

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**GOOD COUNSEL, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

411 CLINTON STREET

Room/suite

City or town, state or country, and ZIP + 4

HOBOKEN, NJ 07030**F Name and address of principal officer: CHRISTOPHER BELL
SAME AS C ABOVE****D Employer identification number****22-2831271****E Telephone number****201-795-0637****G Gross receipts \$****4,232,937.****H(a) Is this a group return**

for affiliates?

☐ Yes☒ No**H(b) Are all affiliates included?**☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **GOODCOUNSELHOMES.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1985****M State of legal domicile:** **NJ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: GOOD COUNSEL, INC. OFFERS SAFETY, SECURITY, HOMES, HOPE AND MORE FOR PREGNANT MOTHERS, BEFORE,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	63
	6	Total number of volunteers (estimate if necessary)	6	355
	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	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,023,345.	Current Year 4,024,575.
	9	Program service revenue (Part VIII, line 2g)	46,604.	73,245.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,755.	1,007.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	3,189.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,074,704.	4,102,016.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,453,649.	2,528,211.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 343,824.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,117,393.	1,026,932.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,571,042.	3,555,143.	
19	Revenue less expenses. Subtract line 18 from line 12	503,662.	546,873.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,277,039.	End of Year 5,824,972.
	21	Total liabilities (Part X, line 26)	214,930.	208,098.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,062,109.	5,616,874.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date		
	▶ CHRISTOPHER BELL, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	▶ BRIAN M. FLYNN				
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP	Firm's EIN ▶			
	Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 07652-1412		Phone no. (201) 712-9800		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

GOOD COUNSEL IS A FAMILY FOR THOSE IN NEED, SERVING GOD WHO IS THE FATHER OF THE ORPHAN, DEFENDER OF THE WIDOW, AND WHO GIVES THE LONELY A HOME TO LIVE IN (PSALM 68). OUR LORD'S CALL TO SERVE THE DISADVANTAGED COMPELS US TO OFFER LOVE, SHELTER AND THE OPPORTUNITY TO

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,452,478. including grants of \$) (Revenue \$ 73,245.)

HOUSING: GOOD COUNSEL CARED FOR 221 MOTHERS AND CHILDREN WITH 23,183 DAYS OF SERVICE IN OUR FOUR HOMES DURING 2010. OCCUPANCY RATE WAS 103% FOR THE YEAR. HOW CAN WE GO ABOVE 100%? WHEN A MOTHER IS LITERALLY ON THE STREET OR IS UNSAFE WHEREVER SHE IS, WE IMMEDIATELY TAKE HER IN USING COUCHES OR EMERGENCY BEDROOMS. MORE THAN HALF, 57%, OF OUR MOMS REPORTED SOME FORM OF ABUSE BEFORE ENTERING OUR HOME. STAFF OR VOLUNTEERS, SOME PROFESSIONAL VOLUNTEERS IN THEIR FIELDS, TAUGHT 833 LIFE SKILL CLASSES, INCLUDING HEALTH, NUTRITION, PARENTING, SOCIAL SKILLS, AND CHASTITY. SPIRITUALITY IS TAUGHT, BUT MORE ACCURATELY SHARED AND DISCUSSED AS MOTHERS LEARN TO GROW IN THEIR RELATIONSHIP WITH GOD. MONEY MANAGEMENT, SELF CARE AND SOCIAL RELATIONSHIPS ARE ALL

4b (Code:) (Expenses \$ 341,760. including grants of \$) (Revenue \$)

COUNSELING: FROM THE FIRST DAY A MOTHER ENTERS A GOOD COUNSEL HOME, SHE'S MADE ONE OF THE FAMILY AND BEGINS A UNIQUE RELATIONSHIP WITH ONE CASE MANAGER. HER CASE MANAGER WILL WALK WITH HER DURING HER TIME AT GOOD COUNSEL TO UNCOVER THE STRUGGLES AND STRAINS WHICH BROUGHT HER TO OUR DOORS. BEFORE ENTERING GOOD COUNSEL SOME 57% OF MOTHERS REPORTED BEING ABUSED EITHER SEXUALLY, PHYSICALLY, OR SERIOUSLY EMOTIONALLY. ALSO, LAST YEAR 23% REPORTED HAVING HAD AT LEAST ONE ABORTION. EVERY MOTHER AT GOOD COUNSEL WILL HAVE AN OPPORTUNITY FOR ONLINE ASSESSMENT TOOLS TO DISCOVER MORE ABOUT HERSELF, HER STRENGTHS AND WEAKNESSES. THIS INCLUDES HER EDUCATION AND VOCATIONAL ABILITIES, NEEDS AND DESIRES. HER CASE MANAGER, ALONG WITH A STAFF WHO WILL MENTOR HER, WILL HELP INTERPRET AND GUIDE IN THE UNDERSTANDING OF THE ASSESSMENTS

