

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.

A For the 2012 calendar year, or tax year beginning and ending

| | | |
|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 411 CLINTON STREET City, town, or post office, state, and ZIP code 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 \$ 4,101,975. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ GOODCOUNSELHOMES.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 19 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 97 |
| | 6 Total number of volunteers (estimate if necessary) | 6 262 |
| | 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. |

| | | Prior Year | Current Year |
|------------------------------------|--|----------------------------------|--------------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 3,627,584. | 3,441,262. |
| | 9 Program service revenue (Part VIII, line 2g) | 63,283. | 76,363. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 790. | 252. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 157,496. | 295,161. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,849,153. | 3,813,038. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 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) | 2,770,216. | 2,702,881. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 66,605. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 415,979. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,339,809. | 1,210,924. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,110,025. | 3,980,410. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -260,872. | -167,372. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 5,629,513. | 5,428,283. |
| | 21 Total liabilities (Part X, line 26) | 276,087. | 233,033. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 5,353,426. | 5,195,250. |

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 CHRISTOPHER BELL, EXECUTIVE DIRECTOR Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name BRIAN M. FLYNN | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00739850 |
| | Firm's name ▶ O'CONNOR DAVIES, LLP Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 07652-1412 | Firm's EIN ▶ 27-1728945 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 Accomplishments

Check 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 [X] No

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

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

4a (Code:) (Expenses \$ 1,626,009. including grants of \$) (Revenue \$ 76,363.) HOUSING:

JESSICA WAS SLEEPING ON A PARK BENCH DURING HER SEVENTH MONTH OF PREGNANCY. SHE CONTACTED A LOCAL TV REPORTER WHO CALLED GOOD COUNSEL. YOU CAN VIEW THIS AT GOOD COUNSEL'S YOUTUBE CHANNEL HERE: HTTP://WWW.YOUTUBE.COM/USER/GOODCOUNSELHOMES UNDER GOOD COUNSEL HOMES: OFF THE STREET. WHILE EVERY MOM HAS A PERSONAL HISTORY, GOOD COUNSEL'S EXPERIENCED AND CARING STAFF IS ABLE TO MEET HER WHERE SHE IS EMOTIONALLY, PSYCHOLOGICALLY AND SPIRITUALLY. SINCE OPENING ON MARCH 10, 1985 SOME 6,000 WOMEN AND CHILDREN HAVE SAFELY SPENT MORE THAN 570,000 SAFE NIGHTS IN A GOOD COUNSEL HOME. NEARLY 880 BABIES HAVE BEEN BORN TO MOTHERS LIVING AT GOOD COUNSEL

4b (Code:) (Expenses \$ 719,196. including grants of \$) (Revenue \$) COUNSELING:

A MOM LIKE JESSICA IS WELCOMED TO GOOD COUNSEL, IS INTRODUCED TO OUR FAMILY OF OTHER MOTHERS AND BABIES, AS WELL AS TO THE HOUSE MANAGER, HER CASE MANAGER AND RESIDENTIAL ADVISORS. EACH STAFF AND VOLUNTEER HAS A UNIQUE AND VITAL ROLE IN FORMING A RELATIONSHIP WITH EACH MOM, HELPING HER ON THE ROAD TOWARD HEALING THE PAST AND PLANNING FOR A BETTER FUTURE. EACH MOM BEGINS A COUNSELING RELATIONSHIP WITH ONE CASE MANAGER. EDUCATIONAL, VOCATIONAL AND PERSONALITY TESTS ARE GIVEN USING ONLINE RESOURCES, AND REVIEWED INDIVIDUALLY BY THE CASE MANAGER WITH EACH MOM.

ALSO, EACH MOM WILL HAVE A MENTOR WHO IS LIKE HER SISTER AND CAN BE ANY

4c (Code:) (Expenses \$ 594,119. including grants of \$) (Revenue \$) LIFE SKILLS PROGRAMS:

MOST NIGHTS OF THE WEEK, A MOM LIKE JESSICA WOULD JOIN THE ENTIRE HOUSE IN LIFE SKILLS CLASSES. THESE FORMAL CLASSES DEEPEN A MOTHER'S KNOWLEDGE AND AWARENESS OF LIVING A HEALTHY, PRODUCTIVE LIFE INCLUDING PROPER NUTRITION, CHILD GROWTH AND DEVELOPMENT, HEALTH, AND SOCIAL SKILLS. NUTRITION ALSO INCLUDES SELECTING, BUYING, PREPARING, COOKING AND SERVING WELL BALANCED MEALS FOR ADULTS AND CHILDREN OF ALL AGES. THESE PROGRAMS ARE TAUGHT USING SPECIFIC OUTLINES PREPARED FOR GOOD COUNSEL MOTHERS. OTHER LIFE SKILLS SUCH AS PERSONAL FINANCE ARE TAUGHT INDIVIDUALLY, HELPING EACH MOTHER TO DEVELOP AND MANAGE HER OWN BUDGET. SPIRITUALITY IS SHARED BOTH FORMALLY IN GROUP MEETINGS AND INDIVIDUALLY

