

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2007

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	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2008
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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)

2007

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRO BONO NET, INC. Number and street (or P.O. box if mail is not delivered to street address) 151 WEST 30TH STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10001	D Employer identification number 06-1521179
E Telephone number 212-760-2554		F Accounting method: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.PROBONO.NET

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ N/A ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ N/A ☐ Yes ☐ No (If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ☐ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

2,068,799.

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received:		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	1,159,584.
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 1,068,810. noncash \$ 90,774.)	1e	1,159,584.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	874,607.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	34,608.
5	Dividends and interest from securities	5	
6 a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
7	Other investment income (describe <input type="checkbox"/>)	7	
8 a	Gross amount from sales of assets other than inventory	(A) Securities	
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d	
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,068,799.
13	Program services (from line 44, column (B))	13	1,719,193.
14	Management and general (from line 44, column (C))	14	173,261.
15	Fundraising (from line 44, column (D))	15	92,809.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	1,985,263.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	83,536.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,867,605.
20	Other changes in net assets or fund balances (attach explanation)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,951,141.

Part I **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
22a Grants paid from donor advised funds (attach schedule) (cash) \$ <u>0</u> • noncash \$ <u>0</u> •				
If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash) \$ <u>0</u> • noncash \$ <u>0</u> •				
If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 135,408.	135,408.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 629,150.	487,038.	94,506.	47,606.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 160,245.	131,401.	19,229.	9,615.
30 Professional fundraising fees	30			
31 Accounting fees	31 20,767.	17,029.	2,492.	1,246.
32 Legal fees	32			
33 Supplies	33 55,593.	45,586.	6,671.	3,336.
34 Telephone	34 17,039.	13,972.	2,045.	1,022.
35 Postage and shipping	35			
36 Occupancy	36 79,057.	64,827.	9,487.	4,743.
37 Equipment rental and maintenance	37 82,728.	82,728.		
38 Printing and publications	38			
39 Travel	39 29,607.	29,607.		
40 Conferences, conventions, and meetings	40 25,984.	25,984.		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 354,570.	354,570.		
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 1	43g 395,115.	331,043.	38,831.	25,241.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,985,263.	1,719,193.	173,261.	92,809.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**

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.)

Program Service 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 ☐ **1,719,193.**

b
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e
(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) **1,719,193.**

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	(A) Beginning of year	(B) End of year
45 Cash - non-interest-bearing	559,105.	45 856,274.
46 Savings and temporary cash investments	532,890.	46 269,657.
47 a Accounts receivable	122,340.	47c 226,898.
b Less: allowance for doubtful accounts		
48 a Pledges receivable	520,000.	48c 362,000.
b Less: allowance for doubtful accounts		
49 Grants receivable		49
50 a Receivables from current and former officers, directors, trustees, and key employees		50a
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
51 a Other notes and loans receivable		51c
b Less: allowance for doubtful accounts		
52 Inventories for sale or use	17,584.	52
53 Prepaid expenses and deferred charges		53
54 a Investments - publicly-traded securities		54a
b Investments - other securities		54b
55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation		55c
56 Investments - other		56
57 a Land, buildings, and equipment: basis	255,277.	57c 503,472.
b Less: accumulated depreciation STMT 3		
58 Other assets, including program-related investments (describe ► DEPOSIT)	10,672.	58 10,672.
59 Total assets (must equal line 74). Add lines 45 through 58	2,017,868.	59 2,250,876.
60 Accounts payable and accrued expenses	150,263.	60 136,526.
61 Grants payable		61
62 Deferred revenue		62 163,209.
63 Loans from officers, directors, trustees, and key employees		63
64 a Tax-exempt bond liabilities		64a
b Mortgages and other notes payable		64b
65 Other liabilities (describe ►)		65
66 Total liabilities. Add lines 60 through 65	150,263.	66 299,735.
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
67 Unrestricted	805,032.	67 1,294,133.
68 Temporarily restricted	1,062,573.	68 657,008.
69 Permanently restricted		69
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.		
70 Capital stock, trust principal, or current funds		70
71 Paid-in or capital surplus, or land, building, and equipment fund		71
72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,867,605.	73 1,951,141.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,017,868.	74 2,250,876.