4c (Code:) (Expenses \$ 854,399. including grants of \$) (Revenue \$)

LIFE SKILLS PROGRAMS: A TOTAL OF 1,122 LIFE SKILLS PROGRAMS WERE RECEIVED BY GOOD COUNSEL MOTHERS DURING 2010. THESE ARE WAYS TO DEEPEN A MOTHER'S KNOWLEDGE AND AWARENESS OF LIVING A GOOD LIFE AND ARE INCORPORATED IN FORMAL CLASSES AND INDIVIDUAL TRAINING. AREAS SUCH AS PROPER NUTRITION, CHILD GROWTH AND DEVELOPMENT, HEALTH, AND SOCIAL SKILLS ARE TAUGHT USING SPECIFIC OUTLINES PREPARED FOR GOOD COUNSEL MOTHERS. PERSONAL FINANCE IS TAUGHT INDIVIDUALLY HELPING EACH MOTHER DEVELOP A PERSONAL BUDGET. SPIRITUALITY IS SHARED FORMALLY IN GROUP MEETINGS AND INDIVIDUALLY AS EACH MOTHER DESIRES AND EXPLORES HER RELATIONSHIP WITH GOD. WE SHARE A LOVING, MERCIFUL, FORGIVING GOD WHO HAS BROUGHT US TOGETHER TO LIVE FOR EACH OTHER. PAID STAFF OR PROFESSIONAL VOLUNTEERS WITH EXPERTISE IN EACH AREA FORMALLY PRESENT

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

(Expenses \$ 199,608. including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 2,848,245.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e 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>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8		
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 reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 63		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	17
b Enter the number of voting members included in line 1a, above, who are independent	1b	17
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?	2	X
3 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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NJ, NY, CT, TN, FL**

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CARMELA CONTENTO - 845-356-1180**
22 LINDEN AVENUE, SPRING VALLEY, NY 10977

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FR. BENEDICT GROESCHEL CHAIRMAN	2.00	X		X				0.	0.	0.
J. ANTHONY SAN FILIPPO DIRECTOR	2.00	X						0.	0.	0.
HOPE CARTER DIRECTOR	2.00	X						0.	0.	0.
VINCENT STEMPEL, JR. DIRECTOR	2.00	X						0.	0.	0.
PATRICIA DONAHOE DIRECTOR	2.00	X						0.	0.	0.
NIVENE YOUNG DIRECTOR	2.00	X						0.	0.	0.
MICHAEL O'ROURKE DIRECTOR	2.00	X						0.	0.	0.
REV. BERNARD MURPHY DIRECTOR	2.00	X						0.	0.	0.
MARION GLENNON DIRECTOR	2.00	X						0.	0.	0.
ANDREW CASH TREASURER	2.00	X		X				0.	0.	0.
KENNETH CRAIG DIRECTOR	2.00	X						0.	0.	0.
PETER SHEA DIRECTOR	2.00	X						0.	0.	0.
JAMES FITZGERALD DIRECTOR	2.00	X						0.	0.	0.
REV. MARIUS KOCH DIRECTOR	2.00	X						0.	0.	0.
WILLIAM KLATT DIRECTOR	2.00	X						0.	0.	0.
MARK SWARTZBERG SECRETARY	2.00	X		X				0.	0.	0.
SEAN FLANAGAN DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER BELL EXECUTIVE DIRECTOR	40.00			X				79,930.	0.	0.
JOHN BECK COO	40.00			X				66,664.	0.	0.
1b Sub-total								146,594.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								146,594.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	287,957.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3736618.				
	g	Noncash contributions included in lines 1a-1f: \$		12,000.				
	h	Total. Add lines 1a-1f		4024575.				
	Program Service Revenue	2 a	RESIDENT CONTRIBUTIONS	Business Code 721310	73,245.	73,245.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		73,245.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,007.			1,007.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 287,957. of contributions reported on line 1c). See Part IV, line 18	a	134110.				
		b	Less: direct expenses	b	130921.			
		c	Net income or (loss) from fundraising events		3,189.			3,189.
		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					
10 a		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					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		4102016.	73,245.	0.	4,196.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,930.	70,338.	4,796.	4,796.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,448,281.	2,155,779.	146,251.	146,251.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,731.	5,166.	23,283.	5,282.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	233,104.	220,914.	6,095.	6,095.
17 Travel	31,232.	25,962.	2,635.	2,635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	7,961.	7,961.		
22 Depreciation, depletion, and amortization	74,723.	74,723.		
23 Insurance	87,840.	70,726.	8,557.	8,557.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING AND PUBLICATIONS	199,428.	60,318.	69,555.	69,555.
b SUPPLIES AND FOOD	115,179.	56,401.	29,389.	29,389.
c POSTAGE AND SHIPPING	95,525.	19,421.	38,052.	38,052.
d MISCELLANEOUS	80,400.	27,159.	27,245.	25,996.
e TELEPHONE	49,265.	42,205.	3,530.	3,530.
f All other expenses	18,544.	11,172.	3,686.	3,686.
25 Total functional expenses. Add lines 1 through 24f	3,555,143.	2,848,245.	363,074.	343,824.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	370,228.	222,137.	55,534.	92,557.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	217,559.	1	404,437.
	2 Savings and temporary cash investments	1,109,753.	2	1,485,760.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	125,478.	4	179,539.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	2,871,036.	7	2,871,036.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,248.	9	3,362.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,413,659.		
	b Less: accumulated depreciation	10b 619,793.	10c	793,866.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	167,115.	12	86,972.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,277,039.	16	5,824,972.	
Liabilities	17 Accounts payable and accrued expenses	136,238.	17	143,456.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	78,692.	25	64,642.
	26 Total liabilities. Add lines 17 through 25	214,930.	26	208,098.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,267,464.	27	4,765,475.
	28 Temporarily restricted net assets	794,645.	28	851,399.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,062,109.	33	5,616,874.
34 Total liabilities and net assets/fund balances	5,277,039.	34	5,824,972.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,102,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,555,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	546,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,062,109.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,892.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,616,874.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

