE O (Expanses \$ 22,000 including grapts of \$ 20,000 including grapts	`
4.0	(Expenses \$ 23,600 including grants of \$) (Revenue \$ Total program service expenses ► 2.965.100)
70	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

Form 990 (2014) GOOD NEIGHBORS USA Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
i	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>	11 a	Х	
ı	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>	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	37	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
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>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) GOOD NEIGHBORS USA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes', complete Schedule L, Part II.	26		Х
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? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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 l</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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>	36		Х
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>	37		Х
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.	38	Х	

BAA Form **990** (2014)

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....

	Check if Schedule O contains a response or note to any line in this Part V				🔲
				Yes	No
1 8	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?.	eportable gaming	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11			
	\mathbf{b} If at least one is reported on line 2a, did the organization file all required federal employmen	l .	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in:		20	Λ	
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		71
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.		4 a		Х
	b If 'Yes,' enter the name of the foreign country: ▶		74		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	·			37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6 b		
	Organizations that may receive deductible contributions under section 170(c).				
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		7.5		
	Form 8282?d If 'Yes,' indicate the number of Forms 8282 filed during the year		7 c		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	q If the organization received a contribution of qualified intellectual property, did the organization file F		 ' ' 		
,	as required?		7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	• •			
	- gg , , ,		8		
	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
	Section 501(c)(7) organizations. Enter:	40			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD	-		
	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	11 a			
		II a	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	f Form 1041? 1 2b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	I	1		
	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul				
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	i			
	· · · · · · · · · · · · · · · · · · ·	13b			
	c Enter the amount of reserves on hand	13c			,,
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	000	(2014)
AΑ	TEEA0105L 05/28/14		rorm	990	(2014)

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 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE 0 2 Χ 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? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

LOS ANGELES CA 90023 (877) 499-9898

EUNJU OH 2301 EAST 7TH STREET

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

- 1 a 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. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated (list any employee hours for and related related organizations organiza tions helow dotted (1) TIMOTHY HASS 1 DIRECTOR 0 Χ 0 0 0. (2) ILHA YI 2 PRESIDENT & CEO 0 Χ Χ 0 0 0. (3) DAVID MARH 1 0 0. CHAIRMAN Χ 0 0 THOMAS YI 1 TREASURER 0 Χ Χ 0 0 0. (5) PATRICIA IDLER 1 DIRECTOR 0 Χ 0 0. 0. (6) GORDON TURNER 1 DIRECTOR 0 Χ 0. 0 0. (7) BRYAN LEE 40 DEPUTY DIRECTOR Χ 0. 0 Χ 80,237 0. (8) EUNJU OH 40 **SECRETARY** 0 Χ 77,900 0 0. (10) (11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru		Key	Ŀт			es,	and	d Highest Com	pensated Emp	loyees	(continued)
	(B)			(C	•						
(A)	Average hours	(do box	not c	heck	more	than	one h an	(D)	(E)		(F) timated
Name and title	per week	offic		nd a d	direct	or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amour	nt of other ensation
	(list any hours	Individual or director	nstit	Officer	Key employee	empl	om	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro	om the inization
	for related	ridu:	utio	압	emp	est c	ner			and	related nizations
	organiza - tions	or Fig	nal t		oloye	omp				J. ga.	
	below dotted line)	Individual trustee or director	nstitutional trustee		e	ensa					
	ilile)		ðő			Highest compensated employee					
(15)											
	1										
(16)											
(17)											
(18)											
(10)											
(19)											
(20)											
(21)											
	1	•									
(22)											
(23)											
(24)											
(24)											
(25)											
1 b Sub-total								158,137.	0.		0
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.		0
d Total (add lines 1b and 1c)								158,137.	0.		0
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	
from the organization 0											
											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	em/	ploy	yee,	or h	nighest compensati	ted employee	. 3	Х
·											A
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	ie coi 50,00	mpe 00?	ensa If '}	ition <i>(es'</i>	and com	otn <i>plet</i>	er compensation in e Schedule J for	from		
such individual										. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fro	om	any	unre	late	ed organization or	individual	. 5	Х
Section B. Independent Contractors	s, comple	<i>ie</i> 30	neu	uic	3 10	i suc	πρ	er3011		. 3	Ι Λ
1 Complete this table for your five highest compen	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of		
compensation from the organization. Report compen	sation for	the ca	alen	dar <u>i</u>	year	endi	ng v	İ			
(A) Name and business add	ress							(B) Description (of services	(C Comper	nsation
2 Total number of independent contractors (including to		ited to	tho	se l	isted	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	D 0										