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Part VI Other Information (continued)

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 amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	82b	461,850.	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?			83b	X
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 tax deductible?		N/A	84b	
85 a	501(c)(4), (5), or (6). 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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h unless the organization received a waiver for proxy tax owed for the prior year.		N/A	85b	
c	Dues, assessments, and similar amounts from members		85c	N/A	
d	Section 162(e) lobbying and political expenditures		85d	N/A	
e	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	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A	
h	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?			85g	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			85h	
b	Gross receipts, included on line 12, for public use of club facilities		86a	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		86b	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.)		87a	N/A	
			87b	N/A	
88 a	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			88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI			88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶ 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?				
	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 sections 4912, 4955, and 4958				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g	X
90 a	List the states with which a copy of this return is filed ▶ NY				
b	Number of employees employed in the pay period that includes March 12, 2007	90b			13
91 a	The books are in care of ▶ TAXPAYER Located at ▶ 151 WEST 30TH STREET,, NEW YORK, NY Telephone no. ▶ 212-760-2554 ZIP +4 ▶ 10001				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			91b	X
	If "Yes," enter the name of the foreign country ▶ N/A				
See the instructions for exceptions and filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts.					

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country N/A

92 Section 4947(e)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 ☐
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

	(A) Business code	(B) Amount	(C) Exclud- tion code	(D) Amount	(E) Related or exempt function income
a STATE PROGRAM FEES					679,848.
b SPONSORSHIP FEES					129,308.
c PRODUCT SUBSCRIPTION					
d FEES					65,451.

e Medicare/Medicaid payments

f Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				0.	34,608.
105 Total (add line 104, columns (B), (D), and (E))					874,607.
Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.					909,215.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A FEES FROM STATES AND SPONSORS FOR DEVELOPING AND MAINTAINING A WEB
93B SITE THAT ALLOWS LEGAL ORGANIZATIONS THROUGHOUT THE COUNTRY TO
93C PUBLISH LEGAL INFORMATION FOR PUBLIC INTEREST LAW AND LAWYERS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a -----<					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours, if self-employed), address, and ZIP + 4 **WEISER LLP**
135 WEST 50TH STREET
NEW YORK, NY 10020 EIN **212.812.7000**
 Phone no. **212.812.7000**

Form 990 (2007)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete **Part I** only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	PRO BONO NET, INC.	06-1521179
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 151 WEST 30TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **TAXPAYER**
Telephone No. ▶ **212-760-2554** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ ☒ calendar year **2007** or
 - ▶ ☐ tax year beginning _____ , and ending _____ .

- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 3-2008)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k).

OMB No. 1545-0047

2007

(Except Private Foundation) and Section 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(29), or 501(c)(28) Nongovernmental Organization

Employer identification number

06:1521179

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(a) Name and address of each employee paid more than \$50,000

ALLISON MCDERMOTT	DEPUTY DIRECTOR	88,129.		
151 W 30TH STREET, NEW YORK, NY 10001	35.00			
BRETT SUWYN	SOFTWARE DEVELOPER			
151 W 30TH STREET, NEW YORK, NY 10001	35.00	83,287.		
ADAM LICHT	PRODUCT MANAGER			
151 W 30TH STREET, NEW YORK, NY 10001	35.00	135,200.		
ELIZABETH RAMME	MGR OF FIN & ADM			
151 W 30TH STREET, NEW YORK, NY 10001	35.00	65,382.		
ELIZABETH KEITH	CIRCUIT RIDER			
151 W 30TH STREET, NEW YORK, NY 10001	35.00	58,800.		
Total number of other employees paid over \$50,000	1			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000

NONE

Total number of others receiving over \$50,000 for professional services

Part II-B	Compensation of the Five Highest Paid Independent Contractors for Other Services
-----------	--

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000

NONE

Total number of other contractors receiving over \$50,000 for other services

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

Schedule A (Form 990 or 990-EZ) 2007

11070730 715668 06337

2007.06010 PRO BONO NET, INC.

06337 1

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)		X
Organizations that made an election under section 501(c)(1) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- | | | |
|---|--------------------------|--|
| 5 | <input type="checkbox"/> | A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). |
| 6 | <input type="checkbox"/> | A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) |
| 7 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). |
| 8 | <input type="checkbox"/> | A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). |
| 9 | <input type="checkbox"/> | A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, |

- | | | |
|-----|-------------------------------------|---|
| 10 | <input type="checkbox"/> | An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) |
| 11a | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) |
| 11b | <input type="checkbox"/> | A community trust. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.) |
| 12 | <input type="checkbox"/> | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) |
| 13 | <input type="checkbox"/> | An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III-Functionally Integrated <input type="checkbox"/> Type III-Other |

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 6 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					Total

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.**Calendar year (or fiscal year beginning in)**

(a) 2006

(b) 2005

(c) 2004

(d) 2003

(e) Total

15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)

779,768.

1,285,559.

797,379.

406,525.

3,269,231.

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

613,603.

492,643.

487,800.

418,647.

2,012,693.

18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975

39,048.

17,262.

7,802.

5,242.

69,354.

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

1,432,419.

1,795,464.

1,292,981.

830,414.

5,351,278.

24 Line 23 minus line 17

818,816.

1,302,821.

805,181.

411,767.

3,338,585.

25 Enter 1% of line 23

14,324.

17,955.

12,930.

8,304.

