



135 West 50th Street New York, NY 10020-1299 Tel 212.812.7000 Fax 212.375.6888

PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001

DEAR SIR:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2005 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2005 FORM 990

2005 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

WEISER LLP



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2005

	DECEMBER 31, 2003
Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISER LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2006
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Α	For the 20	05 calendar year, or tax year beginning	and en	ding		
В	Check if applicable:	Please use IRS	D Employer iden	tification number		
	Address change	label or PRO BONO NET, INC.	06-152	:1179		
Ē	Name change	type. See Number and street (or P.O. box if mail is not delivered to stree	E Telephone nur			
	Initial return	Specific 151 WEST 30TH STREET		0-2554		
	Final return	linstruc- tions. City or town, state or country, and ZIP + 4		Cash X Accrual		
	Amended return	MEW TORK, NI TOUUT			Other (specify)	
	Application pending	contain of i(c)(c) diganizations and 4547 (a)(i) nonexcitipt onat	itable trusts	Hand lare not app	licable to section	n 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group r	eturn for affiliates	? Yes X No
		WWW.PROBONO.NET		H(b) If "Yes," enter no		
		on type (check only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)		H(c) Are all affiliates (If "No," attach a		A LYes No
		if the organization's gross receipts are normally not more than		H(d) Is this a separat	te return filed by ar	1 Or-
		on need not file a return with the IRS; but if the organization chooses to file	a return, be		red by a group rul	
_	Sure to me	a complete return. Some states require a complete return.		I Group Exemption		N/A
	Grace race	sinte: Add lines Sh. Sh. Oh. and 10h to line 10	16,840.		if the organization 90, 990-EZ, or 990	is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12▶ 1, 94 Revenue, Expenses, and Changes in Net Assets on			50, 550-LZ, 01 550	··· ,.
		Contributions, gifts, grants, and similar amounts received:	i i uliu bala	11003		
	1	Direct public support	1a	1,380,6	85.	
		Indirect public support		2,000,0		
		Government contributions (grants)				
	d	Total (add lines 1a through 1c) (cash \$ 1,380,685. n	oncash \$) 1d	1,380,685.
		Program service revenue including government fees and contracts (from F			2	548,893.
		Membership dues and assessments				
		Interest on savings and temporary cash investments				17,262.
		Dividends and interest from securities				
		Gross rents				
	b	Less: rental expenses				
	C	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
ē	7	Other investment income (describe) 7	
Revenue	8 a	Gross amount from sales of assets other (A) Securiti		(B) Other		
ě	. '	than inventory	8a			
		Less: cost or other basis and sales expenses	8b			
		Gain or (loss) (attach schedule)	8c			
		Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
		Special events and activities (attach schedule). If any amount is from gam i Gross revenue (not including \$				
		reported on line 1a)				
	Ь	Less: direct expenses other than fundraising expenses	·····			
		Net income or (loss) from special events (subtract line 9b from line 9a)		.	9c	
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract li		10a)	10c	
	11	Other revenue (from Part VII, line 103)			11	
_	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,946,840.
ý	13	Program services (from line 44, column (B))			13	1,081,107.
nse	14	Management and general (from line 44, column (C))				102,037.
Expenses	15	Fundraising (from line 44, column (D))				55,290.
ú	1	Payments to affiliates (attach schedule)				1 220 424
_	17	Total expenses (add lines 16 and 44, column (A))		<u>,</u>	17	1,238,434.
۽ ب	19	Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)	 1		18	1,214,936.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	·		20	1,214,930.
٩		Net assets or fund balances at end of year (combine lines 18, 19, and 20)				1,923,342.
523 02-0	001	HA For Privacy Act and Paperwork Reduction Act Notice, see the sep		-	41	Form 990 (2005)
		-,p-:				