Form 990 (2014) GOOD NEIGHBORS USA 20-3644749 Page 9 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) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 2,724,864 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 2,724,864 Program Service Revenue **Business Code f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 12 12 Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 14,653 **b** Less: cost or other basis and sales expenses 11,876 c Gain or (loss)..... 2,777 d Net gain or (loss)..... <u>2,</u>777 2,777 8 a Gross income from fundraising events Other Revenue (not including.. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 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..... Miscellaneous Revenue **Business Code d** All other revenue.....

2,727,653

789

0

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a r	esponse or note to any	/ line in this Part IX		
Do i 6b,	not include amounts reported on lines 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	2,331,783.	2,331,783.		
4 5	Benefits paid to or for members	158,137.	102,906.	27,616.	27,616.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	330,768.	222,904.	40,953.	66,911.
-		330,768.	222,904.	40,955.	00,911.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,094.	11,734.	2,670.	2,690.
10	Payroll taxes	48,993.	31,243.	9,451.	8,299.
11	Fees for services (non-employees):	,	,	•	•
á	Management				
	Legal				
	: Accounting	16,460.		16,460.	
	Lobbying	10,400.		10,400.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule 0)	16,370.	15,856.	514.	
12	Advertising and promotion	32,192.	18,597.	3,087.	10,508.
13	Office expenses	14,657.	5,108.	8,579.	970.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	24,442.	22,309.	990.	1,143.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	21,1320	==,::::		
19	Conferences, conventions, and meetings	23,649.	18,987.	2,405.	2,257.
20	Interest	946.	881.	65.	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,096.	4,745.	2,887.	2,464.
23	Insurance	40,556.	24,466.	10,103.	5,987.
24			= 2, 2000	=0,=00.	
a	RENT	58,684.	46,808.	3,132.	8,744.
	PROFESSIONAL FEES	33,540.	3,386.	148.	30,006.
	CONSULTING	33,000.	30,000.		3,000.
	CAMPAIGN	25,957.	24,340.	1,617.	-,
	All other expenses	88,275.	49,047.	25,778.	13,449.
	Total functional expenses. Add lines 1 through 24e	3,305,599.	2,965,100.	156,455.	184,044.
	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 ► ☐ if following SOP 98-2 (ASC 958-720)	, , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	,	,

		Check if Schedule O contains a response or note to any line in this Part X	, 		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	616,310.	1	63,722.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 und 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	
ts	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,099.	9	4,034.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	568.		
	b	Less: accumulated depreciation		10 c	11,205.
	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	2,900.	15	2,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	=,,,,,,	16	81,861.
_	17	Accounts payable and accrued expenses	24,664.	17	34,734.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
J	22	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	604
	25	, ,	.,	24	694.
	26	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24). Complete Part X of Schedu Total liabilities. Add lines 17 through 25.		25 26	35,428.
_					33,420.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and comple lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets.		27	46,433.
Ba	28	Temporarily restricted net assets.		28	
nd	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	624,379.	33	46,433.
~	34	Total liabilities and net assets/fund balances		34	81,861.

Form **990** (2014) BAA

Forn	n 990 (2014) GOOD NEIGHBORS USA 20-3	3644749		Page 1
Pa	rt 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	2,72	7,653
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,30	5,599
3	Revenue less expenses. Subtract line 2 from line 1	3	-57	7,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62	4,379
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		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	6,433
Pa	rt XII Financial Statements and Reporting			<u>, </u>
	Check if Schedule O contains a response or note to any line in this Part XII			Г
	Oncok ii ochodule o contains a response of note to any line in this r art XII			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ies ito
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separar	te		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			

BAA Form 990 (2014)

Χ

3 a

3 b

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number

GOOD NEIGHBORS USA 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that 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). (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

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

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.)