4d Other program services (Describe in Schedule O.) (Expenses \$ 187,616. including grants of \$) (Revenue \$)

4e Total program service expenses 3,126,940.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 Contractors

Check 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) FR. BENEDICT GROESCHEL CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) J. ANTHONY SAN FILIPPO DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (3) HOPE CARTER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (4) VINCENT STEMPER, JR. DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) PATRICIA DONAHOE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) MICHAEL O'ROURKE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) REV. BERNARD MURPHY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) MARION GLENNON SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) ANDREW CASH TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) KENNETH CRAIG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) PETER SHEA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) JAMES FITZGERALD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) REV. MARIUS KOCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) WILLIAM KLATT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) MARK SWARTZBERG VICE CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (16) SEAN FLANAGAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) LEONARD CRANN 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) THOMAS KOLENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) BRENDA QUINN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) CHRISTOPHER BELL EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 110,000. | 0. | 21,663. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 110,000. | 0. | 21,663. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 110,000. | 0. | 21,663. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

| | | (A) | (B) | (C) | (D) | |
|---|--|--|------------------------------------|----------------------------|---|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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 | 44,952. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 5,344. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,390,966. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 161,266. | | | |
| | h Total. Add lines 1a-1f | | 3,441,262. | | | |
| | Program Service Revenue | 2 a RESIDENT FEES | Business Code 721310 | 76,363. | 76,363. | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 76,363. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 491. | | 491. | |
| | 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 | 151,962. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 152,201. | | | |
| | | c Gain or (loss) | -239. | | | |
| | d Net gain or (loss) | | -239. | | -239. | |
| | 8 a Gross income from fundraising events (not including \$ 44,952. of contributions reported on line 1c). See Part IV, line 18 | a | 431,897. | | | |
| | | b Less: direct expenses | b | 136,736. | | |
| c Net income or (loss) from fundraising events | | | 295,161. | | 295,161. | |
| 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 | a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 3,813,038. | 76,363. | 0. | 295,413. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 131,663. | 114,547. | 8,558. | 8,558. |
| 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 | 1,943,664. | 1,690,988. | 126,338. | 126,338. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 355,808. | 309,553. | 23,127. | 23,128. |
| 10 Payroll taxes | 271,746. | 236,419. | 17,664. | 17,663. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 21,600. | 487. | 12,948. | 8,165. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 66,605. | | | 66,605. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 9,330. | 1,712. | 7,278. | 340. |
| 12 Advertising and promotion | 24,791. | 8,818. | 7,986. | 7,987. |
| 13 Office expenses | 366,192. | 184,773. | 128,946. | 52,473. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 241,529. | 228,343. | 6,593. | 6,593. |
| 17 Travel | 47,489. | 36,785. | 5,352. | 5,352. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 11,411. | 3,807. | 3,800. | 3,804. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 13,168. | 13,168. | | |
| 22 Depreciation, depletion, and amortization | 83,927. | 83,927. | | |
| 23 Insurance | 129,579. | 99,031. | 15,274. | 15,274. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD | 123,783. | 51,778. | 36,002. | 36,003. |
| b MISCELLANEOUS | 107,094. | 40,481. | 33,271. | 33,342. |
| c EQUIPMENT RENTAL & MAIN | 31,031. | 22,323. | 4,354. | 4,354. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,980,410. | 3,126,940. | 437,491. | 415,979. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 454,020. | 163,562. | 145,194. | 145,264. |

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|------------|--------------------|----------|
| Assets | 1 Cash - non-interest-bearing | 297,553. | 1 | 363,469. | |
| | 2 Savings and temporary cash investments | 1,218,117. | 2 | 901,140. | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 285,457. | 4 | 394,103. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 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 | 11,038. | 9 | 3,362. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,534,719. | | | |
| | b Less: accumulated depreciation | 10b 786,410. | 800,696. | 10c | 748,309. |
| | 11 Investments - publicly traded securities | | 11 | | |
| | 12 Investments - other securities. See Part IV, line 11 | 76,107. | 12 | 77,038. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 69,509. | 15 | 69,826. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,629,513. | 16 | 5,428,283. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 212,348. | 17 | 165,728. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 63,739. | 25 | 67,305. | |
| | 26 Total liabilities. Add lines 17 through 25 | 276,087. | 26 | 233,033. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 4,567,921. | 27 | 4,413,412. | |
| | 28 Temporarily restricted net assets | 785,505. | 28 | 781,838. | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 5,353,426. | 33 | 5,195,250. | | |
| 34 Total liabilities and net assets/fund balances | 5,629,513. | 34 | 5,428,283. | | |