06-1521179

Part II Statement of **Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ 0 • noncash \$ 0 •	1				
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
	Compensation of officers, directors, etc	25	186,333.	186,333.		<u> </u>
	Other salaries and wages	26	255,790.	174,040.	63,089.	18,661.
	Pension plan contributions	27				
	Other employee benefits	28				
29	Payroll taxes	29	95,413.	78,238.	13,358.	3,817.
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	25,302.	20,748.	3,542.	1,012.
34	Telephone	34	14,658.	12,020.	2,052.	586.
35	Postage and shipping	35				
36	Occupancy	36	66,519.	54,545.	9,313.	2,661.
37	Equipment rental and maintenance	37	19,440.	19,440.		
38	Printing and publications	38				
39	Travel	39	20,449.	20,449.		
40	Conferences, conventions, and meetings	40	10,895.	10,895.		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	318,860.	318,860.		
43	Other expenses not covered above (itemize):		- · · · -			
- 1	1	43a				
ı)	43b				
(:	43c	· · ·			
- (1	43d				
(e	43e				
1		43f				
(SEE STATEMENT 1	43g	224,775.	185,539.	10,683.	28,553.
44	Total functional expenses. Add lines 22		_			
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	1,238,434.	1,081,107.	102,037.	55, <u>2</u> 90.
	int Costs. Check 🕨 🔲 if you are following		98-2.			
Are	any joint costs from a combined educational campai	gn an	d fundraising solicitation re	ported in (B) Program servi	ces? >	Yes X No
	Yes," enter (i) the aggregate amount of these joint cos		<u>N/A</u> ;	(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$		N/A ; and	(iv) the amount allocated to	Fundraising \$	N/A
			<u> </u>			Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2	Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a TO USE INFORMATION TECHNOLOGY TO INCREASE THE AMOUNT AND QUALITY OF LEGAL SERVICES PROVIDED BY PRIVATE PRACTITIONERS TO LOW-INCOME INDIVIDUALS AND COMMUNITIES AND FOR THE PUBLIC GOOD	
(Grants and allocations \$) If this amount includes foreign grants, check here b	1,081,107.
(Grants and allocations \$) If this amount includes foreign grants, check here C	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,081,107.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) should be for end-of-year amounts only. Beginning of year End of year 779,037. 45 Cash - non-interest-bearing 477,066. 45 402,903. 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a 25,000. 38,250. b Less: allowance for doubtful accounts 47c 48 a Pledges receivable 490,000. 48a b Less: allowance for doubtful accounts 490,000. 48b 394,874. 49 Grants receivable 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c Inventories for sale or use 52 52 18,042. Prepaid expenses and deferred charges 13,950. 53 53 54 Investments - securities 55 a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation 55b 55c Investments - other 2,121,325 57 a Land, buildings, and equipment: basis 57a 1,904,527. 385,784. 216,798. **b** Less: accumulated depreciation 57c 10,672. 10,672. 58 Other assets (describe ► DEPOSIT 58 1,955,702. 1,307,346. 59 Total assets (must equal line 74). Add lines 45 through 58 92,410. 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 62 Deferred revenue iabilities Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a 64b b Mortgages and other notes payable 65 Other liabilities (describe 65 32,360. Total liabilities. Add lines 60 through 65) 92,410. Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 576<u>,767</u>. 545,334. 67 67 Unrestricted 669,602. 1,346,575. Temporarily restricted Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74. Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 1,923,342. 1,214,936. 73 Total liabilities and net assets/fund balances. Add lines 66 and 73 1,955,702. 1,307,346.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

	instructions.)		
a	Total revenue, gains, and other support per audited financial statements	a	2,076,436.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments		
2	Donated services and use of facilities b2 129,59	5.	
3			
4			
	Add lines b1 through b4	ь	129,596.
C	Subtract line b from line a		1,946,840.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b Other (specify): d2		
2	Other (specify):		
	Add lines d1 and d2	d	0.
е	Total revenue (Part I, line 12). Add lines c and d	► e	1,946,840.
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Re	turn
a	Total expenses and losses per audited financial statements	а	1,368,030.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities b1 129,59	5.	
2	Prior year adjustments reported on Part I, line 20		
3	Losses reported on Part I, line 20 b3		
4	Other (specify): b4		
	Add lines b1 through b4	b	129,596.
C	Subtract line b from line a	с	1,238,434.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b d1		
2	Other (specify): d2		
	Add lines d1 and d2	d	0.
е	Total expenses (Part I, line 17). Add lines c and d		1,238,434.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL HERTZ	PRESIDENT			
151 WEST 30TH STREET			1	
NEW YORK, NY 10001	35.00	72,333.	0.	0.
MARK OBRIEN	EXECUTIVE DIR	ECTOR		_
151 WEST 30TH STREET				
NEW YORK, NY 10001	35.00	114,000.	0.	0.
MICHAEL COOPER	BOARD CHAIR			
151 WEST 30TH STREET				
NEW YORK, NY 10001	5.00	0.	0.	0.
MICHAEL MILLS	BOARD VICE CH	AIR		
151 WEST 30TH STREET				
NEW YORK, NY 10001	5.00	0.	0.	0.
WILLIAM POLLAK	BOARD TREASUR	ER		
151 WEST 30TH STREET				
NEW YORK, NY 10001	5.00	0.	0.	0.
MARIA IMPERIAL	BOARD SECRETA	RY		
151 WEST 30TH STREET				
NEW YORK, NY 10001	5.00	0.	0.	0.
		_		000 (000E)