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

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

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.)

- 1 ☐ A church, convention, conference of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,713,685.	3,403,440.	3,632,424.	3,320,905.	3,867,734.	17,938,188.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,713,685.	3,403,440.	3,632,424.	3,320,905.	3,867,734.	17,938,188.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						17,938,188.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	3,713,685.	3,403,440.	3,632,424.	3,320,905.	3,867,734.	17,938,188.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,904.	33,368.	21,027.	4,755.	1,007.	89,061.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	28,904.	33,368.	21,027.	4,755.	1,007.	89,061.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	3,742,589.	3,436,808.	3,653,451.	3,325,660.	3,868,741.	18,027,249.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.51 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.49 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.62 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		577,000.	22,192.	554,808.
c Leasehold improvements		429,210.	263,780.	165,430.
d Equipment		407,449.	333,821.	73,628.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				793,866.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DUE TO ANNUITANT	64,642.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		64,642.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,102,016.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,555,143.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	546,873.
4	Net unrealized gains (losses) on investments	4	7,892.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	7,892.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	554,765.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,297,908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	7,892.
b	Donated services and use of facilities	2b	188,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	195,892.
3	Subtract line 2e from line 1	3	4,102,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,102,016.

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

1	Total expenses and losses per audited financial statements	1	3,743,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	188,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	188,000.
3	Subtract line 2e from line 1	3	3,555,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,555,143.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: GOOD COUNSEL, INC. RECOGNIZES THE EFFECTS OF INCOME

TAX POSITIONS WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

MANAGEMENT HAS DETERMINED THAT GOOD COUNSEL, INC. HAD NO UNCERTAIN TAX

POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR

DISCLOSURE. GOOD COUNSEL, INC. IS NO LONGER SUBJECT TO U.S. FEDERAL AND

STATE INCOME TAX AUDITS FOR PERIODS PRIOR TO 2007.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Employer identification number
22-2831271

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- [illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 ANNUAL AWARDS RECEPTION (event type)	(b) Event #2 BALL FOR LIFE (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	105,938.	77,863.	238,266.	422,067.
2 Less: Charitable contributions	24,373.	25,318.	238,266.	287,957.
3 Gross income (line 1 minus line 2)	81,565.	52,545.		134,110.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	33,628.	22,690.	22,236.	78,554.
7 Food and beverages			6,116.	6,116.
8 Entertainment		3,400.	6,800.	10,200.
9 Other direct expenses	9,648.	6,282.	20,121.	36,051.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(130,921)
11 Net income summary. Combine line 3, column (d), and line 10				3,189.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2010**Open to Public
Inspection**

- **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FURNITURE)	X	0	12,000.	COST OF DONATED PROP
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2010)