Sec	tion A. Public Support			I	I	ı	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.
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)						0.
6	Public support. Subtract line 5 from line 4						9,278,398.
Sec	tion B. Total Support			T	T	ı	
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	654,037.	1,448,200.	2,031,869.	2,419,428.	2,724,864.	9,278,398.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		429.	64.	113.		606.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						9,279,004.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Bul	alic Support D	orcontage				
	Public support percentage for 20						99.99%
	Public support percentage from 2					<u> </u>	99.99%
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test — 2013. If t and stop here. The organization	he organization d qualifies as a pu	id not check a bo blicly supported o	ox on line 13 or 16 or 1	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	re. Explain in Part ted organization.	VI how the▶
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10 a	Amounts from line 6						
11	Add lines 10a and 10b						
12	whether or not the business is regularly carried on						
13	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul					r	
	Public support percentage for 20	•	• • •		•		
	Public support percentage from :					10	8
	tion D. Computation of Inv					ı	
	Investment income percentage f	-		-			
	Investment income percentage f						
	a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check b 33-1/3% support tests — 2013. If	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizat	ion ▶
Ľ	line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	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)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
(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)? 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	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
ŀ	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?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 8	a 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))? If 'Yes,' provide detail in Part VI	9a		
ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ŀ	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	a directors, tructoos, or mambarchin of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
C1		s regard	3		
Seci	lion E	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):			
а	П	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Λ otivi	ties Test. Answer (a) and (b) below.	1	V	NI.
				Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted the organization of the organization o	2a		
		antially all of its activities	Za		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the	24		
_		ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V	ınıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Secti	er 20, 1970. See instruct ons A through E.	ions. All
Sec	tion 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		
Sec	tion 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		
ı	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	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		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally-inte	grated	Type III supporting or	ganization

(see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.			
3	Administrative expenses paid to accomplish exempt purposes of sup	oported 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 in Part VI). See instructions	n is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013.			
е	Excess from 2014			

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Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

GOOD NEIGHBORS USA		20-3644749	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (en	ter number) organization	
	4947(a)(1) nonexer	mpt charitable trust not treated as a private foundation	
	527 political organi	zation	
Form 990-PF	501(c)(3) exempt p	rivate foundation	
	4947(a)(1) nonexer	mpt charitable trust treated as a private foundation	
	501(c)(3) taxable p	rivate foundation	
Check if your organization is covered by	by the General Rule or a Special	Rule	
Note. Only a section 501(c)(7), (8), or	(10) organization can check boxe	es for both the General Rule and a Special Rule. See instructions.	
General Rule			
For an organization filing Form 990 property) from any one contributor.), 990-EZ, or 990-PF that receive Complete Parts I and II. See in	ed, during the year, contributions totaling \$5,000 or more (in money or structions for determining a contributor's total contributions.	r
Special Rules			
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A	or 990-EZ that met the 33-1/3% support test of the regulations (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ins of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Parts I and II.	
For an organization described in seduring the year, total contributions purposes, or for the prevention of organization.	of more than \$1,000 exclusively	g Form 990 or 990-EZ that received from any one contributor, for religious, charitable, scientific, literary, or educational amplete Parts I, II, and III.	
during the year, contributions <i>exclu</i> \$1,000. If this box is checked, ente charitable, etc., purpose. Do not co	usively for religious, charitable, ear here the total contributions that complete any of the parts unless t	g Form 990 or 990-EZ that received from any one contributor, tc., purposes, but no such contributions totaled more than it were received during the year for an <i>exclusively</i> religious, the General Rule applies to this organization because obtaing \$5,000 or more during the year	
990-PF), but it must answer 'No' on Pa	art IV, line 2, of its Form 990; or	or the Special Rules does not file Schedule B (Form 990, 990-EZ, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Schedule B (Form 990, 990-EZ, or 990-PF).	