Form **990** (2005)

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	# WA Current Officers Directors Trustocs and Ko	y Employees (senting		00-13211	Yes No
E-2	t V-A Current Officers, Directors, Trustees, and Ke				Tes No
/5 a	Enter the total number of officers, directors, and trustees permitted t		siness at board	14	
	meetings			<u>+</u> =	
b	Are any officers, directors, trustees, or key employees listed in Form				
	listed in Schedule A, Part I, or highest compensated professional and				
	Part II-A or II-B, related to each other through family or business relat the individuals and explains the relationship(s)	•			75b X
					100
С	Do any officers, directors, trustees, or key employees listed in Form 9				
	listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations,				
	organization through common supervision or common control?	Whother tax exempt or tax			75c X
	Note. Related organizations include section 509(a)(3) supporting org				
	If "Yes," attach a statement that identifies the individuals, explains the relations		and the other organ	ization(s), and	
	describes the compensation arrangements, including amounts paid to each in			. , ,	
d	Does the organization have a written conflict of interest policy?				75d X
Pa	rt V-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation o	
	Benefits (If any former officer, director, trustee, or key en				
	the year, list that person below and enter the amount of co	mpensation or other bene	fits in the appropri	(D) Contributions to	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit	(E) Expense account and
	NONE NONE			plans & deferred compensation plans	other allowances
					<u> </u>
					
			-		
Da	rt VI Other Information (See the instructions.)				Yes No
76		a the IDC2 if "Ves " attach	a detailed		163 140
, 0	Did the organization engage in any activity not previously reported to description of each activity	,			76 X
77	Were any changes made in the organizing or governing documents			Г	77 X
• •	If "Yes," attach a conformed copy of the changes.	bat not reported to the in-	J		
78 a	Did the organization have unrelated business gross income of \$1,00	0 or more during the vear	covered by this re	turn?	78a X
	· · · · · · · · · · · · · · · · · · ·		-	N/A	78b
79	Was there a liquidation, dissolution, termination, or substantial contr			tement	79 X
80 a				Ø	
	membership, governing bodies, trustees, officers, etc., to any other			i i	80a X
þ	If "Yes," enter the name of the organization▶ N/A				
		and check whether it is	exempt or	nonexempt	
81 a	Enter direct or indirect political expenditures. (See line 81 instruction		81a		
<u>b</u>		<u></u> <u></u>			81b X
52316	1/02-03-06				Form 990 (2005)

Form	990 (2005) PRO BONO NET, INC. 06-1521	179	Pa	age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this		90	
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b 129,596	,		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b		83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
7	tax deductible? N/A	84b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			28.
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			81 G. / C.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
þ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			32
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		á.	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A	_		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		_X_
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .		5,25	Marie Li
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			7,
	If "Yes," attach a statement explaining each transaction	89b		_ X_
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			Λ
	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u> </u>
	List the states with which a copy of this return is filed NY			
	Number of employees employed in the pay period that includes March 12, 2005	<u> </u>	551	
эга	The books are in care of ► MICHAEL K. HERTZ, PRESIDENT Located at ► 151 WEST 30TH STREET, , NEW YORK, NY Telephone no. ► 212-76			
		1000		
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b	. 53	X
	account)? If "Yes," enter the name of the foreign country N/A	310		77
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
		91c		X
Ü	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	316		-11
92	If "Yes," enter the name of the foreign country N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ □	
32	and enter the amount of tax-exempt interest received or accrued during the tax year.	••••••		0.