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DURING AND AFTER BIRTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GROW IN SELF-RESPECT AND INDEPENDENCE. WE INVOKE THE PATRONAGE OF
MARY, THE LADY OF GOOD COUNSEL, TO HELP US PROTECT MOTHERS IN NEED AND
TO LOVE THEIR CHILDREN FROM THE MOMENT OF CONCEPTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTS OF LIKE SKILLS. ADDITIONALLY, DAILY COOKING, CLEANING, HOUSEHOLD
CHORES AND FAMILY LIVING ARE ROUTINELY LEARNED BY DOING. DINNER IS A
FAMILY AFFAIR WITH EVERYONE IN THE HOME ATTENDING AND ONE OR TWO OF THE
MOTHERS PREPARING WITH ALL CLEANING UP. ANOTHER 289 ON-LINE CLASSES
WERE TAKEN INDIVIDUALLY BY THE MOTHERS IN SUCH AREAS AS PARENTING.
ALSO 85% OF GOOD COUNSEL MOTHERS VOLUNTEERED IN THE COMMUNITY LEARNING
TO GIVE WHAT THEY'VE RECEIVED AND HELPING WHERE HELP IS NEEDED. GOOD
COUNSEL HAS A BED FOR ANY MOM REGARDLESS OF HOW SHE BECOMES PREGNANT,
WHERE SHE IS FROM, WHETHER SHE'S STRUGGLING WITH MENTAL HEALTH ISSUES
OR ADDICTIONS. MORE IMPORTANTLY, GOOD COUNSEL HAS A HEART TO OFFER A
WELCOMING HAND UP.

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

AS WELL AS LISTEN TO THE HOPES AND DIRECTION EACH MOTHER WOULD LIKE TO
ATTAIN. THE CASE MANAGER WILL OFFICIALLY MEET EACH MOTHER AT LEAST ONE
HOUR EACH WEEK. OTHER INFORMAL MEETINGS ARE AS NEEDED AND USUALLY MORE
THAN ONCE A WEEK. JUST THE FORMAL MEETINGS TOTALED 6,413 DURING 2010.

Name of the organization	Employer identification number
GOOD COUNSEL, INC.	22-2831271

ADDITIONALLY, 56 MOTHERS RECEIVED OUTSIDE PROFESSIONAL COUNSELING.

FURTHERMORE, 50% OF GOOD COUNSEL RESIDENT MOTHERS WERE WORKING.

EDUCATION LEVELS INCREASED AND MANY CONTINUED THEIR EDUCATIONAL

ADVANCEMENT AND EMPLOYMENT AFTER MOVING INTO THEIR OWN APARTMENTS.

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

LIFE SKILLS CLASSES. PLUS, MOTHERS ARE ABLE TO TAKE INDIVIDUAL ONLINE CLASSES. AT LEAST THREE AND OFTEN FOUR GROUP CLASSES ARE TAUGHT IN EACH HOME EACH WEEK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN ADDITION TO GOOD COUNSEL'S OTHER SIGNIFICANT PROGRAMS GROWN OUT OF THE NEEDS MANY MOTHERS AND THEIR CHILDREN HAVE EXPRESSED IN OUR HOMES. DURING 2010, GOOD COUNSEL VOLUNTEERS IN THE SOUTHERN PART OF NEW JERSEY LOCATED A FORMER CONVENT TO BEGIN RENOVATIONS AND OPEN ANOTHER GOOD COUNSEL HOME. THESE VOLUNTEERS HAVE BEEN RAISING FUNDS SPECIFICALLY FOR THIS PURPOSE AND THE EFFORTS OF THEIR PRAYERS AND HARD WORK WERE BEGINNING TO BEAR FRUIT. THE BUILDING, FOUND IN THE QUIET COMMUNITY OF RIVERSIDE, NJ, LOCATED ABOUT 5 MILES FROM CAMDEN, AMERICA'S MOST DANGEROUS CITY, IS ALSO CONVENIENTLY LOCATED NOT FAR FROM PHILADELPHIA. ALSO, WE WOULD EXPECT MOTHERS TO BE REFERRED FROM ATLANTIC CITY.

INTAKE: ALL REFERRALS COME EITHER THROUGH OUR TOLL-FREE 24/7 HELPLINE, OR A SMALLER NUMBER THROUGH EMAIL. WITH A TOTAL OF 2,826 OR 54 PER WEEK DURING 2010. CALLS CAN RESULT IN SCHEDULING AN INTERVIEW AT A GOOD COUNSEL HOME, WHILE SOME MOTHERS ARE DIRECTED TO A HOME IMMEDIATELY BECAUSE IT IS AN EMERGENCY SITUATION. ADDITIONALLY, REFERRALS ARE MADE FOR THOSE WITH VARIOUS NEEDS AND MUCH IMMEDIATE

Name of the organization	GOOD COUNSEL, INC.	Employer identification number	22-2831271
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COUNSELING IS DONE ON THE PHONE.