Part XI Reconciliation of Net Assets

Check 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 | 3,813,038. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,980,410. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -167,372. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,353,426. |
| 5 | Net unrealized gains (losses) on investments | 5 | 9,196. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,195,250. |

Part XII Financial Statements and Reporting

Check 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 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 |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

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 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 - Non-functionally integrated
- 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?

| | Yes | No |
|--|----------|----|
| (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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,833,938. | 4,023,345. | 4,024,575. | 3,627,584. | 3,441,262. | 18,950,704. |
| 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 | 3,833,938. | 4,023,345. | 4,024,575. | 3,627,584. | 3,441,262. | 18,950,704. |
| 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) | | | | | | 702,157. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 18,248,547. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 3,833,938. | 4,023,345. | 4,024,575. | 3,627,584. | 3,441,262. | 18,950,704. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 21,027. | 4,755. | 1,007. | 850. | 491. | 28,130. |
| 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 | | | | | | 18,978,834. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 297,956. |
| 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 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.15 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 99.68 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2011. 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 - 2012. 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 - 2011. 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. 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 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

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

OMB No. 1545-0047

2012

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.

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

(i) 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (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 XIII the intended uses of the organization's endowment funds.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land | | | | |
| b Buildings | | 577,000. | 51,782. | 525,218. |
| c Leasehold improvements | | 429,210. | 307,224. | 121,986. |
| d Equipment | | 528,509. | 427,404. | 101,105. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 748,309. |

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) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DUE TO ANNUITANT | 67,305. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 67,305. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,868,634. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 9,196. |
| b | Donated services and use of facilities | 2b | 46,400. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 55,596. |
| 3 | Subtract line 2e from line 1 | 3 | 3,813,038. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 3,813,038. |

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,026,810. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 46,400. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 46,400. |
| 3 | Subtract line 2e from line 1 | 3 | 3,980,410. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 3,980,410. |

Part XIII 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, lines 2d and 4b; and Part XII, 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 TO BE 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 EXAMINATIONS FOR PERIODS PRIOR TO 2009.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

**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.**

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

Part I 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- 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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|--|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| DOUG SHAW - 1717 PARK ST. SUITE 300, BAPERVILLE, IL | MAIL SOLICITATIONS | | X | 568,605. | 47,866. | 520,739. |
| CREATIVE WEB TECH - 11 SUNSET DRIVE, BERNARDSVILLE, NJ | INTERNET AND EMAIL SOLICITATIONS | | X | 161,757. | 22,510. | 139,247. |
| CORNELIUS DRISLANE - 42 CLARK AVENUE, CORNWALL ON HUDSON, | SOLICITATION OF NON-GOVERNMENT GRANTS | | X | 145,594. | 18,739. | 126,855. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 875,956. | 89,115. | 786,841. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
NJ, NY, CT, TN, FL

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 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|---|-------------------------------|---------------------|--|
| | | ANNUAL AWARDS RECEPTION (event type) | BALL FOR LIFE (event type) | 6 (total number) | |
| Revenue | 1 Gross receipts | 126,665. | 122,029. | 228,155. | 476,849. |
| | 2 Less: Contributions | 13,500. | 12,900. | 18,552. | 44,952. |
| | 3 Gross income (line 1 minus line 2) | 113,165. | 109,129. | 209,603. | 431,897. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 29,535. | 36,270. | 14,674. | 80,479. |
| | 8 Entertainment | | 2,500. | 2,500. | 5,000. |
| | 9 Other direct expenses | 12,443. | 15,044. | 23,770. | 51,257. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (136,736) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 295,161. |

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)) |
|--|--------------------------------------|---|---|---|---|
| | | 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:

| | | |
|------------|--|---|
| 13a | | % |
| 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DOUG SHAW

(I) ADDRESS OF FUNDRAISER: 1717 PARK ST. SUITE 300, BAPERVILLE, IL 60563

(I) NAME OF FUNDRAISER: CREATIVE WEB TECH

(I) ADDRESS OF FUNDRAISER: 11 SUNSET DRIVE, BERNARDSVILLE, NJ 07924

(I) NAME OF FUNDRAISER: CORNELIUS DRISLANE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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 | X | 9 | 143,766. | SELLING PRICE OF STO |
| 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 | 125 | 17,500. | 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**

| | Yes | No |
|---|-----|----|
| 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? | | 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? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

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:

HOMES SINCE THE BEGINNING. AT FIRST, MOTHERS CAME TO US AFTER GIVING
BIRTH, BUT THE NEED WAS GREAT ALSO TO HELP MOTHERS WHO WERE PREGNANT.
ALSO, TO HELP THOSE WHO WERE PREGNANT AND HAD ANOTHER BORN CHILD OR TWO
OR THREE.