Form **990** (2005)

Note: En	ter gross amounts unless otherwise	Unrelat	ed business income		ded by section 512, 513, or 514	(E)
indicated	l	(A)	(B)	(C) Exclu-	(D)	Related or exempt
03 Progr	ram service revenue:	Business code	Amount	sion	Amount	function income
-				code	-	492,643.
	ATE PROGRAM FEES			<u> </u>		
ь <u>SP</u>	ONSORSHIP FEES					56,250.
C						
d						
e						
-					r	
	icare/Medicaid payments			ļ		
g Fees	and contracts from government agencies					
94 Mem	bership dues and assessments					
	est on savings and temporary cash investments			14	17,262.	
	ends and interest from securities				, , , ,	
				i		
	ental income or (loss) from real estate:		1100		9.54	
	financed property					
b not d	lebt-financed property					
	ental income or (loss) from personal property					
	r investment income					_
				\vdash		
	or (loss) from sales of assets					
othe	r than inventory					
101 Net i	ncome or (loss) from special events					
102 Gros	s profit or (loss) from sales of inventory					
	r revenue:					
	i revenue.					
. a				\vdash		-
ь —						
c						
d						
е —						
104 Subt	otal (add columns (B), (D), and (E))		0.		17,262.	548,893.
					m	566,155.
105 Tota	I (add line 104, columns (B), (D), and (E))				P	300,133.
	e 105 plus line 1d, Part I, should equal the amo	ount on line 1				
Part VI	III Relationship of Activities to the			t Pu	rposes (See the instructi	ions.)
Part VI	Relationship of Activities to the	Accompl	ishment of Exemp		·	
Line No.	Relationship of Activities to the Explain how each activity for which income is repo	Accompl orted in column	ishment of Exemp		·	
Line No. ▼	Relationship of Activities to the Explain how each activity for which income is represent purposes (other than by providing funds to	Accompl orted in columi for such purpo	ishment of Exempore (E) of Part VII contributed see).	impor	rtantly to the accomplishment	of the organization's
Line No. ▼ 93A	Relationship of Activities to the Explain how each activity for which income is represented by the second state of the second	Accomple orted in column for such purpo PONSORS	ishment of Exemp n (E) of Part VII contributed ses). FOR DEVELOF	impor	rtantly to the accomplishment AND MAINTAIN	of the organization's
Line No. ▼ 93A 93B	Relationship of Activities to the Explain how each activity for which income is represent purposes (other than by providing funds) FEES FROM STATES AND SF SITE THAT ALLOWS LEGAL	Accomplemented in column for such purpo PONSORS ORGANI	ishment of Exemp n (E) of Part VII contributed ses). FOR DEVELOF ZATIONS THRO	ING UGH	rtantly to the accomplishment GAND MAINTAIN HOUT THE COUNT	of the organization's ING A WEB RY TO
Line No. ▼ 93A 93B	Relationship of Activities to the Explain how each activity for which income is represented by the second state of the second	Accomplemented in column for such purpo PONSORS ORGANI	ishment of Exemp n (E) of Part VII contributed ses). FOR DEVELOF ZATIONS THRO	ING UGH	rtantly to the accomplishment GAND MAINTAIN HOUT THE COUNT	of the organization's ING A WEB RY TO
Line No. ▼ 93A 93B	Relationship of Activities to the Explain how each activity for which income is represent purposes (other than by providing funds) FEES FROM STATES AND SF SITE THAT ALLOWS LEGAL	Accomplemented in column for such purpo PONSORS ORGANI	ishment of Exemp n (E) of Part VII contributed ses). FOR DEVELOF ZATIONS THRO	ING UGH	rtantly to the accomplishment GAND MAINTAIN HOUT THE COUNT	of the organization's ING A WEB RY TO
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No. 1545-0047

Name of the organization	Employer identification number 06 1521179			
PRO BONO NET, INC.				
Compensation of the Five Highest Paid En (See page 1 of the instructions. List each one. If there are none,	enter "None.")	Officers, Dire		ustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALLISON MCDERMOTT	PROG. MANAGER			
151 W 30TH STREET , NEW YORK, NY 100	0 35.00	81,667.	0.	0.
	_			
				_
	-			
	-	-	-	
	-			
Total number of other employees paid	_			
over \$50,000	. 0	100		100
Part II-A Compensation of the Five Highest Paid Inc	dependent Contracto	rs for Profess	ional Service	es
(See page 2 of the instructions. List each one (whether individual	als or firms). If there are none, e	nter "None.")		
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	service ((c) Compensation
<u>-</u>		*		
NONE				
				