EXODUS: BEING A BIG SISTER IS A GENERAL DESCRIPTION OF OUR FOLLOW-UP PROGRAM TO BRIDGE THE TRANSITION FROM A GOOD COUNSEL HOME TOWARD INDEPENDENT LIVING. THIS INCLUDES BUT IS NOT LIMITED TO OFFERING ADVICE IN EDUCATIONAL AND PARENTING NEEDS, PLANNING, DIRECTING TOWARD LEGAL, MEDICAL OR HOUSING ADVOCACY OR REFERRALS. MANY OTHER ISSUES AND CHALLENGES ARE BROUGHT TO OUR ATTENTION BY THE FAMILIES OUR EXODUS PROGRAM CURRENTLY SERVES. IN TERMS OF TRACKING VALUES OF OUR EXODUS FAMILIES THERE ARE MANY HOPEFUL SIGNS. FOR THOSE WE SAY HAVE SUCCESSFULLY COMPLETED THE PROGRAM, 70% WERE ATTENDING CHURCH SOME TIME DURING THE YEAR AND EVEN 59% OF THOSE WE'RE IN TOUCH WITH WHO DIDN'T COMPLETE THE PROGRAM ARE ATTENDING CHURCH SOME TIME. FOR THOSE SUCCESSFULLY COMPLETED THE PROGRAM, 79% WERE NOT COHABITATING AND EVEN 67% WHO DIDN'T COMPLETE THE PROGRAM WERE NOT COHABITATING.

LUMINA: A LIGHT OF HOPE AND HEALING FOR THOSE WHO'VE HAD AN ABORTION IS OUR LUMINA PROGRAM OFFERING PHONE AND ONLINE COUNSELING, DIRECTION AND REFERRALS TOWARD PROFESSIONAL THERAPISTS AND RELIGIOUS GUIDES. LUMINA ASSISTS MOTHERS IN GOOD COUNSEL HOMES AND OFFERS ASSISTANCE FOR MEN AND WOMEN AROUND THE COUNTRY AND BEYOND. MORE THAN 100,000 HITS TO WWW.POSTABORTIONHELP.ORG, LUMINA'S WEBSITE, PLUS TRAINING PROFESSIONALS AND MAKING SUCH HEALING RESOURCES KNOWN TO THE PUBLIC ARE OTHER LARGE PARTS OF THIS SPECIAL MINISTRY.

LUMINA'S DIRECTOR, THERESA BONAPARTIS, IS OFTEN INTERVIEWED FOR ONLINE, PRINT AND BROADCAST MEDIA STORIES. SHE WRITES A REGULAR BLOG AND IS ON FACEBOOK.

Name of the organization	GOOD COUNSEL, INC.	Employer identification number	22-2831271
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ADVOCACY: MANY MORE THAN 100,000 PEOPLE ARE REACHED WITH A GOOD COUNSEL TALK OR THROUGH THE MAIL. THIS EDUCATES AND MOTIVATES OTHERS TO BECOME INVOLVED DIRECTLY WITH GOOD COUNSEL AND INDIRECTLY WITH HELPING WOMEN AND CHILDREN IN NEED. ALSO, GOOD COUNSEL SPEAKERS AND WRITERS GIVE VOICE TO THE VOICELESS CONCEIVED CHILD FROM CONCEPTION THROUGH THEIR EARLY LIFE, BIRTH INTO TODDLERHOOD AND PRE-SCHOOL. GOOD COUNSEL STAFF SPEAKS IN MANY PUBLIC VENUES PARTICULARLY AT CHURCHES AND BANQUETS AS WELL AS SOCIAL SERVICE FUNCTIONS, FRATERNAL AND SERVICE ORGANIZATIONS EVENTS. ADDITIONALLY, WE REACH MANY THROUGH ONLINE AND PRINT LETTERS. ALSO, GOOD COUNSEL STAFF WORK WITH OTHER LIKE-MINDED INDIVIDUALS OR ORGANIZATIONS WHO ARE ABLE TO FURTHER SPREAD THE CONCERNS AND ISSUES FACING HOMELESS, ABUSED PREGNANT MOTHERS AND THEIR CHILDREN.

EXPENSES \$ 199,608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: GOOD COUNSEL, INC. HAS THREE MEMBERS WHO WERE ORIGINALLY ELECTED BY THE BOARD OF DIRECTORS AND ARE NOW SELF-PERPETUATING.

FORM 990, PART VI, SECTION A, LINE 7A: THE THREE MEMBERS OF GOOD COUNSEL, INC. ARE RESPONSIBLE FOR ELECTING THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE VICE CHAIRMAN AND FINANCE CHAIRMAN OF THE BOARD OF DIRECTORS OF GOOD COUNSEL THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR FIRST REVIEWED THE ENTIRE 990 INCLUDING THE MANAGEMENT QUESTIONS. IT WAS THEN DISCUSSED AND RETURNED TO OUR OUTSIDE AUDITORS FOR FURTHER CLARIFICATION AND COMPLETION. A FINAL DRAFT WAS PREPARED , REVIEWED AGAIN BY THE ABOVE GOOD COUNSEL BOARD AND STAFF AND BROUGHT TO THE