LAST YEAR, 202 MOTHERS AND BABIES LIVED IN OUR HOMES. GOOD COUNSEL'S
HOMES HAD AN OCCUPANCY RATE OF 112%, OFFERING 32,336 NIGHTS OF SAFETY
AND SECURITY, PLUS MUCH MORE. THE OCCUPANCY RATE CONTINUES TO BE ABOVE
100% DURING 2013. HOW CAN OCCUPANCY GO ABOVE 100%? WHEN EVERY
INDIVIDUAL BEDROOM IS OCCUPIED AND A MOTHER, LIKE JESSICA, IS ON THE
STREET, GOOD COUNSEL WILL TAKE HER IN USING AN EMERGENCY BEDROOM OR A
COT IN A LIVING ROOM OR EVEN THE CHAPEL. WHATEVER IT TAKES TO PROTECT
MOTHER AND CHILD FROM THE ELEMENTS, ABUSE OR AIMLESSNESS, GOOD COUNSEL
WILL RESPOND. NO MOM WHO IS IN NEED IS TURNED AWAY.

LAST YEAR GOOD COUNSEL MOMS HAD A TOTAL OF 6,737 INDIVIDUAL ONE-ON-ONE
COUNSELING SESSIONS. ADDITIONALLY, OUR MOMS RECEIVED MORE THAN 1,100
LIFE SKILLS CLASSES FROM STAFF, VOLUNTEERS AND THROUGH ONLINE PROGRAMS.

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

WE AT GOOD COUNSEL HAVE HELPED HOMES OPEN IN 8 STATES IN RURAL, SUBURBAN AND URBAN AREAS. WE'VE ALSO HELPED GUIDE AND CONSULT WITH DOZENS MORE MATERNITY HOMES AROUND THE COUNTRY. GOOD COUNSEL HAS HELPED FORM A NATIONAL MATERNITY HOME COALITION TO FURTHER ASSIST WOMEN AND CHILDREN IN NEED.

THOUSANDS OF OTHERS HAVE BEEN HELPED IN PERSON THROUGH GOOD COUNSEL'S OUTREACH AND FOLLOW-UP PROGRAMS, OR OVER THE TELEPHONE.

GOOD COUNSEL 24/7 HELPLINE (1-800-723-8331), RECEIVES THOUSANDS OF CALLS EACH YEAR. MORE THAN 30,000 PEOPLE HAVE CALLED THIS 24/7 HELPLINE SINCE IT BEGAN. MANY ARE REFERRED TO OTHER HOUSING PROGRAMS OR COUNSELORS WHO CAN ASSIST EACH MOM TAKE THE NEXT GOOD STEP IN HER LIFE. DURING 2012 MORE THAN 3,260 CALLS WERE RECEIVED BY GOOD COUNSEL'S HELPLINE WORKERS.

DURING JULY 2012 GOOD COUNSEL HAD TO CLOSE A HOME ON STATEN ISLAND DUE TO DECREASING FINANCIAL SUPPORT. EVERY MOTHER IN THAT HOME WAS PLACED IN ANOTHER GOOD COUNSEL HOME. IN NEW YORK CITY, OUR HOME IS LOCATED IN THE SOUTH BRONX, THE POOREST CONGRESSIONAL DISTRICT OF THE UNITED STATES. THE OTHER HOMES ARE IN SPRING VALLEY, NY, A SUBURBAN COMMUNITY; THE DAYSTAR HOME IN HARRISON, NY, AND MOST RECENTLY, IN RIVERSIDE, NJ, ANOTHER SUBURBAN COMMUNITY WHICH IS JUST OUTSIDE OF CAMDEN, ONE OF AMERICA'S POOREST AND MOST DANGEROUS CITIES.

ON DECEMBER 8, 1999, GOOD COUNSEL OPENED THE DAYSTAR HOME ON THE GROUNDS OF A MENTAL HEALTH HOSPITAL WHERE MOTHERS RESIDE WHO HAVE SPECIAL PSYCHOLOGICAL OR ADDICTION NEEDS. MORE THAN 250 MOTHERS HAVE BEEN HELPED IN THIS UNIQUE HOME.