Total number of others receiving over \$50,000 for professional services	. 0	100		
Part II-B Compensation of the Five Highest Paid Inc		rs for Other S	ervices	
(List each contractor who performed services other than profes firms. If there are none, enter "None." See page 2 of the instructi	sional services, whether individ			
(a) Name and address of each independent contractor paid more		(b) Type of	service	(c) Compensation
NONE				
		_		
			-	
		_		
Total number of other contractors receiving over \$50,000 for other services				

523101/02-03-06 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Pa	rt IV-A Support Schedule (C Note: You may use th	complete only if you che e worksheet in the insti	ecked a box on line 10 ructions for converting	, 11, or 12.) Use cash from the accrual to the	method of account e cash method of ac	ting. ecounting.
	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	797,379.	406,525.	1,059,708.	1,054,668	3,318,280.
16	Membership fees received	,	, .		_	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	487,800.	418,647.	384,000.	25,750	. 1,316,197.
18	Gross income from interest,	407,000.	410,047.	304,000.	25,750	1,310,1370
10	dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,802.	5,242.	9,985.	16,466	39,495.
19	Net income from unrelated business		• /			-
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				_	
23	Total of lines 15 through 22	1,292,981.		1,453,693.		
24	Line 23 minus line 17	805,181.		1,069,693.		
25	Enter 1% of line 23	12,930.				•
26	Organizations described on lines 1				MARKAGO CO	a 67,156.
b				, -		
	unit or publicly supported organizat	,	-	ded the amount shown in		1,653,291.
	Do not file this list with your return				≥ 26 ▶ 26	
	Total support for section 509(a)(1) Add: Amounts from column (e) for I		39,495. 19			0 3,337,7730
·	Add. Amounts from column (e) for h	22	26b	1,653,29	<u>1.</u> ▶ 26	d 1,692,786.
e	Public support (line 26c minus line					
f	Public support percentage (line 26					
27	Organizations described on line 12	2: a For amounts included	in lines 15, 16, and 17 th	at were received from a "	disqualified person," pr	epare a list for your
	records to show the name of, and to such amounts for each year:	otal amounts received in e	ach year from, each "disq	ualified person." Do not f	ile this list with your r	eturn. Enter the sum of
	(2004)	(2003)	(2		(2001)	
b	and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) of	that was more than the lass well as individuals.) Do nor (2), enter the sum of the	rger of (1) the amount of ot file this list with your ese differences (the excess	on line 25 for the year or (return. After computing t ss amounts) for each year	2) \$5,000. (Include in he difference between : N/A	the list organizations the amount received and
	(2004)	(2003)	(2		(2001)	
С	Add: Amounts from column (e) for 17	ines: 15_		- 1b	> 27	c N/A
d	17	20	nd line 27h total		\ <u>21</u>	d N/A
P	Public support (line 27c total minus	line 27d total)			▶ 1 27	
f	Total support for section 509(a)(2)	test; Enter amount on line	23, column (e)	▶ 27f	N/A	
g g		ne 27e (numerator) div	rided by line 27f (den	ominator))	▶ 27	g N/A %
_	Investment income percentage					37/3
28	Unusual Grants: For an organizatio	n described in line 10, 11,	or 12 that received any i	unusual grants during 200	01 through 2004, prep	are a list for your records to
	show, for each year, the name of the c return. Do not include these grants in	contributor, the date and a line 15.		a priet description of the n		not file this list with your

06337__1

NONE

523121 02-03-06

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
01	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	33.44	Sec.	
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	The rest product of the rest of plants (if you need in the opening a department of the rest of the res		M.	
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		12.5	
		_		
		_	0.0	
33	Does the organization discriminate by race in any way with respect to:			
a				
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			⊢
е	Educational policies?			├
f	Use of facilities?			├
g	Athletic programs?			_
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		0	
		_		
		-		
04 -	Does the executation results and for a sixted or a sixted of the second			
	Does the organization receive any financial aid or assistance from a governmental agency?		-	-
b		340		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
33	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	1373 2 3.5. 307, GOVERNING FACIAL FIGURES CHIRITIAN OFF THE TWO, ALLACH ALL CAPITALIAN OFF THE TRANSPORT OF	35		

