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Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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.		D Employer identification number 22-2831271
	Doing Business As		E Telephone number 201-795-0637
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,345,663.
	411 CLINTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code HOBOKEN, NJ 07030		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: CHRISTOPHER BELL SAME AS C ABOVE		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		L Year of formation: 1985 M State of legal domicile: NJ	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	85
	6 Total number of volunteers (estimate if necessary)	6	240
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,441,262.	Current Year 3,879,247.
	9 Program service revenue (Part VIII, line 2g)	76,363.	64,687.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	252.	407.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,161.	297,727.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,813,038.	4,242,068.
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)	2,702,881.	2,645,552.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	66,605.	141,277.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 489,816.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,210,924.	1,221,705.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,980,410.	4,008,534.	
19 Revenue less expenses. Subtract line 18 from line 12	-167,372.	233,534.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,428,283.	End of Year 2,808,425.
	21 Total liabilities (Part X, line 26)	233,033.	236,202.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,195,250.	2,572,223.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CHRISTOPHER BELL, EXECUTIVE DIRECTOR				
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 EIN ▶ 27-1728945	Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 07652-1412		
					Phone no. (201) 712-9800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GOOD 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 \$ 1,647,650. including grants of \$) (Revenue \$ 64,687.) HOUSING: GOOD COUNSEL'S HOMES ALLOW ANY WOMAN WHO'S PREGNANT AND IN NEED TO ENTER. THIS OPEN INTAKE IS CHALLENGING FOR ALL, BUT IT IS OUR RAISON D'ETRA TO BE HERE FOR THE MOM WHO NEEDS HELP. WOMEN AND SOCIAL SERVICE PROVIDERS FIND GOOD COUNSEL, AND YOU CAN TOO, BY VISITING WWW.GOODCOUNSELHOMES.ORG OR GOING TO WWW.YOUTUBE.COM OR FACEBOOK AND SEARCHING FOR GOOD COUNSEL HOMES. IF YOU'D LIKE TO PERSONALLY SEE AND VISIT, BEST TO MAKE AN APPOINTMENT THROUGH OUR OFFICE AT 201.795.0637. OUR NATIONAL HELPLINE FOR MOTHERS IN NEED IS 1.800.723.8331 AND ANSWERED 24 HOURS A DAY 7 DAYS A WEEK. GOOD COUNSEL OPENED ITS FIRST DOOR IN A FORMER CONVENT IN HOBOKEN, NJ ON A SUNDAY, MARCH 10, 1985 AND HAS BEEN BLESSED TO SEE SOME 6,230

4b (Code:) (Expenses \$ 728,768. including grants of \$) (Revenue \$) COUNSELING: A TYPICAL DEFINITION OF COUNSELING: "ADVICE AND SUPPORT GIVEN TO HELP OTHERS WITH PROBLEMS OR TO MAKE IMPORTANT DECISIONS." A SECONDARY DEFINITION IS "PROFESSIONAL GUIDANCE USING PSYCHOLOGICAL METHODS COLLECTING PERSONAL HISTORY, COMPARING TO OTHERS, AND USING VARIOUS TECHNIQUES INCLUDING WRITTEN TESTS." BOTH FORMS OF COUNSELING ARE COMMONLY EMPLOYED AT GOOD COUNSEL. A WOMAN CALLING GOOD COUNSEL IS TYPICALLY EXPERIENCING MULTIPLE CRISES. PREGNANCY IS USUALLY THE LEAST OF HER CHALLENGES. ALTHOUGH IT IS OFTEN THE PRECIPITATING FACTOR FOR HER CALL AND ENTRANCE INTO A GOOD COUNSEL HOME. IT IS THE PREGNANCY WHICH SPARKS THE BIG CONTROVERSY: "IF YOU'RE BRINGING THAT BABY INTO THIS WORLD GET OUT OF THIS HOUSE!"

4c (Code:) (Expenses \$ 602,026. including grants of \$) (Revenue \$) LIFE SKILLS PROGRAMS: THE 1,111 LIFE SKILLS PROGRAMS GOOD COUNSEL MOTHERS RECEIVED DURING 2013 HELP INCREASE EACH MOM'S HOME BASED AND OUTSIDE PROFESSIONAL WORK RELATIONSHIPS. GOOD COUNSEL'S LIFE SKILLS PROGRAMS ARE PRESENTED FORMALLY THREE OR FOUR EVENINGS EACH WEEK IN EACH OF THE FOUR GOOD COUNSEL HOMES. THESE AREAS INCLUDE PROPER NUTRITION AND COOKING, CHILD GROWTH AND DEVELOPMENT, HEALTH AND SOCIAL SKILLS. SPECIFIC CURRICULUM ARE PREPARED FOR GOOD COUNSEL MOTHERS. PERSONAL FINANCE IS TAUGHT INDIVIDUALLY HELPING EACH MOTHER DEVELOP AND FOLLOW A PERSONAL BUDGET. SPIRITUALITY IS SHARED FORMALLY IN GROUP MEETINGS AND INDIVIDUALLY AS EACH MOTHER DESIRES AND EXPLORES HER RELATIONSHIP WITH GOD. BESIDES

4d Other program services (Describe in Schedule O.) (Expenses \$ 190,113. including grants of \$) (Revenue \$)

4e Total program service expenses 3,168,557.

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 other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to 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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) VINCENT STEMPER, JR. DIRECTOR	2.00	X						0.	0.	0.
(4) PATRICIA DONAHOE DIRECTOR	2.00	X						0.	0.	0.
(5) REV. BERNARD MURPHY DIRECTOR	2.00	X						0.	0.	0.
(6) MARION GLENNON - RESIGNED MAY, SECRETARY	2.00	X		X				0.	0.	0.
(7) ANDREW CASH TREASURER	2.00	X		X				0.	0.	0.
(8) PETER SHEA DIRECTOR	2.00	X						0.	0.	0.
(9) REV. MARIUS KOCH DIRECTOR	2.00	X						0.	0.	0.
(10) MARK SWARTZBERG VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(11) SEAN FLANAGAN DIRECTOR	2.00	X						0.	0.	0.
(12) LEONARD CRANN SECRETARY	2.00	X		X				0.	0.	0.
(13) THOMAS KOLENBERG DIRECTOR	2.00	X						0.	0.	0.
(14) BRENDA QUINN DIRECTOR - RESIGNED NOV., 2013	2.00	X						0.	0.	0.
(15) CHRISTOPHER BELL EXECUTIVE DIRECTOR	40.00			X				110,000.	0.	25,914.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	28,462.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,345.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,845,440.			
	g Noncash contributions included in lines 1a-1f: \$		518,414.			
	h Total. Add lines 1a-1f		3,879,247.			
	Program Service Revenue	2 a RESIDENT FEES	Business Code			
		721310	64,687.	64,687.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		64,687.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		407.		407.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 28,462. of contributions reported on line 1c). See Part IV, line 18	a	401,322.			
		b Less: direct expenses	b	103,595.		
c Net income or (loss) from fundraising events			297,727.		297,727.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		4,242,068.	64,687.	0.	298,134.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	135,914.	115,527.	10,194.	10,193.
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	1,864,173.	1,584,547.	139,813.	139,813.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	400,485.	333,123.	33,681.	33,681.
10 Payroll taxes	244,980.	207,359.	18,810.	18,811.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,500.	3,010.	10,535.	7,955.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	141,277.			141,277.
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.)	24,725.	3,461.	12,115.	9,149.
12 Advertising and promotion	41,644.	27,901.	6,663.	7,080.
13 Office expenses	372,989.	247,541.	61,595.	63,853.
14 Information technology				
15 Royalties				
16 Occupancy	270,712.	260,486.	5,113.	5,113.
17 Travel	38,306.	29,354.	4,476.	4,476.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,392.	5,508.	2,390.	2,494.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,392.	80,392.		
23 Insurance	131,035.	116,103.	7,466.	7,466.
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	114,574.	63,016.	25,206.	26,352.
b MISCELLANEOUS	69,472.	55,903.	6,785.	6,784.
c EQUIPMENT RENTAL & MAIN	30,592.	19,954.	5,319.	5,319.
d DIRECT ASSISTANCE PROGR	15,372.	15,372.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,008,534.	3,168,557.	350,161.	489,816.
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)	439,246.	261,554.	84,402.	93,290.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	363,469.	1	295,450.	
	2 Savings and temporary cash investments	901,140.	2	1,290,361.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	394,103.	4	323,674.	
	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		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,362.	9	2,720.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,609,437.			
	b Less: accumulated depreciation	10b 866,802.	748,309.	10c	742,635.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	77,038.	12	83,573.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	69,826.	15	70,012.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,428,283.	16	2,808,425.		
Liabilities	17 Accounts payable and accrued expenses	165,728.	17	176,719.	
	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	67,305.	25	59,483.	
	26 Total liabilities. Add lines 17 through 25	233,033.	26	236,202.	
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	4,413,412.	27	1,829,944.	
	28 Temporarily restricted net assets	781,838.	28	742,279.	
	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	5,195,250.	33	2,572,223.		
34 Total liabilities and net assets/fund balances	5,428,283.	34	2,808,425.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,242,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,008,534.
3	Revenue less expenses. Subtract line 2 from line 1	3	233,534.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,195,250.
5	Net unrealized gains (losses) on investments	5	14,475.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,871,036.
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	2,572,223.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,023,345.	4,024,575.	3,627,584.	3,441,262.	3,879,247.	18,996,013.
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	4,023,345.	4,024,575.	3,627,584.	3,441,262.	3,879,247.	18,996,013.
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)						725,054.
6 Public support. Subtract line 5 from line 4.						18,270,959.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,023,345.	4,024,575.	3,627,584.	3,441,262.	3,879,247.	18,996,013.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,755.	1,007.	850.	491.	407.	7,510.
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						19,003,523.
12 Gross receipts from related activities, etc. (see instructions)					12	324,182.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	96.15	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.**

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

OMB No. 1545-0047

2013

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:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		577,000.	66,577.	510,423.
c Leasehold improvements		429,210.	320,848.	108,362.
d Equipment		603,227.	479,377.	123,850.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				742,635.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ANNUITANT	59,483.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,483.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,309,943.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	14,475.
b	Donated services and use of facilities	2b	53,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	67,875.
3	Subtract line 2e from line 1	3	4,242,068.
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	4,242,068.

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

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

1	Total expenses and losses per audited financial statements	1	4,061,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	53,400.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	53,400.
3	Subtract line 2e from line 1	3	4,008,534.
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	4,008,534.

Part XIII Supplemental Information.

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:

EXPLANATION: 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 2010.

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
		BALL FOR LIFE	CAMDEN BENEFIT	6	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	123,742.	87,137.	218,905.	429,784.
	2 Less: Contributions	9,420.	0.	19,042.	28,462.
	3 Gross income (line 1 minus line 2)	114,322.	87,137.	199,863.	401,322.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	26,828.	9,667.	29,495.	65,990.
	8 Entertainment	3,000.		3,000.	6,000.
	9 Other direct expenses	12,825.	3,782.	14,998.	31,605.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				103,595.
	11 Net income summary. Subtract line 10 from line 3, column (d)				297,727.

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. Subtract line 7 from line 1, column (d)					

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.** 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

2013

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

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	4	476,714.	FAIR MARKET VALUE
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	41,700.	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.

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

OMB No. 1545-0047

2013

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:

WOMEN AND CHILDREN UNDER OUR ROOF FOR MORE THAN 600,000 NIGHTS OF
SHELTER. WHAT STARTED AS A HOME SOLELY FOR POST-PARTUM MOTHERS SOON
BECAME A HOME FOR PREGNANT MOMS AS WELL AS PREGNANT MOMS WITH OTHER
BORN CHILDREN. IN THE MID-1980S THIS WAS A NOVELTY, BUT TODAY, HAPPILY,
THIS IS MORE THE NORM AMONG MATERNITY HOMES ACROSS THE UNITED STATES.
DURING 2013, GOOD COUNSEL HAD FOUR HOMES, ONE EACH IN THE BRONX,
HARRISON AND SPRING VALLEY, NY AND RIVERSIDE, NJ. IN THE HOMES, GOOD
COUNSEL WELCOMED 30 NEWBORNS INTO THE WORLD. THIS PAST YEAR MANY WOMEN
CAME THROUGH GOOD COUNSEL FOR A BRIEF TIME TRANSITIONING TO ANOTHER
PLACEMENT AS WE TAKE ANYONE IN CASE OF EMERGENCY. OF THE MOTHERS WHO
STAYED LONGER THAN 30 DAYS, 102 EXACTLY, SIX HAD GIVEN BIRTH JUST PRIOR
TO ENTERING AND WOULD NOT HAVE BEEN ALLOWED TO LEAVE THE HOSPITAL WITH
THEIR CHILD HAD GOOD COUNSEL NOT OFFERED TO BECOME A HOME AND FAMILY.
ADDITIONALLY, 75 TODDLERS ENTERED OUR HOMES WITH THE MOMS WHO WERE
PREGNANT.

FOR MOMS WHO WERE ABLE TO SUCCEED IN THE GOALS OF GIVING BIRTH, GETTING
A JOB AND MOVING OUT INTO AN APARTMENT, THE AVERAGE LENGTH OF STAY WAS

Name of the organization GOOD COUNSEL, INC.	Employer identification number 22-2831271
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14.5 MONTHS, A RECORD HIGH. THIS MEANS A SUCCESSFUL MOM WAS ABLE TO TAKE FULL ADVANTAGE OF OUR LIFE SKILLS PROGRAMS, DISCUSSED FURTHER BELOW, AS WELL AS SAVE AND GROW PERSONALLY LIKE JASMON. JASMON WAS IN A DOMESTIC VIOLENCE SITUATION, WAS PREGNANT AND HAD TWO SMALL TODDLERS. SHE LEFT AND WENT TO A FRIEND'S HOME BEFORE ENTERING A SHELTER. IT WAS A NIGHTMARE AND FRIGHTENING FOR HER AND HER CHILDREN. SHE ALSO WAS UNABLE TO GET PRE-NATAL CARE. SHE KNEW SHE DID NOT WANT TO RETURN TO THE ABUSIVE APARTMENT, BUT SHE DESPERATELY WAS LOSING HOPE OF MOVING FORWARD. SHE FOUND GOOD COUNSEL IN AN ONLINE SEARCH AND CALLED THE HELPLINE. SHE WAS QUICKLY WELCOMED INTO A HOME AND WAS EVER GRATEFUL. DURING HER TIME IN THE HOME SHE FOUND A JOB, PUT HER OLDEST DAUGHTER IN PRE-SCHOOL AND GAVE BIRTH TO A HEALTHY, BEAUTIFUL BOY. TODAY, SHE'S EXTREMELY HAPPY AND GRATEFUL. SHE SHARES THE HOPE SHE FOUND AT GOOD COUNSEL TO ANYONE WHO WILL LISTEN. SHE THANKS GOD FOR ALL SHE HAS TODAY.

OTHER MOMS WHO COME TO GOOD COUNSEL ALSO HAVE AN OPEN CHILD PROTECTIVE CASE WHEN ENTERING OUR HOME. THIS MEANS THE STATE SOCIAL SERVICE DEPARTMENT MAY HAVE THEIR CHILD IN FOSTER CARE. GOOD COUNSEL'S HOMES ALLOW A MOM THE OPPORTUNITY TO REUNITE WITH THAT CHILD BECAUSE OF COUNSELING AND LIFE SKILLS PROGRAMS WE ARE ABLE TO OFFER THANKS TO YOUR HELP AND SUPPORT.

DURING 2013, THE TOTAL NUMBER OF NIGHTS MOTHERS AND CHILDREN STAYED WITH US WAS 32,688. THE OCCUPANCY RATE WAS AGAIN EXTREMELY HIGH AT 107%. HOW CAN A HOME HAVE MORE THAN 100% OF ITS ROOMS FILLED? YOU MAY CALL THIS THE MULTIPLICATION OF THE BEDS. SINCE GOOD COUNSEL IS HERE FOR THE MOTHERS AND BABIES FIRST, WHEN A MOTHER IS LITERALLY ON THE STREET OR IS UNSAFE, REGARDLESS OF WHERE SHE IS FROM OR HOW SHE FOUND HERSELF IN SUCH A DESPERATE SITUATION, WE SIMPLY HAVE TO TAKE HER IN,

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IMMEDIATELY, AND WE'LL USE A COUCH IN THE LIVING ROOM OR PUT A COT IN THE NURSERY OR AN OFFICE. SOMETIMES WE USE OUR CHAPEL. IT'S A GREAT PLACE TO PRAY AND REST EVEN DURING THE DAY :

WITH NEARLY THREE-QUARTERS OF MOTHERS, 73%, REPORTING SOME FORM OF ABUSE BEFORE ENTERING OUR HOME, THERE'S EVERY REASON TO OFFER A SAFE ROOM, EVEN IF IT ISN'T EXACTLY A BEDROOM.

WHEN A MOM ENTERS, AFTER SHE IS MADE COMFORTABLE AND ANY IMMEDIATE NEEDS OF FOOD, CLOTHING AND MEDICAL NEEDS ARE ADDRESSED, ONLINE COMPUTER PROGRAMS ARE USED TO ASSESS EDUCATIONAL ABILITIES AND VOCATIONAL PROCLIVITIES. GOALS FOR SCHOOL AND WORK ARE SET.

ADDITIONALLY PERSONALITY AND PSYCHOLOGICAL PROFILES ARE REVIEWED AND PROFESSIONAL PSYCHOLOGICAL EVALUATIONS ARE RECOMMENDED WHEN NECESSARY.

GOOD COUNSEL STAFF OFFERED 8,109 FORMAL ONE-ON-ONE COUNSELING SESSIONS DURING 2013.

STAFF OR VOLUNTEERS, SOME PROFESSIONAL VOLUNTEERS IN THEIR FIELDS, TAUGHT, OR ONLINE PROGRAMS WERE TAKEN, IN 1,111 LIFE SKILL CLASSES INCLUDING HEALTH, NUTRITION, PARENTING, SOCIAL SKILLS, AND CHASTITY.

SPIRITUALITY IS TAUGHT, BUT MORE ACCURATELY SHARED AND DISCUSSED AS MOTHERS LEARN TO GROW IN THEIR RELATIONSHIP WITH GOD. MONEY MANAGEMENT IS INDIVIDUALLY EXPLAINED AND MONITORED WITH EACH MOM CREATING HER OWN PERSONAL BUDGET AND BANK ACCOUNT.

SELF CARE AND SOCIAL RELATIONSHIPS ARE ALL PARTS OF LIFE SKILLS.

ADDITIONALLY, DAILY COOKING, CLEANING, HOUSEHOLD CHORES AND FAMILY LIVING ARE ROUTINELY LEARNED BY DOING.

HALF OF THE MOMS WERE ABLE TO FIND EMPLOYMENT WHILE LIVING IN OUR HOME.

A FULL THIRD OF ALL THOSE STAYING 30 DAYS OR LONGER WERE ABLE TO ADVANCE EDUCATIONALLY AS WELL.

WHILE A MOTHER IS AT SCHOOL OR WORK, BABY SITTING IS OFFERED FREE IN

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OUR HOME. THIS INCLUDES THOSE WHO ARE AT SCHOOL OR WORK IN THE EVENING OR ON WEEKENDS.

DINNER IS A FAMILY AFFAIR WITH EVERYONE IN THE HOME EATING TOGETHER.

ONE OR TWO OF THE MOTHERS PREPARE WITH ALL CLEANING UP.

ALSO GOOD COUNSEL MOTHERS VOLUNTEERED IN THE COMMUNITY AT VARIOUS SHELTERS OR FOOD PANTRIES LEARNING TO GIVE WHAT WAS RECEIVED.

THE EMOTIONAL AND SPIRITUAL CHALLENGES, NOT TO MENTION THE PHYSICAL ABUSE INFLICTED, ON MANY IF NOT NEARLY ALL MOMS ENTERING GOOD COUNSEL TRULY CANNOT BE MEASURED, BUT COMPASSIONATE CARE CAN BE OFFERED AS WE FOLLOW JESUS' COMMAND TO LOVE OTHERS AS WE LOVE OURSELVES.

THANKS TO SUPPORTIVE FRIENDS WHO HELP US, LIKE YOU, GOOD COUNSEL CAN CONTINUE.

IT IS IMPORTANT TO NOTE THAT ANY PREGNANT MOM WHO CALLS GOOD COUNSEL, WHETHER SHE'S STRUGGLING WITH MENTAL HEALTH ISSUES OR ADDICTIONS, CAN FIND CONCRETE HELP AND HOPE UNDER A GOOD COUNSEL ROOF. GOOD COUNSEL IS OFFERING A WARM, WELCOMING HEART ALONG WITH A HAND UP TO LEARN THE TOOLS IN ORDER TO MAKE THE NEXT BEST MOVE IN HER LIFE. WITH YOUR HELPFUL HAND AND WARM HEART GOOD COUNSEL WILL CONTINUE AND EVEN DO MORE.

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

GOOD COUNSEL'S INITIAL GOAL IS TO MAKE EACH MOTHER FEEL PART OF THE FAMILY IN HER NEW GOOD COUNSEL HOME. SHE WILL BEGIN A UNIQUE RELATIONSHIP WITH ONE CASE MANAGER. HER CASE MANAGER WILL GUIDE HER AND, USING ONLINE TESTS, ESTABLISH EACH MOM'S EDUCATIONAL LEVEL, VOCATIONAL STRENGTHS AS WELL AS HER BASIC PSYCHOLOGICAL BALANCE.

OVERALL RESULTS FROM THE TESTS ALONG WITH DAILY OBSERVATIONS AND FORMAL ONE-ON-ONE COUNSELING SESSIONS LEAD TOWARD GOAL MAKING FOR THE NEXT

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GOOD STEPS FOR EACH MOM TO TAKE KNOWING THAT IN ABOUT A YEAR SHE AND HER CHILD WILL BE MOVING TO THE NEXT STAGE OF HER LIFE AFTER GOOD COUNSEL.

GOOD COUNSEL STAFF OFFERED 8,109 FORMAL INDIVIDUAL COUNSELING SESSIONS FOR THE MOTHERS IN OUR HOMES DURING 2013.

ALL MOMS NEED TO SEE A DOCTOR AS 94% ENTER OUR HOME PREGNANT AND THE REMAINING 6% HAVE JUST GIVEN BIRTH WITHIN THE PAST FEW WEEKS. NEARLY THREE-QUARTERS OF MOTHERS, 73%, REPORT SOME FORM OF ABUSE BEFORE ENTERING OUR HOME DURING 2013. THIS WOULD INCLUDE VERBAL, MENTAL, EMOTIONAL, AS WELL AS PHYSICAL AND SEXUAL ABUSE. DOMESTIC VIOLENCE IS EXTREMELY COMMON AMONG THE FAMILIES OF GOOD COUNSEL MOTHERS EITHER HAVING GROWN UP IN A SERIOUSLY ABUSIVE HOME OR HAVING BEEN PART OF A RELATIONSHIP WHICH WAS SERIOUSLY ABUSIVE.

IN GOOD COUNSEL'S DAYSTAR PROGRAM, LOCATED IN OUR HARRISON, NY HOME, ALL MOTHER'S ENTERING HAVE A MENTAL HEALTH DIAGNOSIS AND ALSO MAY HAVE A DUAL DIAGNOSIS OF A DRUG OR ALCOHOL ADDICTION. EACH MOTHER IN THAT HOME WILL RECEIVE PROFESSIONAL HELP AT THE NEARBY, WITHIN WALKING DISTANCE, HOSPITAL WHICH SOLELY SPECIALIZES IN MENTAL HEALTH AND ADDICTION. IN THE OTHER THREE GOOD COUNSEL HOMES THERE ARE MOTHERS WITH SIMILAR SPECIAL NEEDS AND LOCAL PROFESSIONALS ARE UTILIZED. GOOD COUNSEL STAFF ARE TRAINED IN HOW BEST TO WORK WITH SPECIAL NEEDS MOTHERS.

IN TOTAL, 62% OF GOOD COUNSEL MOTHERS SAW AN OUTSIDE PROFESSIONAL FOR COUNSELING OR THERAPY. IN SOME CASES IT TAKES A PARTICULAR TALENT TO ENCOURAGE ONE WHO IS IN NEED AND MAY BE PARANOID OR SCHIZOPHRENIC JUST TO GET TO SEE A MENTAL HEALTH PROFESSIONAL.

MORE THAN ONE-FIFTH OF GOOD COUNSEL MOTHERS, 21%, HAVE REPORTED HAVING HAD AT LEAST ONE ABORTION. BECAUSE OF THE STIGMA ATTACHED HERE, THE

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ACTUAL NUMBER OF WOMEN HAVING AN ABORTION IS MUCH HIGHER AND COULD BE NEARLY HALF OF ALL GOOD COUNSEL MOTHERS. SINCE MANY OF THE WOMEN FIRST ENTERING GOOD COUNSEL WHEN IT FIRST OPENED ITS DOORS DURING 1985 HAD AN ABORTION, SOME POST-ABORTION COUNSELING AND HEALING PROGRAMS WERE USED. EVENTUALLY, GOOD COUNSEL BEGAN ITS LUMINA PROGRAM. LUMINA MEANS LIGHT AND STANDS FOR THE LIGHT AT THE END OF THE TUNNEL OR MORE IMPORTANTLY THE HEALING AND FORGIVING LIGHT OF CHRIST WHO CAME TO OFFER GOD'S MERCY TO ALL.

LUMINA IS NOT JUST A PROGRAM OF COUNSELING FOR GOOD COUNSEL MOTHERS. TODAY, LUMINA HAS ITS OWN NATIONAL HELPLINE AND ONLINE PROGRAMS FOR WOMEN, MEN AND SIBLINGS AFFECTED BY ABORTION. MORE IS EXPLAINED ABOUT LUMINA BELOW AND CAN BE FOUND AT WWW.POSTABORTIONHELP.ORG OR BY CALLING THE CONFIDENTIAL NATIONAL HELPLINE 1.877.LUMINA-1.

EDUCATIONALLY, ABOUT HALF OF THE MOTHERS ENTERING GOOD COUNSEL HAVE NOT FINISHED HIGH SCHOOL AND NEED FURTHER ASSISTANCE TO IMPROVE READING AND MATH. EDUCATIONAL COUNSELING IS OFFERED BOTH INSIDE THE GOOD COUNSEL HOME BY STAFF AND VOLUNTEERS AS WELL AS THROUGH OUTSIDE COMMUNITY RESOURCES.

OVERALL, A GOOD COUNSEL HOME IS A PLACE TO LEARN THROUGH DAILY LIVING AND WORKING, REFLECTING AND RELATING TO OTHERS. WITH THE HELP OF GOD, ALL GOOD THINGS ARE POSSIBLE.

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

THOSE TEACHING THE SPIRITUALITY PROGRAM, GOOD COUNSEL STAFF SHARE A LOVING, MERCIFUL, FORGIVING GOD WHO BRINGS US TOGETHER TO LIVE FOR EACH OTHER.

ADDITIONALLY, MOTHERS ARE ABLE TO TAKE INDIVIDUAL ONLINE CLASSES IN SUCH AREAS AS HEALTH AND PARENTING.

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STAFF ALL MAKE A CONCERTED EFFORT TO HELP FORM EACH MOTHER IN PROPER SELF CARE AND SOCIAL RELATIONSHIPS. COMMON HABITS FORMED IN A FAMILY SUCH AS DAILY COOKING, CLEANING, HOUSEHOLD CHORES AND FAMILY LIVING ARE ROUTINELY LEARNED BY DOING.

DINNER IS A FAMILY AFFAIR WITH EVERYONE IN THE HOME EATING TOGETHER. ONE OR TWO OF THE MOTHERS PREPARE, WITH ALL CLEANING UP.

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

IN ADDITION TO PROGRAMS ALREADY MENTIONED, THERE ARE OTHER SIGNIFICANT PROGRAMS AT GOOD COUNSEL, SOME OF WHICH HAVE GROWN OUT OF THE NEEDS MANY MOTHERS AND THEIR CHILDREN HAVE EXPRESSED IN OUR HOMES.

INTAKE: MOTHERS IN NEED MOSTLY HEAR ABOUT GOOD COUNSEL THROUGH OTHER FRIENDS OR BY SEARCHING ONLINE WHILE OTHERS COME TO US THROUGH

REFERRALS BY SOCIAL WORKERS IN HOSPITALS OR CLINICS AND VOLUNTEERS IN PREGNANCY CENTERS. ALL REFERRALS COME THROUGH GOOD COUNSEL'S INTAKE

STAFF WHO ANSWER OUR NATIONAL HELPLINE 1.800.723.8331 EVERY HOUR OF EVERY DAY. DURING 2013, A SMALLER NUMBER OF REFERRALS CAME DIRECTLY

THROUGH EMAILS. THE TOTAL INTAKE CONTACTS DURING 2013 WERE 3,267 OR

62.8 CONTACTS PER WEEK WHICH IS A SIGNIFICANT INCREASE FROM 2010 WHEN THERE WAS A TOTAL OF 2,826 CALLS FOR THE YEAR OR 54 PER WEEK.

CALLS CAN RESULT IN SCHEDULING AN INTERVIEW AT A GOOD COUNSEL HOME,

WHILE SOME MOTHERS ARE DIRECTED TO A HOME IMMEDIATELY BECAUSE OF AN

EMERGENCY SITUATION. ADDITIONALLY, REFERRALS ARE MADE TO OTHER PROGRAMS

OR HOMES AROUND THE COUNTRY FOR THOSE WITH VARIOUS NEEDS AND MUCH

IMMEDIATE COUNSELING IS DONE ON THE PHONE.

WOMEN AND SOCIAL SERVICE PROVIDERS FIND GOOD COUNSEL ONLINE THROUGH

SEARCHING "PREGNANT AND HOMELESS" OR SIMILAR WORDS. OUR IMPROVED

WEBSITE, WWW.GOODCOUNSELHOMES.ORG AND WWW.YOUTUBE.COM CHANNEL, "GOOD

Name of the organization GOOD COUNSEL, INC.	Employer identification number 22-2831271
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COUNSEL HOMES" INCREASES OUR VISIBILITY. ALSO OUR SOCIAL NETWORKING ON TWITTER @GOODCOUNSELORG OR FACEBOOK PAGE, "GOOD COUNSEL HOMES" ALSO ADDS TO OTHERS RECOGNIZING OUR SERVICES.

LUMINA: A LIGHT OF HOPE AND HEALING FOR THOSE WHO'VE HAD AN ABORTION. THE LUMINA PROGRAM OFFERS IN-PERSON, 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. THERE IS ALSO A SPECIAL PROGRAM FOR SIBLINGS OF THOSE WHO'VE HAD AN ABORTION AND ARE SUFFERING THAT LOSS.

MORE THAN 259,000 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.

DURING 2013 A TOTAL OF 117 NEW PEOPLE WERE PERSONALLY TOUCHED BY LUMINA'S COUNSELING, RETREATS OR DAYS OF RECOLLECTION. THERE WERE 8 RETREATS FOR WOMEN, ADDITIONAL DAYS FOR MEN. FOUR TRAININGS ABOUT POST ABORTION SYMPTOMS WERE OFFERED FOR PROFESSIONAL COUNSELORS, RELIGIOUS COUNSELORS OR LAY VOLUNTEERS.

LUMINA'S DESCRIPTIVE VIDEO, SEEN BY THOUSANDS, CAN BE VIEWED ON YOUTUBE BY SEARCHING FOR "LUMINA HOPE AND HEALING."

ADVOCACY: EACH YEAR, AND 2013 WAS NO EXCEPTION, MORE THAN 100,000 PEOPLE ARE REACHED PERSONALLY WITH A GOOD COUNSEL TALK OR THROUGH THE MAIL. ADDITIONALLY, OUR WEBSITE, WWW.GOODCOUNSELHOMES.ORG WAS UPDATED DURING THE YEAR.

GOOD COUNSEL TALKS AND LETTERS EDUCATES AND MOTIVATES OTHERS TO BECOME INVOLVED DIRECTLY WITH GOOD COUNSEL AND INDIRECTLY WITH HELPING WOMEN

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AND CHILDREN IN NEED. ALSO, GOOD COUNSEL SPEAKERS AND WRITERS GIVE VOICE TO THE VOICELESS CONCEIVED CHILD FROM CONCEPTION THROUGH THEIR EARLY LIFE, BIRTH INTO TODDLERHOOD AND PRE-SCHOOL. GOOD COUNSEL STAFF SPEAKS IN MANY PUBLIC VENUES PARTICULARLY AT CHURCHES AND BANQUETS AS WELL AS SOCIAL SERVICE FUNCTIONS, FRATERNAL AND SERVICE ORGANIZATIONS. FURTHERMORE, GOOD COUNSEL STAFF WORK WITH OTHER LIKE-MINDED INDIVIDUALS OR ORGANIZATIONS WHO ARE ABLE TO SPREAD THE CONCERNS AND ISSUES FACING HOMELESS, ABUSED PREGNANT MOTHERS AND THEIR CHILDREN. A GROUP OF VOLUNTEERS IN SYRACUSE, NY SPOKE WITH GOOD COUNSEL STAFF, MADE SEVERAL VISITS TO GOOD COUNSEL HOMES AND IN 2014 WILL BE OPENING THEIR OWN GOOD COUNSEL-LIKE HOME TO HELP MOTHERS AND BABIES. EXPENSES \$ 190,113. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE VICE CHAIRMAN AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF GOOD COUNSEL ALONG WITH THE EXECUTIVE DIRECTOR AND CONTROLLER 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 SENT ELECTRONICALLY 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:

EXPLANATION: GOOD COUNSEL'S CONFLICT OF INTEREST POLICY IS INCLUDED IN THEIR PERSONNEL MANUAL AND BROUGHT TO THE ATTENTION OF ALL STAFF, MENTIONED REPEATEDLY TO MANAGERS AND DISCUSSED WHEN OUTSIDE CONTRACTS OR OUTSOURCED WORK IS DONE. THE BOARD SIGNS THE CONFLICT OF INTEREST POLICY, PROVIDING

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WRITTEN ACKNOWLEDGEMENT THAT THEY HAVE READ AND ARE FAMILIAR WITH THE POLICY, AND AGREE TO DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. THE POLICY INCLUDES GUIDELINES TO ASSIST BOARD MEMBERS AND EMPLOYEES IN AVOIDING CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: 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 2013. DURING 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. THE SALARY HAS NOT CHANGED DURING 2013 SINCE THE 2011 REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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

EXPLANATION: 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 INDEPENDENT AUDITOR. THE FINANCE COMMITTEE MAY ESTABLISH A SUBCOMMITTEE TO REVIEW THE

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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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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.

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.	5,082.		0.
51	ARCHITECTS (HO) - ROBINSON	03/01/05	SL	15.00	16	4,000.			4,000.	1,869.		267.
52	ENGINEERS (HOB) - ARTHUR MELTZER	06/01/05	SL	15.00	16	14,646.			14,646.	6,832.		976.
53	KITCHEN RENOVATIONS (HOB) - FRANK MCCA	07/01/05	SL	15.00	16	5,675.			5,675.	2,646.		378.
54	ENGINEERS (HOB) - ARTHUR MELTZER	08/01/05	SL	15.00	16	3,022.			3,022.	1,407.		201.
55	KITCHEN RENOVATIONS (HOB) - FRANK MCCA	09/01/05	SL	15.00	16	5,675.			5,675.	2,646.		378.
56	DONATED CABINETS (HOB) - FRANK MCCAN	09/01/05	SL	15.00	16	13,857.			13,857.	6,468.		924.
57	HOB RENOVATIONS TEMP HELP - ADAM BR	09/01/05	SL	15.00	16	4,840.			4,840.	2,261.		323.
58	HOB RENOVATIONS TEMP HELP - JOHN KO	09/01/05	SL	15.00	16	30,749.			30,749.	14,350.		2,050.
59	HOB RENOVATIONS TEMP HELP - STASH B	09/01/05	SL	15.00	16	15,788.			15,788.	7,371.		1,053.
60	HOB RENOVATIONS TEMP HELP - TADEUS	09/01/05	SL	15.00	16	4,140.			4,140.	1,932.		276.

2013 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.	1,797.		42.
63	RENOVATIONS (SV)	04/26/06	SL	7.00	16	1,253.			1,253.	1,193.		60.
64	FLOOR (BR)	12/01/06	SL	7.00	16	1,409.			1,409.	1,223.		186.
65	ROOF (SV)	12/06/06	SL	15.00	16	4,940.			4,940.	2,001.		329.
66	CAR (POK)	03/01/06	SL	3.00	16	5,371.			5,371.	5,371.		0.
67	CAR (BR)	03/01/06	SL	3.00	16	5,371.			5,371.	5,371.		0.
68	CAR (SV)	03/01/06	SL	3.00	16	9,321.			9,321.	9,321.		0.
69	TELEPHONE SYSTEM (BR)	11/01/06	SL	3.00	16	4,000.			4,000.	4,000.		0.
70	COMPUTER (POK)	11/01/06	SL	3.00	16	2,040.			2,040.	2,040.		0.
71	COMPUTER (BR)	12/01/06	SL	3.00	16	1,422.			1,422.	1,422.		0.
72	FURNITURE (BR)	12/01/06	SL	5.00	16	30,000.			30,000.	30,000.		0.
76	TELEPHONE SYSTEM (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	09/01/07	SL	5.00	16	1,096.			1,096.	1,096.		0.
79	DOOR AND FRAME INSTALLATION	10/01/07	SL	5.00	16	1,797.			1,797.	1,797.		0.
80	REFRIGERATOR & FREEZER	10/01/07	SL	5.00	16	1,208.			1,208.	1,208.		0.
81	FURNITURE	12/01/07	SL	5.00	16	20,000.			20,000.	20,000.		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
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.	36,297.		8,889.
84	BATHROOM RENOVATIONS (POK)	121508	SL	7.00	16	8,484.			8,484.	4,949.		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.	53,015.		14,795.
89	FLOOR (SI)	070109	SL	7.00	16	4,398.			4,398.	2,198.		628.
90	CAR-2005 CHEVY IMPALA (S. MONA)	090109	SL	3.00	16	8,800.			8,800.	8,800.		0.
91	FURNITURE	121509	SL	3.00	16	10,500.			10,500.	10,500.		0.
92	LEASEHOLD IMPROVEMENTS	060109	SL	39.00	16	8,054.			8,054.	741.		207.
93	SOUTH JERSEY RENOVATIONS	063010	SL	39.00	16	34,893.			34,893.	2,237.		895.
94	FURNITURE	123010	SL	3.00	16	10,500.			10,500.	7,000.		3,500.
95	FIRE ALARM SYSTEM	031510	SL	5.00	16	4,910.			4,910.	2,782.		982.
96	WASHER & DRYER	032010	SL	5.00	16	1,097.			1,097.	603.		219.
97	WASHER & DRYER	060510	SL	5.00	16	1,166.			1,166.	602.		233.
98	ALARM SYSTEM	100510	SL	5.00	16	4,800.			4,800.	2,160.		960.
99	SPRINKLER SYSTEM	102010	SL	5.00	16	15,873.			15,873.	6,879.		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.	4,500.		2,000.
101	FURNITURE	063011	SL	3.00	16	12,500.			12,500.	6,250.		4,167.
102	MINIBUS OIL TANK FEEDER	123011	SL	3.00	16	4,000.			4,000.	1,333.		1,333.
103	CUT-OFF REPLACEMENT 2007 CHRYSLER TOWN	030411	SL	5.00	16	2,018.			2,018.	740.		404.
104	& COUNTRY MINIVAN OIL TANK SUCTION	030211	SL	5.00	16	11,340.			11,340.	4,158.		2,268.
105	AND RETURN LINES WASTE PIPE AND	031111	SL	5.00	16	3,345.			3,345.	1,227.		669.
106	FITTINGS	042611	SL	5.00	16	2,243.			2,243.	748.		449.
107	ELECTRICAL WORK	050211	SL	5.00	16	990.			990.	330.		198.
108	GAS STOVE	082411	SL	5.00	16	1,791.			1,791.	477.		358.
109	AIR CONDITIONERS	092611	SL	5.00	16	1,555.			1,555.	389.		311.
110	SECURITY CAMERAS	121511	SL	5.00	16	1,250.			1,250.	271.		250.
111	WATER HEATER	122711	SL	5.00	16	2,150.			2,150.	430.		430.
112	SECURITY SYSTEM	010811	SL	5.00	16	5,430.			5,430.	2,172.		1,086.
113	PHONE SYSTEM	012511	SL	5.00	16	2,619.			2,619.	1,004.		524.
114	RENOVATIONS	022411	SL	5.00	16	4,400.			4,400.	1,613.		880.
115	ELECTRICAL WORK	041911	SL	5.00	16	8,978.			8,978.	2,993.		1,796.
116	FIRE SPRINKLER & ALARM	051811	SL	5.00	16	4,652.			4,652.	1,473.		930.
117	CONSTRUCTION AND FENCE	060711	SL	5.00	16	5,593.			5,593.	1,772.		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.	569.		379.
119	2002 HUNDYAI ELANTRA	072611	SL	5.00	16	5,782.			5,782.	1,638.		1,156.
120	2002 KIA MINIVAN	080311	SL	5.00	16	6,987.			6,987.	1,979.		1,397.
121	SECURITY CAMERAS	010912	SL	5.00	16	3,246.			3,246.	649.		649.
122	SECURITY CAMERAS	010912	SL	5.00	16	6,008.			6,008.	1,202.		1,202.
123	DOOR LOCKS	122112	SL	5.00	16	1,280.			1,280.			256.
124	TELEPHONE SYSTEM	062612	SL	5.00	16	3,506.			3,506.	351.		701.
125	DONATED FURNITURE	063012	SL	5.00	16	17,500.			17,500.	1,750.		3,500.
126	LAUNDRY - DRYER	042713	SL	5.00	16	1,618.			1,618.			216.
127	WINDOWS	042713	SL	5.00	16	22,500.			22,500.			3,000.
128	DONATED FURNITURE	042813	SL	5.00	16	41,700.			41,700.			5,560.
129	CAR - 2008 SEDONA	052413	SL	5.00	16	8,900.			8,900.			1,038.
	* TOTAL 990 PAGE 10 DEPR & AMORT					1,607,937.		0.	1,607,937.	753,710.	0.	81,364.