OUR EXPERIENCE COMPELS US TO HELP ANY PREGNANT MOTHER WHO CALLS. THAT CAN ONLY BE DONE WITH THE SUSTAINED FINANCIAL ASSISTANCE AND PRAYERS OF OUR FRIENDS. GOOD COUNSEL DEPENDS ON PRIVATE DONATIONS, THUS ALLOWING

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

US TO EXTEND OUR SERVICES TO ANY MOTHER IN NEED FROM ANY LOCATION. WE CAN HELP ANY PREGNANT MOTHER WHO CALLS ONLY WITH THE HELP OF OTHERS. IN ORDER TO HELP A GOOD COUNSEL MOM GET BACK TO SCHOOL OR WORK WHILE LIVING IN OUR HOME, ASSISTANCE IS ALSO PROVIDED WITH DAYCARE, EDUCATIONAL ADVANCEMENT, JOB TRAINING AND PLACEMENT, ALONG WITH COUNSELING AND THE NECESSARY COMPASSIONATE LOVE TO SUPPORTIVELY GUIDE MOTHERS WHO'VE BEEN REJECTED BY FAMILY AND FRIENDS.

THE GOOD COUNSEL MAIN ADMINISTRATIVE OFFICES ARE IN HOBOKEN, NJ, WHERE THE FIRST HOME OPENED IN 1985.

ALSO, THOUSANDS OF OTHERS HAVE BEEN HELPED BY A KIND, SUPPORTIVE GOOD COUNSEL VOICE ON THE PHONE THROUGH OUR NATIONAL HELPLINE OR IN PERSON THROUGH GOOD COUNSEL'S OUTREACH OR EXODUS FOLLOW-UP PROGRAM.

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

MEMBER OF THE STAFF. EACH MOM MAY CHOOSE WHO IS WITH HER DURING HER TIME OF DELIVERY. EVERY STEP OF THE WAY TRAINED GOOD COUNSEL STAFF HELP EACH MOM TO UNCOVER THE STRUGGLES AND STRAINS WHICH BROUGHT HER TO OUR DOORS AND GUIDE HER TOWARD A HEALTHIER, MORE PRODUCTIVE LIFE.

OF THE WOMEN LIVING IN GOOD COUNSEL DURING 2012, SOME TYPE OF PREVIOUS SEXUAL, PHYSICAL, OR EMOTIONAL ABUSE WAS REPORTED BY 63% AND 22% REPORTED HAVING AT LEAST ONE ABORTION. WE KNOW FROM EXPERIENCE AND SOCIOLOGICAL STUDIES THAT BOTH THESE NUMBERS ARE SIGNIFICANTLY UNDERREPORTED. GOOD COUNSEL CREATED A POST ABORTION MINISTRY, LUMINA/HOPE & HEALING AFTER ABORTION, WHICH ASSISTS NOT ONLY THOSE IN OUR HOMES, BUT ALSO MEN, WOMEN AND SIBLINGS AFFECTED BY ABORTION NATIONALLY: WWW.LUMINAHOPE.ORG

NEARLY 70% OF OUR RESIDENTIAL MOTHERS RECEIVED OUTSIDE PROFESSIONAL PSYCHOLOGICAL AND COUNSELING ASSISTANCE.

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| Name of the organization GOOD COUNSEL, INC. | Employer identification number 22-2831271 |
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GIVEN THE ENORMOUS CHALLENGES AND DIFFICULTIES MANY WOMEN HAVE FACED BEFORE COMING TO GOOD COUNSEL , WE STILL SAW MORE THAN HALF, 52%, OF GOOD COUNSEL RESIDENT MOTHERS WORKING AND MORE THAN ONE-THIRD, 35%, ADVANCED EDUCATIONALLY. WHAT IS PRICELESS AND CAN'T BE MEASURED IS THE AMOUNT OF GROWTH IN SELF-ESTEEM, A SENSE OF SECURITY AND SPIRITUAL GROWTH.

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

AS EACH MOTHER DESIRES AND EXPLORES HER RELATIONSHIP WITH GOD. WE SHARE THE GOSPEL MESSAGE OF JESUS CHRIST WHO SHOWS US A LOVING, MERCIFUL, FORGIVING GOD BRINGING US TOGETHER TO LIVE AND HELP EACH OTHER.