Name of the organization	GOOD COUNSEL, INC.	Employer identification number	22-2831271
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FINANCE COMMITTEE OF THE GOOD COUNSEL BOARD OF DIRECTORS FOR FURTHER REVIEW AND APPROVAL. THEN THE DOCUMENT IS SENT TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12: GOOD COUNSEL'S CONFLICT OF INTEREST POLICY IS BROUGHT TO THE ATTENTION OF ALL STAFF, MENTIONED REPEATEDLY TO MANAGERS AND DISCUSSED WHEN OUTSIDE CONTRACTS OR OUTSOURCED WORK IS DONE.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE PROCESS OF APPROVING THE BUDGET EACH YEAR, THE BOARD INCLUDES A REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION. THIS LAST TOOK PLACE IN 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND 990 AVAILABLE EVERY YEAR BY POSTING IT ON THEIR WEBSITE AS WELL AS ON THE CHARITY NAVIGATOR AND GUIDESTAR WEBSITES. GOVERNING DOCUMENTS ARE ONLY AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 7,892.

PART XII, LINE 2C

GOOD COUNSEL, INC. HAS ADOPTED THE FOLLOWING AUDITOR ROTATION POLICY WHICH STATES THAT GOOD COUNSEL, INC. SHALL REVIEW THE SELECTION OF ITS INDEPENDENT AUDITOR IN THE FOLLOWING CIRCUMSTANCES: (1) ANYTIME THERE IS DISSATISFACTION WITH THE SERVICE FROM THE CURRENT FIRM (2) WHEN A FRESH PERSPECTIVE AND NEW IDEAS ARE DESIRED AND (3) WITHIN EVERY 6 YEARS TO ENSURE COMPETITIVE PRICING AND A HIGH QUALITY OF SERVICE

(THERE IS NO REQUIREMENT TO CHANGE AUDITORS EVERY SIX YEARS; SIMPLY TO

Name of the organization	GOOD COUNSEL, INC.	Employer identification number	22-2831271
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REEVALUATE THE SELECTION).

THE SELECTION OF AN ACCOUNTING FIRM TO CONDUCT THE ANNUAL AUDIT IS A TASK THAT SHOULD BE TAKEN VERY SERIOUSLY. THE FOLLOWING FACTORS SHALL BE CONSIDERED BY GOOD COUNSEL, INC. IN SELECTING AN ACCOUNTING FIRM:

(1) THE FIRM'S REPUTATION IN THE NONPROFIT COMMUNITY (2) THE DEPTH OF THE FIRM'S UNDERSTANDING OF AND EXPERIENCE WITH NOT-FOR-PROFIT ORGANIZATIONS AND FEDERAL REPORTING REQUIREMENTS UNDER OMB CIRCULAR A-133 (3) THE FIRM'S DEMONSTRATED ABILITY TO PROVIDE SERVICES REQUESTED IN A TIMELY MANNER (4) THE ABILITY OF FIRM PERSONNEL TO COMMUNICATE WITH AGENCY PERSONNEL IN A PROFESSIONAL AND CONGENIAL MANNER (5) COMPETIVENESS OF FEES.

GOOD COUNSEL, INC'S BOARD. IN CONSULTATION WITH THE FINANCE COMMITTEE, WHICH ACTS AS THE AUDIT COMMITTEE, WILL DECIDE WHEN AND HOW TO REQUEST AND REVIEW ITS SELECTION OF AN IDEPENDENT AUDITOR. THE FINANCE COMMITTEE MAY ESTABLISH A SUBCOMMITTEE TO REVIEW THE PROCESS AND RECOMMEND THE AUDIT FIRM. THE FINANCE COMMITTEE WILL MAKE A RECOMMENDATION TO THE BOARD FOR ITS FURTHER CONSULTATION. THE ENTIRE BOARD WILL VOTE TO APPROVE THE AUDIT FIRM.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

GOOD COUNSEL, INC.