Schedule A (Form 990 or 990-EZ) 2005

P		Expenditures by Electory of the company of the comp			9 of the	e instructions	.)		N/A
Che		ation belongs to an affiliated			check	ed "a" and "lii	mited c	ontrol"	provisions apply.
		mits on Lobbying E	•			(a) Affiliated tota	group		(b) To be completed for ALL electing organizations
	(The terr	m "expenditures" means amo	ounts paid or incurred.)			N/A			
36	Total lobbying expenditures to	o influence nublic oninion (a	raceroote lobbying)	. ا	36	IN/A			
36 37	Total lobbying expenditures to				37				
38	Total lobbying expenditures (a				38				
	Other exempt purpose expend				39				,
	Total exempt purpose expend				40				
	Lobbying nontaxable amount.								
	If the amount on line 40 is -		ng nontaxable amount is -						144
	Not over \$500,000	-	-	٦					
	Over \$500,000 but not over \$1,000								
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	10% of the excess over \$1,000	,000	41				
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	5% of the excess over \$1,500,	000					
	Over \$17,000,000								
	Grassroots nontaxable amour				42				
	Subtract line 42 from line 36.				43				
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more t	han line 38		44				
	Caution: If there is an amo	unt on aithar line 12 or li	no 44 you must file For	m 4720					
		(Some organizations that ma	structions for lines 45 throu	on do not have to co ugh 50 on page 11 c	omplete of the ir	e all of the five nstructions.)		ins	
_		4.		enditures During 4	t-rear	Averaging F			N/A
	endar year (or eal year beginning in)	(a) 2005	(b) 2004	(c) 2003			(d) 2002		(e) Total
45	Lobbying nontaxable								
40	amount								0.
40	Lobbying ceiling amount (150% of line 45(e))								0.
47	Total lobbying								
71	expenditures								0.
48	Grassroots nontaxable	_							
	amount								0.
49	Grassroots ceiling amount								_
	(150% of line 48(e))								0.
50	Grassroots lobbying								0.
P	expenditures art VI-B Lobbying A	L Activity by Nonelec	ting Public Charit	l ies					
		nly by organizations that dic			instruct	tions.)			N/A
	ing the year, did the organizati	•	,	n, including any att	tempt to	0	Yes	No	Amount
	uence public opinion on a legis		-				ļ		
	Volunteers								
p	Paid staff or management (In						<u> </u>		, -
c d	Media advertisements Mailings to members, legislat	ors or the nublic	••••••						
e		broadcast statements	•••••						
f		for lobbying purposes							
g	Direct contact with legislators	, their staffs, government of	ficials, or a legislative body			**************			
-	Rallies, demonstrations, semi								
	Total lobbying expenditures (Add lines c through h.)	********************************						0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.									

523141 02-03-06

Par		garding Transfers to and zations (See page 12 of the instr		Relationships with Nonchart	able		
51		firectly or indirectly engage in any of		organization described in section			
• •		section 501(c)(3) organizations) or in					
а	, ,	ganization to a noncharitable exempt	, , ,	miour or guinzations.		Yes	No
_	· · · · · ·	·	_		51a(i)		Х
							X
	Other transactions:		• • • • • • • • • • • • • • • • • • • •		. 4(/		
b	·	de with a manch suitable access and			b(i)		х
					· ——	L	X
	(ii) Purchases of assets from a noncharitable exempt organization						
							X
							X
							X
							X
C	Sharing of facilities, equipment,	, mailing lists, other assets, or paid er	mployees		. <u>C</u>		X
d	If the answer to any of the abov	re is "Yes," complete the following sch	redule. Column (b) should a	always show the fair market value of the			
	goods, other assets, or services	s given by the reporting organization.	If the organization received	l less than fair market value in any			
	transaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, or	r services received:		N/A	
(a)	(b)	(c)		(d)			
Line		Name of noncharitable ex	empt organization	Description of transfers, transactions, and s	haring ar	rangen	nents
		_					
		-					
		_					
	<u> </u>			-			
	_			_			
	_	-					
			-				
	_			_			
F0 a	le the organization dispath, as in			nuinations described in section (01/a) of the			
oz a			one or more tax-exempt org	anizations described in section 501(c) of the	٦ ٧	Γv	□ Na
	Code (other than section 501(c			> L	_ Yes	LA	- NC
D	If "Yes," complete the following	<u>-</u>	Т				_
	(a Name of or	l)	(b) Type of organization	(c) Description of relations?	nin		
		ganization	Type of organization	Description of relations			
		-					
							