PAID STAFF OR VOLUNTEERS WITH PROFESSIONAL BACKGROUNDS, WITH EXPERTISE IN EACH AREA, PRESENT LIFE SKILLS CLASSES. ADDITIONALLY, MOTHERS ARE ABLE TO TAKE INDIVIDUAL ONLINE COURSES IN SOME OF THESE TOPICS INCLUDING PARENTING AND HEALTH. A MINIMUM OF THREE AND OFTEN FOUR GROUP CLASSES ARE TAUGHT IN EACH HOME EACH WEEK.

MORE THAN 1,150 LIFE SKILLS PROGRAMS WERE ADMINISTERED DURING 2012.

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.

INTAKE: ALL REFERRALS COME EITHER THROUGH OUR TOLL-FREE 24/7 HELPLINE, OR A SMALLER NUMBER THROUGH EMAIL. WITH A TOTAL OF 3,267 CALLS DURING 2012. 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

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| Name of the organization GOOD COUNSEL, INC. | Employer identification number 22-2831271 |
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WITH VARIOUS NEEDS AND MUCH IMMEDIATE 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.

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.

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

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| Name of the organization GOOD COUNSEL, INC. | Employer identification number 22-2831271 |
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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 \$ 187,616. 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 COMMITTEE OF THE BOARD OF DIRECTORS OF GOOD COUNSEL AND THE EXECUTIVE 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 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 12C: 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

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| Name of the organization GOOD COUNSEL, INC. | Employer identification number 22-2831271 |
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WORK IS DONE. THE BOARD SIGNS THE CONFLICT OF INTEREST POLICY AND DISCUSSES IT AS WELL.

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 DURING 2012. DURING THE PREVIOUS YEAR, 2011, THE FINANCE COMMITTEE REQUESTED OUTSIDE, INDEPENDENT AUDITORS TO REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR/PRESIDENT. A REVIEW OF OTHER SIMILAR AGENCIES IN THE REGION WERE ASCERTAINED BY OUR AUDITORS IN TERMS OF EXECUTIVE SALARY. A RANGE OF SIMILAR AGENCIES SALARIES WAS PRESENTED TO THE GOOD COUNSEL FINANCE COMMITTEE AND PASSED ALONG TO THE FULL GOOD COUNSEL BOARD OF DIRECTORS FOR REVIEW, DISCUSSION AND FINALLY APPROVAL. NOTHING WAS CHANGED IN TERMS OF THAT SALARY PLAN DURING 2012.

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 AND THE CONFLICT OF INTEREST POLICY ARE ONLY AVAILABLE UPON REQUEST.

PART XII, LINE 2 C

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

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| 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
- (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.

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 (if applicable) 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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
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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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| EVANGELIUM VITAE HOUSING DEVELOPMENT FUND CORPORATION - 26-4781329, 411 CLINTON STREET, HOBOKEN, NJ 07030 | OWNS BUILDING IN BRONX, NEW YORK, IN WHICH MOTHERS AND | NY | GOOD COUNSEL, INC. | C CORP | 0. | 0. | 100.00% | X | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | 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-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

EVANGELIUM VITAE HOUSING DEVELOPMENT FUND CORPORATION

PRIMARY ACTIVITY: OWNS BUILDING IN BRONX, NEW YORK, IN WHICH MOTHERS AND THEIR BABIES LIVE.

2012 DEPRECIATION AND AMORTIZATION REPORT

| 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 | 080195 | 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. | 1,010. | | 0. |
| 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. | 5,018. | | 64. |
| 51 | ARCHITECTS (HO) - ROBINSON | 03/01/05 | SL | 15.00 | 16 | 4,000. | | | 4,000. | 1,602. | | 267. |
| 52 | ENGINEERS (HOB) - ARTHUR MELTZER | 06/01/05 | SL | 15.00 | 16 | 14,646. | | | 14,646. | 5,856. | | 976. |
| 53 | KITCHEN RENOVATIONS (HOB) - FRANK MCCA | 07/01/05 | SL | 15.00 | 16 | 5,675. | | | 5,675. | 2,268. | | 378. |
| 54 | ENGINEERS (HOB) - ARTHUR MELTZER | 08/01/05 | SL | 15.00 | 16 | 3,022. | | | 3,022. | 1,206. | | 201. |
| 55 | KITCHEN RENOVATIONS (HOB) - FRANK MCCA | 09/01/05 | SL | 15.00 | 16 | 5,675. | | | 5,675. | 2,268. | | 378. |
| 56 | DONATED CABINETS (HOB) - FRANK MCCAN | 09/01/05 | SL | 15.00 | 16 | 13,857. | | | 13,857. | 5,544. | | 924. |
| 57 | HOB RENOVATIONS TEMP HELP - ADAM BR | 09/01/05 | SL | 15.00 | 16 | 4,840. | | | 4,840. | 1,938. | | 323. |
| 58 | HOB RENOVATIONS TEMP HELP - JOHN KO | 09/01/05 | SL | 15.00 | 16 | 30,749. | | | 30,749. | 12,300. | | 2,050. |
| 59 | HOB RENOVATIONS TEMP HELP - STASH B | 09/01/05 | SL | 15.00 | 16 | 15,788. | | | 15,788. | 6,318. | | 1,053. |
| 60 | HOB RENOVATIONS TEMP HELP - TADEUS | 09/01/05 | SL | 15.00 | 16 | 4,140. | | | 4,140. | 1,656. | | 276. |

2012 DEPRECIATION AND AMORTIZATION REPORT

| 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. | 1,534. | | 263. |
| 63 | RENOVATIONS (SV) | 04/26/06 | SL | 7.00 | 16 | 1,253. | | | 1,253. | 1,014. | | 179. |
| 64 | FLOOR (BR) | 12/01/06 | SL | 7.00 | 16 | 1,409. | | | 1,409. | 1,022. | | 201. |
| 65 | ROOF (SV) | 12/06/06 | SL | 15.00 | 16 | 4,940. | | | 4,940. | 1,672. | | 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) TELEPHONE SYSTEM | 12/01/06 | SL | 5.00 | 16 | 30,000. | | | 30,000. | 30,000. | | 0. |
| 76 | (POK) | 10/01/07 | SL | 3.00 | 16 | 9,898. | | | 9,898. | 9,898. | | 0. |
| 77 | FURNITURE | 01/01/07 | SL | 5.00 | 16 | 1,478. | | | 1,478. | 1,478. | | 0. |
| 78 | REFRIGERATOR DOOR AND FRAME | 09/01/07 | SL | 5.00 | 16 | 1,096. | | | 1,096. | 949. | | 147. |
| 79 | INSTALLATION | 10/01/07 | SL | 5.00 | 16 | 1,797. | | | 1,797. | 1,526. | | 271. |
| 80 | REFRIGERATOR & FREEZER | 10/01/07 | SL | 5.00 | 16 | 1,208. | | | 1,208. | 1,028. | | 180. |
| 81 | FURNITURE | 12/01/07 | SL | 5.00 | 16 | 20,000. | | | 20,000. | 16,333. | | 3,667. |

| 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. | 27,408. | | 8,889. |
| 84 | BATHROOM RENOVATIONS (POK) | 121508 | SL | 7.00 | 16 | 8,484. | | | 8,484. | 3,737. | | 1,212. |
| 85 | 2003 DODGE CARAVAN (SV) | 121508 | SL | 3.00 | 16 | 8,621. | | | 8,621. | 8,621. | | 0. |
| 86 | CHEVY IMPALA | 121508 | SL | 3.00 | 16 | 6,821. | | | 6,821. | 6,821. | | 0. |
| 87 | FURNITURE | 121508 | SL | 3.00 | 16 | 20,000. | | | 20,000. | 20,000. | | 0. |
| 88 | BUILDING (BR) | 060109 | SL | 39.00 | 16 | 577,000. | | | 577,000. | 38,220. | | 14,795. |
| 89 | FLOOR (SI) | 070109 | SL | 7.00 | 16 | 4,398. | | | 4,398. | 1,570. | | 628. |
| 90 | CAR-2005 CHEVY IMPALA (S. MONA) | 090109 | SL | 3.00 | 16 | 8,800. | | | 8,800. | 6,844. | | 1,956. |
| 91 | FURNITURE | 121509 | SL | 3.00 | 16 | 10,500. | | | 10,500. | 7,292. | | 3,208. |
| 92 | LEASEHOLD IMPROVEMENTS | 060109 | SL | 39.00 | 16 | 8,054. | | | 8,054. | 534. | | 207. |
| 93 | SOUTH JERSEY RENOVATIONS | 063010 | SL | 39.00 | 16 | 34,893. | | | 34,893. | 1,342. | | 895. |
| 94 | FURNITURE | 123010 | SL | 3.00 | 16 | 10,500. | | | 10,500. | 3,500. | | 3,500. |
| 95 | FIRE ALARM SYSTEM | 031510 | SL | 5.00 | 16 | 4,910. | | | 4,910. | 1,800. | | 982. |
| 96 | WASHER & DRYER | 032010 | SL | 5.00 | 16 | 1,097. | | | 1,097. | 384. | | 219. |
| 97 | WASHER & DRYER | 060510 | SL | 5.00 | 16 | 1,166. | | | 1,166. | 369. | | 233. |
| 98 | ALARM SYSTEM | 100510 | SL | 5.00 | 16 | 4,800. | | | 4,800. | 1,200. | | 960. |
| 99 | SPRINKLER SYSTEM | 102010 | SL | 5.00 | 16 | 15,873. | | | 15,873. | 3,704. | | 3,175. |