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1**

Name of organization
GOOD NEIGHBORS USA

Employer identification number 20-3644749

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOMANG SOCIETY 17211 VALLEY VIEW AVENUE	\$158,200.	Person X Payroll Noncash
	CERRITOS, CA 90703		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ -	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Complete Part II for noncash contributions.)

of Part II

1

Employer identification number

Name of organization

GOOD NEIGHBORS USA 20-3644749 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional spaces	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ا	

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Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 to

1 of Part III

Name of organization
GOOD NEIGHBORS USA

Employer identification number

20-3644749

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	<u></u>				
		(e)			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

GOOD NEIGHBORS USA 2611710

	GOOD NEIGHBORD OSI	20-3644749
ar	t Organizations Maintaining Donor Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answered 'Yes' to Form 990, Part IV, lin	ie 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
_	Did the examination inform all denote and denot advisors in writing that the exacts held in	deper advised funda
5	Did the organization inform all donors and donor advisors in writing that the assets held in are the organization's property, subject to the organization's exclusive legal control?	Yes No
6		
Ü	Did the organization inform all grantees, donors, and donor advisors in writing that grant for charitable purposes and not for the benefit of the donor or donor advisor, or for any other contents of the donor or donor advisor, or for any other contents or the donor or donor advisor, or for any other contents or the donor or donor advisor, or for any other contents or the donor or donor advisor.	ner purpose conferring
	impermissible private benefit?	Yes No
ar	t II Conservation Easements.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	n of a historically important land area
	Protection of natural habitat Preservatio	n of a certified historic structure
	Preservation of open space	
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.	orm or a conservation casement on the
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
Ł	Total acreage restricted by conservation easements	2b
c	: Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a his	storic
Ī	structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located ►	<u></u>
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	its during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements do >\$	uring the year
	· 	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)?	section 170(h)(4)(B)(i)
_		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expinclude, if applicable, the text of the footnote to the organization's financial statements that	Dense statement, and balance sheet, and better the organization's accounting for
	conservation easements.	
ar	t III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered 'Yes' to Form 990, Part IV, Iir	ne 8.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in	n furtherance of public service, provide,
	in Part XIII, the text of the footnote to its financial statements that describes these items.	
Ł	of the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reven	ue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in fur following amounts relating to these items:	merance or public service, provide the
	(i) Revenue included in 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 fir	
_	amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	idiolar gain, provide the following
a	Revenue included in Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	

Schedule D (Form 990) 2014 GOOD NEIGHBORS USA 20-3644749 Page 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 d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations 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?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV,
line 9, or reported an amount on Form 990, Part X, line 21.
1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included
on Form 990, Part X?
Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1 a Beginning of year balance
b Contributions
c Net investment earnings, gains,
and losses
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ► %
b Permanent endowment
c Temporarily restricted endowment ► %
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No
organization by: (i) unrelated organizations
(ii) related organizations.
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value
(investment) basis (other) depreciation
1 a Land
b Buildings
c Leasehold improvements
d Equipment
e Other 13,362. 11,326. 2,036 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,205

BAA Schedule **D** (Form 990) 2014

Part VII Investments — O		'Yes' to Form 990	N/A), Part IV, line 11b. See For	m 990 Part X line 12
(a) Description of security or category		(b) Book value	(c) Method of valuation: Cost or	
1) Financial derivatives		• • • • • • • • • • • • • • • • • • • •		,
(2) Closely-held equity interests.	<u></u>			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>· · ·</u>				
(G)				
(H)				
Total. (Column (b) must equal Form 990, P	Part X, column (B) line 12.) •			
Part VIII Investments - Pr	rogram Related.		N/A	
Complete if the o	rganization answered '		, Part IV, line 11c. See For	
(a) Description of inv	estment type	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, F	Part X, column (B) line 13.) ▶			
Part IX Other Assets.	ranization answered	N/A	I, Part IV, line 11d. See For	m 000 Part V lina 15
Complete if the of	(a) Desc		, Fait IV, life Tru. See For	(b) Book value
(1)	(4) 5000	oripuori		(B) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	200 5 11/ / /5			
Total. (Column (b) must equal Fo), line 15.)		▶
Part X Other Liabilities.	ization answored 'Ves' to For	m 000 Part IV line 11	lo or 11f Soo Form 990 Part V Jir	no 25
				IE ZJ
, ,	1 or nabinty	(b) Book value		
` '				
(5)				
(6)				
(7)				
(8)				
(11)				
		>		
(a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, F	Part X, column (B) line 25.)	(b) Book value •		ation's liability for unce