Employer identification number
22-2831271

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	WINDOWS (SI)	080195	SL	7.00	16	11,000.			11,000.	11,000.		0.
3	CEILING RENOVATION (SV)	010198	SL	7.00	16	4,500.			4,500.	4,500.		0.
6	REFRIGERATOR (POK)	020199	SL	5.00	16	1,190.			1,190.	1,190.		0.
8	KITCHEN RENOVATIONS (SV)	040199	SL	7.00	16	6,280.			6,280.	6,280.		0.
10	COMPUTER (SI)	080199	SL	3.00	16	875.			875.	875.		0.
11	FURNITURE (HAR)	110199	SL	5.00	16	6,608.			6,608.	6,608.		0.
12	COMPUTER (OFFICE-HOB)	110199	SL	3.00	16	1,030.			1,030.	1,030.		0.
13	TELEPHONE SYSTEM	120199	SL	3.00	16	4,563.			4,563.	4,563.		0.
14	CAR (OFFICE- HR)	120199	SL	3.00	16	12,014.			12,014.	12,014.		0.
15	VAN (HAR)	120199	SL	3.00	16	17,014.			17,014.	17,014.		0.
16	CAR (HOB)	020100	SL	3.00	16	8,500.			8,500.	8,500.		0.
17	COMPUTER (OFFICE-HOB)	020100	SL	3.00	16	2,395.			2,395.	2,395.		0.
18	RENOVATIONS (HAR)	060100	SL	7.00	16	3,500.			3,500.	3,500.		0.
19	LASERJET PRINTER	110100	SL	3.00	16	600.			600.	600.		0.
20	FAX MACHINE	120100	SL	3.00	16	270.			270.	270.		0.
21	COMPUTER	010101	SL	3.00	16	1,913.			1,913.	1,913.		0.
22	COMPUTER	040101	SL	3.00	16	2,264.			2,264.	2,264.		0.
23	SUMP PUMP	110101	SL	5.00	16	1,840.			1,840.	1,840.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	HARRISON RENOVATION	010102	SL	7.00	16	24,893.			24,893.	25,556.		0.
25	CAR (HOB)	050102	SL	3.00	16	11,900.			11,900.	11,900.		0.
26	CAR (POK)	080102	SL	3.00	16	15,810.			15,810.	15,810.		0.
28	COMPUTER	090102	SL	3.00	16	1,022.			1,022.	1,022.		0.
29	BASEBOARD HEATING	120102	SL	7.00	16	2,500.			2,500.	2,500.		0.
30	HARRISON RENOVATIONS	010101		34M	43	45,000.			45,000.	45,000.		0.
31	2002 FULLY DEPRECIATED ASSETS	010101	SL	1.00	16	62,533.			62,533.	62,533.		0.
32	FULLY DEPRECIATED LEASEHOLD IMPRO. 2008	010195	SL	7.00	16	22,002.			22,002.	22,002.		0.
33	KITCHEN RENOVATIONS	090196	SL	7.00	16	18,000.			18,000.	18,000.		0.
34	BASEMENT RENOVATIONS	030198	SL	7.00	16	13,925.			13,925.	13,925.		0.
35	PLAYGROUND SAFETY SURFACING	040198	SL	7.00	16	5,144.			5,144.	5,144.		0.
36	BOILER	050198	SL	7.00	16	7,600.			7,600.	7,600.		0.
37	SECURITY DOOR	090198	SL	5.00	16	2,500.			2,500.	2,500.		0.
38	INTERIOR PAINTING	020199	SL	5.00	16	9,735.			9,735.	9,735.		0.
39	BATHROOM RENOVATIONS	080199	SL	7.00	16	9,900.			9,900.	9,900.		0.
40	POK RENOVATIONS	020103	SL	7.00	16	1,010.			1,010.	996.		14.
41	HARRISON RENOVATION	030103	SL	2.00	16	7,215.			7,215.	7,215.		0.
42	COPIER	050101	SL	3.00	16	2,300.			2,300.	2,300.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	STOVE	06/01/03	SL	5.00	16	2,132.			2,132.	2,095.		0.
44	FURNITURE	07/01/03	SL	5.00	16	1,046.			1,046.	1,046.		0.
45	COMPUTERS (HAR)	10/01/03	SL	3.00	16	2,230.			2,230.	2,230.		0.
46	TELEPHONE SYSTEM	12/01/03	SL	3.00	16	2,767.			2,767.	2,767.		0.
47	COMPUTERS (BR, POK, SV, SI)	07/01/04	SL	3.00	16	14,907.			14,907.	14,907.		0.
48	SERVER	05/01/04	SL	3.00	16	3,686.			3,686.	3,686.		0.
49	COMPUTER (BR)	12/01/04	SL	3.00	16	2,868.			2,868.	2,868.		0.
50	WATER HEATER (POK)	02/01/05	SL	7.00	16	5,402.			5,402.	3,474.		772.
51	ARCHITECTS (HO) - ROBINSON	03/01/05	SL	15.00	16	4,000.			4,000.	1,068.		267.
52	ENGINEERS (HOB) - ARTHUR MELTZER	06/01/05	SL	15.00	16	14,646.			14,646.	3,904.		976.
53	KITCHEN RENOVATIONS (HOB) - FRANK MCCA	07/01/05	SL	15.00	16	5,675.			5,675.	1,512.		378.