						_	
		 -		-			
							
				_			
				_			
			1				

Schedule B (Form 990, 990-EZ, or

990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Employer identification number Name of organization 06-1521179 PRO BONO NET, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) **General Rule-**For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a) 3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Employer identification number

PRO	BONO	NET	TNC

06-1521179

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE STATEMENT 3	\$\$ <u>1,272,374.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

523452 02-01-06

FORM 990	OTHER	REXPENSES		STATEMENT 1
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
CONSULTING FEES OTHER PROFESSIONAL	38,533.	13,033.		25,500.
FEES MARKETING AND	27,354.	22,430.	3,830.	1,094.
ADVERTISING WEBSITE HOSTING	36,302. 33,266.	29,768. 33,266.	5,082.	1,452.
INSURANCE GRANTS FOR PROJECT	7,214.	5,915.	1,010.	289.
PARTNERS MISCELLANEOUS	76,668. 5,438.	76,668. 4,459.	761.	218.
TOTAL TO FM 990, LN 43	224,775.	185,539.	10,683.	28,553.
=		-		
FORM 990 STATEMENT OF	ORGANIZATION PART	~	MPT PURPOSE	STATEMEN

EXPLANATION

THE MISSION OF PRO BONO NET IS TO USE INFORMATION TECHNOLOGY TO INCREASE THE AMOUNT AND QUALITY OF LEGAL SERVICES PROVIDED BY PRIVATE PRACTITIONERS TO LOW-INCOME INDIVIDUALS AND COMMUNITIES AND FOR THE PUBLIC GOOD.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2005

Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISER LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	NOVEMBER 15, 2006
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO MYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Annual Filing for Charitable Organizations Form CHAR500 2005 New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section This form used for 120 Broadway Open to Public Article 7-A, EPTL, and dual filers New York, NY 10271 (replaces forms CHAR 497, Inspection www.oag.state.ny.us/charities/charities.html CHAR 010 and CHAR 006) 1. General Information a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2005 and ending (mm/dd/yyyy) 12/31/2005 b. Check if applicable for NYS: d. Fed. employer ID no. (EIN) c. Name of organization Address change 06-1521179 PRO BONO NET, INC. Name change e. NY State registration no. 06 - 36 - 63Initial filing Number and street (or P.O. box if mail not delivered to street address) Final filing Room/suite f. Telephone number Amended filing 151 WEST 30TH STREET 212 760-2554 NY registration pending City or town, state or country and ZIP + 4 g. Email NEW YORK, NY 10001 2. Certification - Two Signatures Required We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. a. President or Authorized Officer/Trustee Signature Printed Name Title Date b. Chief Financial Officer or Treasurer Signature Printed Name Title Date 3. Annual Report Exemption Information a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A). b. EPTL annual report exemption (EPTL registrants and dual registrants) if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* * If "Yes", complete Schedule 4a.	X No
b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.	X No

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

5. Fee Submitted: See last page for summary of fee requirements.			
Indicate the filing fee(s) you are submitting along with this form:			
a. Article 7-A filing fee	\$	25.	Submit only one check or money order for the
b. EPTL filing fee	\$	250.	total fee, payable to "NYS Department of Law
c. Total fee	s	275.	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

12-14-05 1019

Form CHAR500 (2005)

PRO BONO NET, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

_							
For All Filers							
Filing Fee X Single check or money order payable to "NYS Department of Law"							
	5 NYS Department of Law						
Copies of Internal Revenue Service Forms							
X IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF					
X Schedule A to IRS Form 990	Schedule A to IRS Form 990-EZ						
Schedule B to IRS Form 990	Schedule B to IRS Form 990-EZ	Schedule B to IRS Form 990-PF					
L IRS Form 990-T	L IRS Form 990-T	IRS Form 990-T					
<u> </u>							
Additional Article 7-A Document Attachme	nt Requirement						
Independent Accountant's Report							
Audit Report (total support & revenue n							
Review Report (total support & revenue							
No Accountant's Report Required (total	I support & revenue not more than \$100,000)						

1019

568481 12-14-05

Form CHAR500 (2005)