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements	1	2,727,653.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,				
a Net unrealized gains (losses) on investments						
b Donated services and use of facilities						
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d.	2 e					
3 Subtract line 2e from line 1	3	2,727,653.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b						
b Other (Describe in Part XIII.) 4b						
c Add lines 4a and 4b	4 c					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,727,653.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	1				
		1.				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		<u>.</u>				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	3,305,599.				
1 Total expenses and losses per audited financial statements						
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 						
1 Total expenses and losses per audited financial statements						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c						
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1					
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 	3,305,599.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 	3,305,599.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	2 e 3	3,305,599.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	3,305,599.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.)	2 e 3	3,305,599.				

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

BAA Schedule **D** (Form 990) 2014

Schedule F (Form 990)

Statement of Activities Outside the United States

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

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. 2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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,		
	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?	X 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. PART V

CENTRAL AMERICA AND 1 PROGRAM EMERGENCY RELIEF 85,898.	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
Theogram	(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	(d) is a program service, describe specific type of	expenditures for and investments			
CENTRAL AMERICA AND 1 FROGRAM EMERGENCY RELIEF 85,898.	EAST ASIA & THE								
C2 CARRIBBEAN 1 PROGRAM EMERGENCY RELIEF 85,898.			1	PROGRAM	EMERGENCY RELIEF	1,889,579.			
(3) SUB-SAHARAN AFRICA 1 PROGRAM CHILD SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total			_						
(4) SUB-SAHARAN AFRICA 1 PROGRAM 1 PROGRAM SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(2) CARRIBBEAN		1	PROGRAM	EMERGENCY RELIEF	85,898.			
(4) SUB-SAHARAN AFRICA 1 PROGRAM SPONSORSHIP 301,177. (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(3) SUB-SAHARAN AFRICA		1	PROGRAM		70,034.			
(6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(4) SUB-SAHARAN AFRICA		1	PROGRAM		301,177.			
(7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total	(5)								
(8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total	(6)								
(9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	_(7)								
(10) (11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	_(8)								
(11) (12) (13) (14) (15) (16) (17) 3 a Sub-total	(9)								
(12) (13) (14) (15) (16) (17) 3 a Sub-total	<u>(10)</u>								
(13) (14) (15) (16) (17) 3a Sub-total	(11)								
(14) (15) (16) (17) 3 a Sub-total	(12)								
(15) (16) (17) 3 a Sub-total	(13)								
(17) 3a Sub-total	(14)								
(17) 4 2,346,688. b Total from continuation sheets to Part I	(15)								
3a Sub-total 4 2,346,688. b Total from continuation sheets to Part I. 0 4 2,346,688. c Totals (add lines 3a and 3b) 0 4 2,346,688.	(16)								
b Total from continuation sheets to Part I	(17)								
sheets to Part I	3 a Sub-total		4			2,346,688.			
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2014					0.1	2,346,688.			

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

Schedule **F** (Form 990) 2014

20-3644749

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(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.

BAA

Schedule F (Form 990) 2014

Page 3

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 non- cash assistance	(g) Description of non-cash 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) BAA						Schedule F	(Form 990) 2014

Pa	rt IV	Foreign Forms		
1	organi	te organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require Foreig	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain on Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see citions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain in Corporations (see Instructions for Form 5471).	Yes	X No
4	electing Return	ne organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see citions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes.	e organization have any operations in or related to any boycotting countries during the tax year? 'the organization may be required to file Form 5713, International Boycott Report (see Instructions rm 5713; do not file with Form 990).	Yes	X No

BAA TEEA3505L 06/16/13 Schedule **F** (Form 990) 2014

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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

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 COUNTRY THROUGHOUT THE DURATION OF THE FUNDING. GOOD NEIGHBORS STAFF WOULD ALSO HELP SET UP MONITORING AND EVALUATION SYSTEMS TO ENSURE THE PROGRAM'S SUCCESSFUL IMPLEMENTATION. BY DESIGN, EACH FUNDED PROGRAM ALREADY HAS CLEAR GOALS, OBJECTIVES, AND A SET OF IMPACT INDICATORS-ALL OF WHICH ALLOW US TO MEASURE THE EFFECTIVENESS OF OUR WORK.