54	ENGINEERS (HOB) - ARTHUR MELTZER	08/01/05	SL	15.00	16	3,022.			3,022.	804.		201.
55	KITCHEN RENOVATIONS (HOB) - FRANK MCCA	09/01/05	SL	15.00	16	5,675.			5,675.	1,512.		378.
56	DONATED CABINETS (HOB) - FRANK MCCAN	09/01/05	SL	15.00	16	13,857.			13,857.	3,696.		924.
57	HOB RENOVATIONS TEMP HELP - ADAM BR	09/01/05	SL	15.00	16	4,840.			4,840.	1,292.		323.
58	HOB RENOVATIONS TEMP HELP - JOHN KO	09/01/05	SL	15.00	16	30,749.			30,749.	8,200.		2,050.
59	HOB RENOVATIONS TEMP HELP - STASH B	09/01/05	SL	15.00	16	15,788.			15,788.	4,212.		1,053.
60	HOB RENOVATIONS TEMP HELP - TADEUS	09/01/05	SL	15.00	16	4,140.			4,140.	1,104.		276.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
61	2000 DODGE CARAVAN	08/01/05	SL	3.00	16	7,800.			7,800.	7,800.		0.
62	RENOVATIONS (HOB) BATHROOM	03/10/06	SL	7.00	16	1,839.			1,839.	1,008.		263.
63	RENOVATIONS (SV)	04/26/06	SL	7.00	16	1,253.			1,253.	656.		179.
64	FLOOR (BR)	12/01/06	SL	7.00	16	1,409.			1,409.	620.		201.
65	ROOF (SV)	12/06/06	SL	15.00	16	4,940.			4,940.	1,014.		329.
66	CAR (POK)	03/01/06	SL	3.00	16	5,371.			5,371.	5,371.		0.
67	CAR (BR)	03/01/06	SL	3.00	16	5,371.			5,371.	5,371.		0.
68	CAR (SV)	03/01/06	SL	3.00	16	9,321.			9,321.	9,321.		0.
69	TELEPHONE SYSTEM (BR)	11/01/06	SL	3.00	16	4,000.			4,000.	4,000.		0.
70	COMPUTER (POK)	11/01/06	SL	3.00	16	2,040.			2,040.	2,040.		0.
71	COMPUTER (BR)	12/01/06	SL	3.00	16	1,422.			1,422.	1,422.		0.
72	FURNITURE (BR)	12/01/06	SL	5.00	16	30,000.			30,000.	18,500.		6,000.
76	TELEPHONE SYSTEM (POK)	10/01/07	SL	3.00	16	9,898.			9,898.	7,423.		2,475.
77	FURNITURE	01/01/07	SL	5.00	16	1,478.			1,478.	888.		296.
78	REFRIGERATOR	09/01/07	SL	5.00	16	1,096.			1,096.	511.		219.
79	DOOR AND FRAME INSTALLATION	10/01/07	SL	5.00	16	1,797.			1,797.	808.		359.
80	REFRIGERATOR & FREEZER	10/01/07	SL	5.00	16	1,208.			1,208.	544.		242.
81	FURNITURE	12/01/07	SL	5.00	16	20,000.			20,000.	8,333.		4,000.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
82	COMPUTER SOFTWARE	010700	SL	3.00	16	17,000.			17,000.			0.
83	KITCHEN RENOVATIONS (POK)	121508	SL	7.00	16	62,224.			62,224.	9,630.		8,889.
84	BATHROOM RENOVATIONS (POK)	121508	SL	7.00	16	8,484.			8,484.	1,313.		1,212.
85	2003 DODGE CARAVAN (SV)	121508	SL	3.00	16	8,621.			8,621.	3,113.		2,874.
86	CHEVY IMPALA	121508	SL	3.00	16	6,821.			6,821.	2,463.		2,274.
87	FURNITURE	121508	SL	3.00	16	20,000.			20,000.	7,223.		6,667.
88	BUILDING (BR)	060109	SL	39.00	16	577,000.			577,000.	8,630.		14,795.
89	FLOOR (SI)	070109	SL	7.00	16	4,398.			4,398.	314.		628.
90	CAR-2005 CHEVY IMPALA (S. MONA)	090109	SL	3.00	16	8,800.			8,800.	978.		2,933.
91	FURNITURE	121509	SL	3.00	16	10,500.			10,500.	292.		3,500.
92	LEASEHOLD IMPROVEMENTS	060109	SL	39.00	16	8,054.			8,054.	120.		207.
93	SOUTH JERSEY RENOVATIONS	063010	SL	39.00	16	34,893.			34,893.			447.
94	FURNITURE	123010	SL	3.00	16	10,500.			10,500.			0.
95	FIRE ALARM SYSTEM	031510	SL	5.00	16	4,910.			4,910.			818.
96	WASHER & DRYER	032010	SL	5.00	16	1,097.			1,097.			165.
97	WASHER & DRYER	060510	SL	5.00	16	1,166.			1,166.			136.
98	ALARM SYSTEM	100510	SL	5.00	16	4,800.			4,800.			240.
99	SPRINKLER SYSTEM	102010	SL	5.00	16	15,873.			15,873.			529.

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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction