

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization GOOD COUNSEL, INC.	D Employer identification number 22-2831271
<input type="checkbox"/> Address change	Doing business as	E Telephone number 201-795-0637
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 411 CLINTON STREET	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code HOBOKEN, NJ 07030	G Gross receipts \$ 4,989,275.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: CHRISTOPHER BELL SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	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	H(c) Group exemption number ▶
J Website: ▶ GOODCOUNSELHOMES.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
		L Year of formation: 1985 M State of legal domicile: NJ

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.	
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 11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 75
6	Total number of volunteers (estimate if necessary)	6 200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,879,247. Current Year 4,394,220.
	9 Program service revenue (Part VIII, line 2g)	64,687. 68,403.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	407. 325.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	297,727. 323,689.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,242,068. 4,786,637.
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)	2,645,552. 2,783,792.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	141,277. 138,770.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 538,932.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,221,705. 1,435,275.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,008,534. 4,357,837.	
19 Revenue less expenses. Subtract line 18 from line 12	233,534. 428,800.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,808,425. End of Year 3,262,259.
	21 Total liabilities (Part X, line 26)	236,202. 257,230.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,572,223. 3,005,029.

Part II Signature Block

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

Sign Here	Signature of officer CHRISTOPHER BELL, EXECUTIVE DIRECTOR	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name BRIAN M. FLYNN	Preparer's signature BRIAN M. FLYNN
	Firm's name ▶ O'CONNOR DAVIES, LLP	Date 08/14/15
	Firm's address ▶ 15 ESSEX RD PARAMUS, NJ 07652-1412	Check if self-employed <input type="checkbox"/> PTIN P00739850
		Firm's EIN ▶ 27-1728945
		Phone no. (201) 712-9800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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). [SEE CONTINUATION ON SCHEDULE O]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,766,863. including grants of \$) (Revenue \$ 68,403.) HOUSING:

OFFERING YOUR HOME TO SOMEONE IN NEED IS A GREAT ACT OF CHARITY. IN FACT, FOR CHRISTIANS, OFFERING SHELTER IS AN EXPECTED CORPORAL WORK OF MERCY. ESPECIALLY IF YOU ARE OFFERING A BEDROOM TO A PREGNANT MOTHER WHO HAS NO OTHER PLACE TO CALL HOME. THAT IS EXACTLY WHAT YOU DO WHEN YOU GIVE A GIFT TO GOOD COUNSEL BECAUSE THAT GIFT BECOMES A SANCTUARY FOR THAT PREGNANT MOTHER WHO HAS NO ONE ELSE. LIKE ONE MOTHER WHO WAS TOLD TO GET OUT OF HER HOUSE BY HER MOTHER WHEN SHE EXPLAINED SHE WAS GOING TO GIVE BIRTH AND THE FATHER OF HER CHILD ALREADY TOLD HER, "I DON'T WANT YOU TO HAVE THAT FETUS." [SEE CONTINUATION ON SCHEDULE O]

4b (Code:) (Expenses \$ 781,497. 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.

EVERY MOM WALKING INTO A GOOD COUNSEL DOOR BECOMES PART OF THE FAMILY AT HER HOME. SHE BEGINS A UNIQUE RELATIONSHIP WITH ONE CASE MANAGER. [SEE CONTINUATION ON SCHEDULE O]

4c (Code:) (Expenses \$ 645,585. including grants of \$) (Revenue \$) LIFE SKILLS PROGRAMS:

A TOTAL OF 702 LIFE SKILLS PROGRAMS WERE RECEIVED BY GOOD COUNSEL MOTHERS DURING 2014. LIFE SKILLS HELP DEEPEN A MOTHER'S KNOWLEDGE AND AWARENESS OF LIVING A HEALTHY, PRODUCTIVE LIFE. LIFE SKILLS ARE PRESENTED FORMALLY IN CLASSES AND INDIVIDUALLY AS NEEDED. SUCH AREAS AS PROPER NUTRITION, CHILD GROWTH AND DEVELOPMENT, HEALTH, AND SOCIAL SKILLS ARE TAUGHT USING SPECIFIC OUTLINES PREPARED FOR GOOD COUNSEL MOTHERS. PERSONAL FINANCE IS TAUGHT INDIVIDUALLY HELPING EACH MOTHER DEVELOP HER OWN BUDGET. SPIRITUALITY IS SHARED BOTH FORMALLY IN GROUP MEETINGS AND INDIVIDUALLY AS EACH MOTHER DESIRES AND EXPLORES HER RELATIONSHIP WITH GOD. [SEE CONTINUATION ON SCHEDULE O]

4d Other program services (Describe in Schedule O.) (Expenses \$ 203,869. including grants of \$) (Revenue \$)

4e Total program service expenses 3,397,814.

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 9, 0, 75, 7d). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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.		
	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 11		
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	
b	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:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ, NY, CT, TN, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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) MARK SWARTZBERG CHAIRMAN	2.00	X		X				0.	0.	0.
(2) FR. BENEDICT GROESCHEL, CHAIRMAN THROUGH OCT. 2014	2.00	X		X				0.	0.	0.
(3) ANDREW CASH TREASURER	2.00	X		X				0.	0.	0.
(4) LEONARD CRANN SECRETARY	2.00	X		X				0.	0.	0.
(5) PATRICIA DONAHOE DIRECTOR	2.00	X						0.	0.	0.
(6) SEAN FLANAGAN DIRECTOR	2.00	X						0.	0.	0.
(7) REV. MARIUSZ KOCH DIRECTOR	2.00	X						0.	0.	0.
(8) THOMAS KOLENBERG DIRECTOR	2.00	X						0.	0.	0.
(9) REV. BERNARD MURPHY, DIRECTOR THROUGH SEPT. 2014	2.00	X						0.	0.	0.
(10) J. ANTHONY SAN FILIPPO DIRECTOR	2.00	X						0.	0.	0.
(11) PETER SHEA, DIRECTOR THROUGH SEPT. 2014	2.00	X						0.	0.	0.
(12) VINCENT STEMPER, JR. DIRECTOR	2.00	X						0.	0.	0.
(13) JOANNE VENEZIA DIRECTOR	2.00	X						0.	0.	0.
(14) DEACON PETER VENEZIA DIRECTOR	2.00	X						0.	0.	0.
(15) CHRISTOPHER BELL EXECUTIVE DIRECTOR	40.00			X				118,316.	0.	21,188.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							118,316.	0.	21,188.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							118,316.	0.	21,188.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DOUGLAS SHAW & ASSOCIATES, INC., 1717 PARK STREET, SUITE 300, NAPERVILLE, IL 60563	FUNDRAISING CONSULTANT	133,977.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 30,540.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 5,345.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,358,335.				
	g Noncash contributions included in lines 1a-1f: \$	170,066.				
	h Total. Add lines 1a-1f	▶ 4,394,220.				
Program Service Revenue	2 a <u>RESIDENT FEES</u>	Business Code 721310	68,403.	68,403.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 68,403.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	325.		325.	
	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)	▶	0.			
	8 a Gross income from fundraising events (not including \$ <u>30,540.</u> of contributions reported on line 1c). See Part IV, line 18	a 442,646.				
		b Less: direct expenses	b 118,957.			
c Net income or (loss) from fundraising events		▶	323,689.		323,689.	
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.	▶	4,786,637.	68,403.	0.	324,014.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,504.	118,468.	10,518.	10,518.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,023,197.	1,712,131.	155,533.	155,533.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	337,896.	285,532.	26,182.	26,182.
10 Payroll taxes	283,195.	239,654.	21,770.	21,771.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,000.	11,271.	10,729.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	138,770.			138,770.
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.)	24,046.	15,279.	8,620.	147.
12 Advertising and promotion	49,820.	29,492.	10,164.	10,164.
13 Office expenses	492,848.	300,721.	96,322.	95,805.
14 Information technology				
15 Royalties				
16 Occupancy	359,047.	336,427.	11,310.	11,310.
17 Travel	49,055.	32,395.	8,330.	8,330.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,173.	3,697.	3,826.	3,650.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,838.	93,838.		
23 Insurance	42,742.	37,012.	2,865.	2,865.
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 AND HOUSEHOLD	178,215.	127,949.	25,133.	25,133.
b OTHER DIRECT OPERATING	65,752.	21,755.	22,516.	21,481.
c EQUIPMENT RENTAL & MAIN	32,341.	17,795.	7,273.	7,273.
d DIRECT ASSISTANCE PROGR	14,398.	14,398.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,357,837.	3,397,814.	421,091.	538,932.
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)	543,490.	293,612.	124,939.	124,939.

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	295,450.	1	371,860.
	2 Savings and temporary cash investments	1,290,361.	2	1,690,511.
	3 Pledges and grants receivable, net	323,674.	3	308,383.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,720.	9	12,172.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,657,786.		
	b Less: accumulated depreciation	10b 960,640.	742,635.	10c 697,146.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	83,573.	12	85,937.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	70,012.	15	96,250.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,808,425.	16	3,262,259.	
Liabilities	17 Accounts payable and accrued expenses	176,719.	17	200,710.
	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	59,483.	25	56,520.
	26 Total liabilities. Add lines 17 through 25	236,202.	26	257,230.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,829,944.	27	2,263,050.
	28 Temporarily restricted net assets	742,279.	28	741,979.
	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	2,572,223.	33	3,005,029.	
34 Total liabilities and net assets/fund balances	2,808,425.	34	3,262,259.	

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	4,786,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,357,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	428,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,572,223.
5	Net unrealized gains (losses) on investments	5	4,006.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,005,029.

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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,024,575.	3,627,584.	3,441,262.	3,879,247.	4,394,220.	19,366,888.
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	4,024,575.	3,627,584.	3,441,262.	3,879,247.	4,394,220.	19,366,888.
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)						881,465.
6 Public support. Subtract line 5 from line 4.						18,485,423.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	4,024,575.	3,627,584.	3,441,262.	3,879,247.	4,394,220.	19,366,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,007.	850.	491.	407.	325.	3,080.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					323,689.	323,689.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19,693,657.
12 Gross receipts from related activities, etc. (see instructions)					12	345,981.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	93.86 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	96.15 %
16a 33 1/3% support test - 2014. 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 - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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.**

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Information about Schedule D (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 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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included 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, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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		673,250.	177,622.	495,628.
c Leasehold improvements		336,960.	244,798.	92,162.
d Equipment		647,576.	538,220.	109,356.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				697,146.

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	56,520.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	56,520.

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	4,825,920.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,006.
b	Donated services and use of facilities	2b	35,277.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	39,283.
3	Subtract line 2e from line 1	3	4,786,637.
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	4,786,637.

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	4,393,114.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	35,277.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	35,277.
3	Subtract line 2e from line 1	3	4,357,837.
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	4,357,837.

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:

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 2011.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VALENTINES (event type)	ANNUAL AWARDS (event type)	6 (total number)	
Revenue	1 Gross receipts	133,774.	96,486.	242,926.	473,186.
	2 Less: Contributions	14,260.	16,280.		30,540.
	3 Gross income (line 1 minus line 2)	119,514.	80,206.	242,926.	442,646.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,645.			14,645.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,359.	7,539.	94,414.	104,312.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				118,957.
11 Net income summary. Subtract line 10 from line 3, column (d)				323,689.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DOUG SHAW & ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 1717 PARK ST. SUITE 300, NAPERVILLE, 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

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 243 TAMERISK LANE, NEW WINDSOR, NY 12553

PART I, LINE 2B, COLUMN (V):

DOUGH SHAW & ASSOCIATES, INC. PROVIDES THE FOLLOWING SERVICES:

- FUNDRAISING CAMPAIGNS TO HELP HOMELESS PREGNANT WOMEN
- MARKETING
- DIRECT RESPONSE FUNDRAISING AND ETC.

FEE FOR DOUGH SHAW & ASSOCIATES, INC. IS \$9,000 PER MONTH, BILLED MONTHLY, IN ADVANCE (NET 15 DAYS). THE FEE IS FOR THE PURPOSE OF RESERVING THE SERVICE AND SHALL NOT BE REFUNDABLE.

FEES, AGREED TO IN ADVANCE, FOR ADDITIONAL SERVICES NECESSARY TO CARRY OUT ANY ASSIGNMENT WILL BE BILLED MONTHLY, OR AS MUTUALLY AGREED. GOOD COUNSEL WILL BE RESPONSIBLE FOR ANY AND ALL ADDITIONAL OUT-OF-POCKET COSTS FOR NECESSARY TRAVEL AND OTHER EXPENSES INCURRED ON BEHALF OF GOOD COUNSEL IN PERFORMANCE OF THE ADDITIONAL CONSULTING SERVICES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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	X		84,150.	COST OF DONATED ITEM
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	85,916.	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 ()				
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** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1,
COLUMN (B) OF SCHEDULE M.

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

2014

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:

GOOD COUNSEL, INC. OFFERS SAFETY, SECURITY, HOMES, HOPE AND MORE FOR
PREGNANT MOTHERS, BEFORE, DURING AND AFTER BIRTH.

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

[CONTINUED FROM PART III] - OUR LORD'S CALL TO SERVE THE DISADVANTAGED
COMPELS US TO OFFER LOVE, SHELTER AND THE OPPORTUNITY TO 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:

[CONTINUED FROM PART III] - FOR THOSE WHO GAVE DURING 2014, YOU ALLOWED
230 MOTHERS AND BABIES HAVE 43,368 NIGHTS OF SHELTER IN ONE OF GOOD
COUNSEL'S 4 HOMES. OUR OCCUPANCY RATE FOR THE YEAR WAS 106%. AGAIN WE
WERE MORE THAN 100% BECAUSE EVERY TIME THERE IS A MOTHER IN A DANGEROUS
SITUATION, LITERALLY ON THE STREET, OR MORE LIKELY IN A DOMESTIC
VIOLENCE SITUATION, WHETHER A BEDROOM IS AVAILABLE OR NOT, GOOD COUNSEL
STAFF WILL TAKE IN THAT MOM AND TRANSFORM THE LIVING ROOM, AN OFFICE,
OR EVEN A CHAPEL INTO A TEMPORARY BEDROOM. ALSO, YOUR SUPPORT DURING
2014 ALLOWED US TO FINALIZE RENOVATIONS AND HIRE STAFF TO RE-OPEN GOOD
COUNSEL'S 5TH HOME DURING 2015.

IF YOU HAVE EVER GIVEN TO GOOD COUNSEL SINCE OUR FIRST MOM AND BABY
ENTERED ON SUNDAY, MARCH 10, 1985, YOU HAVE HELPED SERVE, JUST IN OUR
HOMES, 6,230 WOMEN AND CHILDREN, PROVIDING MORE THAN 600,000 NIGHTS OF

Name of the organization

GOOD COUNSEL, INC.

Employer identification number

22-2831271

SHELTER. MORE THAN 900 BABIES HAVE BEEN BORN TO MOTHERS AT A GOOD COUNSEL HOME. THERE'S MORE TO GOOD COUNSEL THAN THIS, BUT THIS IS THE UNDERPINNING OF OUR MISSION HELPING MOTHERS AND BABIES.

OUR HOMES ARE FOUND IN NEW YORK CITY, ROCKLAND AND WESTCHESTER COUNTIES IN NEW YORK STATE AND BURLINGTON COUNTY, NJ. MOTHERS IN NEED COME FROM ALL OVER, LITERALLY THROUGHOUT THE UNITED STATES, AND SOME WHO WERE BORN OVERSEAS.

HOW DOES ONE FIND HERSELF IN A GOOD COUNSEL HOME? THROUGH HOSPITAL SOCIAL WORKERS OR NURSES; THROUGH PEOPLE WHO HEAR A GOOD COUNSEL SPEAKER AT A BANQUET OR AN EVENT OR ON T.V. OR THE RADIO; THROUGH AN ONLINE SEARCH; A DOCTOR'S OFFICES; PREGNANCY CENTERS OR SIMPLY BY CALLING GOOD COUNSEL'S 24/7 HELPLINE 1.800.723.8331 OR GOING TO WWW.GOODCOUNSELHOMES.ORG AND SENDING AN EMAIL.

INSIDE A GOOD COUNSEL HOME ALL THE CORPORAL WORKS OF MERCY ARE PERFORMED.

FEEDING THE HUNGRY: "I HAVEN'T EATEN IN TWO DAYS," CHRISTY TOLD SABRINA, OUR INTAKE WORKER, OVER THE PHONE. "I'M STARVING AND I HAVE BEEN LOOKING FOR FOOD THAT OTHERS ARE THROWING AWAY," THE FOUR-MONTH PREGNANT WOMAN QUIETLY STATED IN AN EMBARRASSED TONE. THAT NIGHT CHRISTY WAS HAVING DINNER, LIKE A FAMILY MEMBER, AT A GOOD COUNSEL TABLE.

DURING 2014 WE SERVED MORE THAN 25,000 MEALS TO GOOD COUNSEL MOTHERS AND CHILDREN. WE DO GET SOME OF OUR FOOD DONATED AND WE SHARE COMMUNITY MEALS AT NIGHT BUT IT IS DUE TO THE GENEROSITY OF YOU WHO SUPPORT GOOD

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COUNSEL THAT EVERYONE UNDER OUR ROOF IS FEED.

GIVING DRINK TO THE THIRSTY: "ANGIE LOVES HER MILK!" EXCLAIMS JULIANNE

HER MOM. "I THINK SHE GOES THROUGH A GALLON A DAY ALL BY HERSELF!"

MANY OF OUR BABIES DRINK FORMULA BUT ON AVERAGE EACH GOOD COUNSEL HOME

WILL CONSUME 10 GALLONS OF MILK PER WEEK. THAT MAKES CLOSE TO 2,100

GALLONS OF MILK PER YEAR!

CLOTHING THE NAKED: ALICIA WAS LATE ARRIVING TO GOOD COUNSEL IN THE

BRONX. DELORES, THEN OUR HOUSE MANAGER, STAYED LATE TO WELCOME HER.

DELORES BROUGHT ALICIA INTO HER NEW BEDROOM AND TOLD HER TO CLEAN UP

BEFORE SHE WOULD HEAT UP SOME DINNER FOR HER.

AS ALICIA WAS IN THE BATHROOM SHOWERING DELORES NOTICED HER SHOES.

THEY WERE VERY WORN OUT AND ACTUALLY HAD HOLES IN THE SOLES. DELORES

THOUGHT IT WOULD BE GREAT FOR ALICIA TO HAVE SOME NEW SHOES AND SO SHE

SEARCHED ALL THROUGH THE HOUSE IN SEARCH OF SHOES THAT WOULD FIT BUT

CAME UP EMPTY. SUDDENLY DELORES REALIZED THERE WAS ONE PAIR OF NEW

SHOES THAT WOULD FIT THE NEW WOMAN; THE ONES SHE WORE. GLADLY SHE GAVE

THEM TO OUR NEW RESIDENT.

VISITING THE SICK: GOOD COUNSEL HAS A SPECIAL HOME CALLED DAYSTAR WHICH

IS LOCATED ON THE GROUNDS OF ST. VINCENT'S HOSPITAL IN HARRISON, NEW

YORK. THE EASY ACCESS TO THE MEDICAL FACILITIES ALLOWS US TO GIVE

SPECIAL CARE TO THOSE WHO MAY BE MENTALLY ILL OR SUFFER FROM A

SUBSTANCE ABUSE ISSUE OR BOTH. OUR SPECIAL OUTREACH TO PSYCHOLOGICALLY

TROUBLED PREGNANT WOMEN IS ONE OF THE FEW IN THE ENTIRE COUNTRY.

VISITING THE IMPRISONED: SOME WOMEN WITH A PRISON HISTORY OR HAVING

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OUTSTANDING LEGAL ISSUES COME TO GOOD COUNSEL. SOMETIMES THERE ARE OUTSTANDING WARRANTS. MAYBE MINOR OFFENSES, BUT OUT OF FEAR OR NOT UNDERSTANDING, SUCH OFFENSES CAN BE CAUSE FOR IMPRISONMENT. GOOD COUNSEL HAS ADVOCATED FOR MOTHER'S RIGHTS, PARTICULARLY WHEN SHE IS CLOSE TO GIVING BIRTH OR WHEN IT WAS CLEAR SHE WOULD BENEFIT FROM PRENATAL CARE OUTSIDE OF A PRISON HEALTH CARE SYSTEM. OF COURSE, THE GOOD COUNSEL CONTINUES TO RECTIFY WHATEVER LEGAL MATTERS A MOTHER MAY HAVE. THANKS TO PRO-BONO ATTORNEYS, PARTICULARLY AT THE LEGAL CENTER FOR LIFE OF NEW JERSEY, MANY CASES HAVE BEEN JUDICIOUSLY AND APPROPRIATELY ADJUDICATED.

BURYING THE DEAD: ONE OF OUR MOST TRAGIC EVENTS IS WHEN A GOOD COUNSEL MOTHER MISCARRIES OR HAS A STILLBORN DEATH. A RESPECT FOR THE DIGNITY OF EACH HUMAN PERSON REQUIRES THAT WE TREAT EACH LIFE AS SACRED. OVER MANY YEARS GOOD COUNSEL HAS BEEN BLESSED BY MANY FUNERAL DIRECTORS WHO HAVE OFFERED COMPLIMENTARY SERVICES AND CHURCHES THAT HAVE OPENED THEIR DOORS FOR MASSES AND PLOTS FOR BURIAL. GRIEF SHARED IS HALF GRIEF, SAYS AN HONDURAN PROVERB.

"TOO MANY HOSPITALS DO NOT CONSIDER OR OFFER A BURIAL FOR A LOST CHILD," CHRISTOPHER BELL STATED FOLLOWING A RECENT FUNERAL MASS OFFERED AT ST. JOSEPH'S CHURCH IN SPRING VALLEY, NEW YORK FOR A BABY NAMED ANGEL. "IN THE MIDST OF THE PAIN AND LOSS WE ARE PREPARED TO BE WITH A GRIEVING MOTHER AND HELP HER KNOW THAT HER CHILD IS BEING SPIRITUALLY CARED FOR AS THEY MAKE THEIR WAY TO THE LORD." YOU MAY SEE AND READ MORE ABOUT GOOD COUNSEL'S MOMS AND BABIES AT WWW.GOODCOUNSELHOMES.ORG OR BY LIKING GOOD COUNSEL HOMES ON FACEBOOK OR FINDING OUR GOOD COUNSEL HOMES YOUTUBE CHANNEL WWW.YOUTUBE.COM/USER/GOODCOUNSELHOMES

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

[CONTINUED FROM PART III] - SHE WILL ALSO HAVE A MENTOR WHO IS LIKE HER SISTER AND CAN BE ANY MEMBER OF THE STAFF. THE MOM MAY CHOOSE WHO IS WITH HER DURING HER TIME OF DELIVERY. EVERY STEP OF THE WAY TRAINED GOOD COUNSEL STAFF HELP EACH MOM SEEK TO UNCOVER THE STRUGGLES AND STRAINS WHICH BROUGHT HER TO OUR DOORS. GOOD COUNSEL MOTHERS OFTEN REPORT PRIOR ABUSE, NEARLY 80%, EITHER SEXUAL, PHYSICAL, OR SERIOUSLY EMOTIONAL. ALSO, DURING 2014, SOME 20% REPORTED HAVING HAD AT LEAST ONE ABORTION. WE KNOW FROM OTHER STUDIES THAT THIS FIGURE IS LARGELY UNDERSTATED.

DURING THE FIRST MONTH AT GOOD COUNSEL EACH MOM IS GUIDED TO USE ONLINE ASSESSMENT TOOLS TO DISCOVER MORE ABOUT HERSELF, HER EDUCATIONAL STRENGTHS AND WEAKNESSES AND HER VOCATIONAL PROCLIVITIES. HER CASE MANAGER, ALONG WITH HER MENTOR AND OTHER STAFF WILL HELP HER UNDERSTAND THE ASSESSMENTS AS WELL AS CONSTRUCTIVELY LISTEN TO THE HOPES AND DESIRES SHE HAS FOR THE FUTURE. THE CASE MANAGER WILL OFFICIALLY MEET EACH MOTHER AT LEAST ONE HOUR EACH WEEK. OTHER INFORMAL MEETINGS HAPPEN AS NEEDED AND USUALLY MORE THAN ONCE A WEEK. JUST THE FORMAL MEETINGS TOTALED MORE THAN 10,837 DURING 2014. ADDITIONALLY, MORE THAN HALF, ABOUT 56% OF MOTHERS RECEIVED OUTSIDE PROFESSIONAL COUNSELING. GIVEN GOOD COUNSEL'S OPEN INTAKE AND ABILITY TO TAKE IN AND ASSIST FOR A YEAR OR LONGER MOTHERS WITH GREAT EMOTIONAL, AND OFTEN PSYCHOLOGICAL CHALLENGES, SEEING THAT OF THE 105 MOTHERS WHO STAYED 30 DAYS OR LONGER, THEIR AVERAGE LENGTH OF STAY OVERALL WAS 12.6 MONTHS. MORE THAN A THIRD, 35%, MADE EDUCATIONAL ADVANCES, AND ALMOST HALF, 48%, ENTERED THE WORK FORCE.

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ALSO, IT'S MOST IMPORTANT TO REMEMBER THAT EVERY DAY A MOTHER IS IN A GOOD COUNSEL HOME, SHE AND HER BABY, BEFORE AND AFTER BIRTH, IS SAFE, EATING WELL AND ENCOURAGED TO DO THE BEST SHE IS CAPABLE. IT'S IMPOSSIBLE TO KNOW AND MEASURE HOW MUCH ABUSE AND NEGLECT IS AVOIDED OR ELIMINATED BECAUSE SOMEONE IS SURROUNDED BY A CARING FAMILY, WHICH GOOD COUNSEL STRIVES TO BE FOR THOSE IN NEED.

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

[CONTINUED FROM PART III] - WE SHARE A LOVING, MERCIFUL, FORGIVING GOD WHO HAS BROUGHT US TOGETHER TO LIVE FOR EACH OTHER. PAID STAFF OR PROFESSIONAL VOLUNTEERS, WITH EXPERTISE IN EACH AREA, PRESENT LIFE SKILLS CLASSES. PLUS, MOTHERS ARE ABLE TO TAKE INDIVIDUAL ONLINE CLASSES IN SOME OF THESE TOPICS. A MINIMUM OF THREE AND SOMETIMES FOUR GROUP CLASSES ARE TAUGHT IN EACH HOME EACH WEEK.

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.

GOOD COUNSEL'S INTAKE STAFF OPERATE A 24-HOUR-A-DAY, 7-DAY-A-WEEK, HELPLINE 1.800.723.8331. SINCE BEGINNING THIS NATIONAL, TOLL-FREE HELPLINE MORE THAN 33,200 PEOPLE HAVE RECEIVED CONCRETE HELP, PHONE COUNSELING AND SUPPORT. DURING 2013 MORE THAN 3,400 CALLS WERE RECEIVED. DURING 2014, SOME 3,522 CALLS CAME IN, PLUS AN ADDITIONAL 465 REQUESTS WERE EMAILED. GOOD COUNSEL'S WEBSITE, WWW.GOODCOUNSELHOMES.ORG IS COMING UP HIGH ON GOOGLE'S RANKINGS FOR "HOMELESS AND PREGNANT"

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MEANING WOMEN IN NEED FROM ALL OVER THE COUNTRY ARE ASKING FOR HELP.

GOOD COUNSEL IS RESPONDING WITH ADDED STAFF. FUTURE PLANS WILL INCLUDE ADDITIONAL ONLINE TOOLS TO AUTOMATE HELP FOR MOTHERS LOOKING ONLINE IN THEIR GEOGRAPHIC AREA, AS WELL AS AN OPTION TO CHAT WITH A LIVE PERSON.

GOOD COUNSEL ALSO OPERATES A POST-ABORTION COUNSELING AND REFERRAL NETWORK CALLED LUMINA TO HELP WOMEN AS WELL AS MEN AND SIBLINGS SUFFERING FROM PAST ABORTIONS. CONFIDENTIAL COUNSELING IS AVAILABLE THROUGH LUMINA'S NATIONAL, TOLL-FREE HELPLINE 1.877.586.4621 (1.877.LUMINA-1) OR FOR INFORMATION, PLEASE VISIT WWW.POSTABORTIONHELP.ORG

GOOD COUNSEL STAYS IN TOUCH WITH MOTHERS WHO LEAVE THROUGH OUR EXODUS PROGRAM, WHERE FORMER RESIDENTS RECEIVE ON-GOING COUNSELING TO EASE THE DIFFICULTIES TRANSITIONING TO INDEPENDENT LIVING. ADDITIONALLY, SOME SINGLE-PARENT FAMILIES, NOT NEEDING A GOOD COUNSEL HOME, STILL MAY RECEIVE GOOD COUNSEL STAFF ASSISTANCE VIA OUTREACH THROUGH OUR EXODUS PROGRAM IN A CRITICAL SITUATION. SOME 211 EXODUS AND OUTREACH FAMILIES WERE ASSISTED DURING 2014.

DURING 2001, GOOD COUNSEL WAS ONE OF THE FOUNDERS OF THE PREGNANCY SERVICES NETWORK OF GREATER NEW YORK, A COALITION OF MATERNITY HOMES AND PREGNANCY CENTERS IN THE NY, NJ AND CONNECTICUT AREA. THE GROUP MEETS REGULARLY THROUGHOUT THE YEAR.

DURING 2013, GOOD COUNSEL ALSO HELPED TO FORM THE NATIONAL MATERNITY HOUSING COALITION, A GROUP OF THREE DOZEN MATERNITY HOMES THROUGHOUT THE U.S. GOOD COUNSEL IS REPRESENTED ON THE LEADERSHIP TEAM OF THE NMHC

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AND PARTICIPATES IN REGULAR CONFERENCE CALLS, AN ANNUAL MEETING AND
CONFERENCE ALL OF WHICH CONTINUE TO BEAR MUCH FRUIT IN THE WAY OF
SHARING BEST PRACTICES AND ASSISTING NEW AND EXISTING HOMES.
EXPENSES \$ 203,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JOANNE VENEZIA AND DEACON PETER VENEZIA HAVE A FAMILY
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION HAS ONE CLASS OF MEMBERS. THIS CLASS SHALL BE INDIVIDUALS
AND SHALL NUMBER NO LESS THAN 3 AND NOT MORE THAN 30.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS HAD THE POWER TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS MAY, BY AN AFFIRMATIVE MAJORITY VOTE OF THOSE PRESENT AT ANY
REGULARLY CONSTITUTED MEETING, REMOVE ANY OR ALL MEMBERS OF THE BOARD OF
DIRECTORS AND APPROVE ANY TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME
BEFORE THE MEETING OF THE MEMBERS.

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

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF GOOD COUNSEL ALONG WITH THE
EXECUTIVE DIRECTOR AND CONTROLLER FIRST REVIEWES THE ENTIRE 990 INCLUDING
THE MANAGEMENT QUESTIONS. IT IS THEN DISCUSSED AND RETURNED TO OUR OUTSIDE
AUDITORS FOR FURTHER CLARIFICATION AND COMPLETION. A FINAL DRAFT IS
PREPARED, REVIEWED AGAIN BY THE ABOVE GOOD COUNSEL BOARD AND STAFF AND SENT

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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:

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. ANNUALLY, THE BOARD SIGNS THE CONFLICT OF INTEREST POLICY, PROVIDING 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. IN THE EVENT OF A CONFLICT OF INTEREST, THE INTERESTED PARTY MUST DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT HE/SHE HAS, WITH RESPECT TO THE ISSUE. THERE SHALL BE NO CONTRACT OR OTHER TRANSACTION BETWEEN GOOD COUNSEL INC. AND A BOARD MEMBER IN WHICH THERE EXISTS A CONFLICT OF INTEREST. THE BOARD WILL VOTE ON SUCH MATTER WITHOUT COUNTING THE VOTE(S) OF THE INTERESTED BOARD MEMBER(S).

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

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 2014. 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

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REVIEW, DISCUSSION AND FINALLY APPROVAL. MINUTES OF THE BOARD MEETINGS DOCUMENT THE REVIEW, DISCUSSION, AND APPROVAL OF THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE FINANCIAL STATEMENTS AND 990 ARE AVAILABLE EVERY YEAR ON THE ORGANIZATION'S WEBSITE AS WELL AS ON THE CHARITY NAVIGATOR AND GUIDESTAR WEBSITES. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE ONLY AVAILABLE UPON REQUEST AT 411 CLINTON STREET, HOBOKEN, NJ 07030.

FORM 990, PART XII, LINE 2C:

GOOD COUNSEL, INC. HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

**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.

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

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2014

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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

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

Schedule R (Form 990) 2014

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.

	Yes	No
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?		
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, NY, WHERE MOTHERS & BABIES HELPED.