BAA TEEA3504L 08/18/14 Schedule **F** (Form 990) 2014

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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GOOD NEIGHBORS USA

Employer identification number

20-3644749

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

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 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 - PROGRAM SERVICE ACCOMPLISHMENTS

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

Name of the organization

GOOD NEIGHBORS USA

Employer identification number
20-3644749

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

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 - OTHER PROGRAM SERVICES DESCRIPTION

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, 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.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

EUNJU OH BYUNGHEE LEE

SECRETARY KEY EMPLOYEE

WIFE AND HUSBAND

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO PUBLIC

TAXABLE YEAR California e-file F	Return Authorization for	FORM
2014 Exempt Organiza	ations	8453-EC
Exempt Organization name		Identifying number
GOOD NEIGHBORS USA		20-3644749
Part I Electronic Return Information (who		
, , ,		
· · · · · · · · · · · · · · · · · · ·		
3 Total expenses and disbursements (Form 199)	, Line 9)	3,305,599
Part II Settle Your Account Electronica	ally for Taxable Year 2014	
4 Electronic funds withdrawal 4a Amou	int 4b Withdrawal date (mm/dd/yyyy	·)
Part III Banking Information (Have you ver	rified the exempt organization's banking information?)	
5 Routing number		
6 Account number	7 Type of account:	Savings
Part IV Declaration of Officer		
I authorize the exempt organization's account to be withdrawal for the amount listed on line 4a.	settled as designated in Part II. If I check Part II, Box 4, I aut	horize an electronic funds
return originator (ERO), transmitter, or intermediate corresponding lines of the exempt organization's 20 organization's return is true, correct, and complete. If the Tax Board (FTB) does not receive full and timely pafor the fee liability and all applicable interest and pestatements be transmitted to the FTB by the ERO, trans	of the above exempt organization and that the information I provide service provider and the amounts in Part I above agree with 14 California electronic return. To the best of my knowledge are exempt organization is filing a balance due return, I understand ayment of the exempt organization's fee liability, the exempt organization. I authorize the exempt organization return and accommitter, or intermediate service provider. If the processing of the exempt of the exempt organization return and accommitter, or intermediate service provider, the reason of the exempt of the exempt organization return and accommitter, or intermediate service provider, the reason of the exempt organization return and accommitter, or intermediate service provider, the reason of the exempt organization and that the information I provide a service provider and the exempt organization and the exempt organization and the exempt organization are the exempt organization and the exempt organization are the exempt organization and the exempt organization are the exempt organization and the exempt organization are the exempt organization and the exempt organization are the exempt organization	the amounts on the and belief, the exempt that if the Franchise rganization will remain liable apanying schedules and tempt organization's
Sign	▶ _{SECRETARY}	
	Date Title	
Here Signature of Officer		

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

	ERO's signature KIWOO	к инм	Date	Check if also paid preparer	X Check self-emplo	$\overline{\mathbf{v}}$	ERO's PTIN P00845230
ERO Must	Firm's name (or yours if self-employed) and	UCMK, LLP 3530 WILSHIRE	BLVD., SUITE 12	0.0		FEIN	27-4502493
Sign	address	LOS ANGELES			CA	ZIP Code	90010
Under penalties are true, correct	of perjury, I declare that I ha , and complete. I make this	ave examined the above organiz declaration based on all infor	zation's return and accompanying mation of which I have knowledç	schedules and statement ge.	s, and to the b	est of my l	knowledge and belief, they
Paid	Paid preparer's signature			Date	Check if self- employed		Paid preparer's PTIN
Preparer Must Sign	Firm's name (or yours if self- employed) and					FEIN	
- <i>3</i>	address					ZIP Code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014