| 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 |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 100 | SPRINKLER SYSTEM | 101510 | SL | 5.00 | 16 | 10,000. | | | 10,000. | 2,500. | | 2,000. |
| 101 | FURNITURE | 063011 | SL | 3.00 | 16 | 12,500. | | | 12,500. | 2,083. | | 4,167. |
| 102 | MINIBUS OIL TANK FEEDER | 123011 | SL | 3.00 | 16 | 4,000. | | | 4,000. | | | 1,333. |
| 103 | CUT-OFF REPLACEMENT 2007 CHRYSLER TOWN | 030411 | SL | 5.00 | 16 | 2,018. | | | 2,018. | 336. | | 404. |
| 104 | & COUNTRY MINIVAN OIL TANK SUCTION | 030211 | SL | 5.00 | 16 | 11,340. | | | 11,340. | 1,890. | | 2,268. |
| 105 | AND RETURN LINES WASTE PIPE AND | 031111 | SL | 5.00 | 16 | 3,345. | | | 3,345. | 558. | | 669. |
| 106 | FITTINGS | 042611 | SL | 5.00 | 16 | 2,243. | | | 2,243. | 299. | | 449. |
| 107 | ELECTRICAL WORK | 050211 | SL | 5.00 | 16 | 990. | | | 990. | 132. | | 198. |
| 108 | GAS STOVE | 082411 | SL | 5.00 | 16 | 1,791. | | | 1,791. | 119. | | 358. |
| 109 | AIR CONDITIONERS | 092611 | SL | 5.00 | 16 | 1,555. | | | 1,555. | 78. | | 311. |
| 110 | SECURITY CAMERAS | 121511 | SL | 5.00 | 16 | 1,250. | | | 1,250. | 21. | | 250. |
| 111 | WATER HEATER | 122711 | SL | 5.00 | 16 | 2,150. | | | 2,150. | | | 430. |
| 112 | SECURITY SYSTEM | 010811 | SL | 5.00 | 16 | 5,430. | | | 5,430. | 1,086. | | 1,086. |
| 113 | PHONE SYSTEM | 012511 | SL | 5.00 | 16 | 2,619. | | | 2,619. | 480. | | 524. |
| 114 | RENOVATIONS | 022411 | SL | 5.00 | 16 | 4,400. | | | 4,400. | 733. | | 880. |
| 115 | ELECTRICAL WORK | 041911 | SL | 5.00 | 16 | 8,978. | | | 8,978. | 1,197. | | 1,796. |
| 116 | FIRE SPRINKLER & ALARM | 051811 | SL | 5.00 | 16 | 4,652. | | | 4,652. | 543. | | 930. |
| 117 | CONSTRUCTION AND FENCE | 060711 | SL | 5.00 | 16 | 5,593. | | | 5,593. | 653. | | 1,119. |

| 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 |
|-----------|----------------------------------|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 118 | CONSTRUCTION AND FENCE | 062111 | SL | 5.00 | 16 | 1,897. | | | 1,897. | 190. | | 379. |
| 119 | 2002 HUNDYAI ELANTRA | 072611 | SL | 5.00 | 16 | 5,782. | | | 5,782. | 482. | | 1,156. |
| 120 | 2002 KIA MINIVAN | 080311 | SL | 5.00 | 16 | 6,987. | | | 6,987. | 582. | | 1,397. |
| 121 | SECURITY CAMERAS | 010912 | SL | 5.00 | 16 | 3,246. | | | 3,246. | | | 649. |
| 122 | SECURITY CAMERAS | 010912 | SL | 5.00 | 16 | 6,008. | | | 6,008. | | | 1,202. |
| 123 | DOOR LOCKS | 122112 | SL | 5.00 | 16 | 1,280. | | | 1,280. | | | 0. |
| 124 | TELEPHONE SYSTEM | 062612 | SL | 5.00 | 16 | 3,506. | | | 3,506. | | | 351. |
| 125 | DONATED FURNITURE | 063012 | SL | 5.00 | 16 | 17,500. | | | 17,500. | | | 1,750. |
| | * TOTAL 990 PAGE 10 DEPR & AMORT | | | | | 1,533,219. | | 0. | 1,533,219. | 674,668. | 0. | 79,042. |