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24

66,772.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

2,036,737.

c Total support for section 509(a)(1) test: Enter line 24, column (e)

19

69,354.

3,338,585.

d Add: Amounts from column (e) for lines:

26b

2,036,737.

2,106,091.

e Public support (line 26c minus line 26d total)

26e

1,232,494.

36.9167%

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

36.9167%

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2005)

(2004)

(2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2006)

(2004)

(2003)

c Add: Amounts from column (e) for lines:

16

2,036,737.

2,106,091.

d Add: Line 27a total

21

2,036,737.

2,106,091.

e Public support (line 27c total minus line 27d total)

27e

2,036,737.

2,106,091.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

27f

2,106,091.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g

N/A

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h

N/A

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

723131 12-27-07

NONE

Schedule A (Form 990 or 990-EZ) 2007

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2007

Part V-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)		42
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part V-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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.

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

2007

Name of organization

PRO BONO NET, INC.

Employer identification number

06-1521179

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c) 3 (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule-

☐ For 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 of the regulations under sections 509(a)(1)/70(b)(1)(A)(v), 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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

PRO BONO NET, INC.

06-1521179

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>SEE STATEMENT 5</u>	\$ <u>944,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	SOFTWARE	01/02/98	SL	3.00	HY	16	170,000.				170,000.	170,000.		0.	170,000.
2	SOFTWARE	01/02/99	SL	3.00	HY	16	231,175.				231,175.	231,175.		0.	231,175.
3	COMPUTER EQUIPMENT	01/02/99	SL	3.00	HY	16	9,387.				9,387.	9,387.		0.	9,387.
4	SOFTWARE	01/02/00	SL	3.00	HY	16	87,220.				87,220.	87,220.		0.	87,220.
5	COMPUTER EQUIPMENT	01/02/00	SL	3.00	HY	16	17,752.				17,752.	17,752.		0.	17,752.
6	FURNITURE	01/02/00	SL	7.00	HY	16	4,257.				4,257.	3,953.		304.	4,257.
7	SOFTWARE DONATED	01/02/00	SL	3.00	HY	16	142,780.				142,780.	142,780.		0.	142,780.
8	SOFTWARE	01/02/01	SL	3.00	HY	16	206,944.				206,944.	206,944.		0.	206,944.
9	COMPUTER EQUIPMENT	01/02/01	SL	3.00	HY	16	2,541.				2,541.	2,541.		0.	2,541.
10	FURNITURE	01/02/01	SL	7.00	HY	16	644.				644.	506.		92.	598.
11	SOFTWARE	01/02/02	SL	3.00	HY	16	452,134.				452,134.	452,134.		0.	452,134.
12	SOFTWARE DONATED	01/02/02	SL	3.00	HY	16	120,994.				120,994.	120,994.		0.	120,994.
13	COMPUTER EQUIPMENT	01/02/02	SL	3.00	HY	16	13,165.				13,165.	13,165.		0.	13,165.
14	SOFTWARE	01/02/03	SL	3.00	HY	16	332,484.				332,484.	332,484.		0.	332,484.
15	SOFTWARE	01/02/04	SL	3.00	HY	16	127,948.				127,948.	127,948.		0.	127,948.
16	SOFTWARE DONATED	01/02/04	SL	3.00	HY	16	48,000.				48,000.	48,000.		0.	48,000.
17	COMPUTER EQUIPMENT	01/02/04	SL	3.00	HY	16	4,025.				4,025.	4,025.		0.	4,025.
18	SOFTWARE	01/02/05	SL	3.00	HY	16	141,632.				141,632.	93,231.		48,401.	141,632.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 2

[illegible]

FORM 990 OTHER EXPENSES STATEMENT 1				
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING FEES	76,634.	70,809.		5,825.
OTHER PROFESSIONAL FEES	9,995.	8,196.	1,199.	600.
MARKETING AND ADVERTISING	96,832.	43,850.	35,321.	17,661.
GRANTS FOR PROJECT PARTNERS	174,821.	174,821.		
MISCELLANEOUS	10,413.	8,538.	1,250.	625.
INSURANCE	8,840.	7,249.	1,061.	530.
WEBSITE HOSTING	17,580.	17,580.		
TOTAL TO FM 990, LN 43	395,115.	331,043.	38,831.	25,241.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 2
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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.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 3	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	170,000.	170,000.	0.
SOFTWARE	231,175.	231,175.	0.
COMPUTER EQUIPMENT	9,387.	9,387.	0.
SOFTWARE	87,220.	87,220.	0.
COMPUTER EQUIPMENT	17,752.	17,752.	0.
FURNITURE	4,257.	4,257.	0.
SOFTWARE DONATED	142,780.	142,780.	0.
SOFTWARE	206,944.	206,944.	0.
COMPUTER EQUIPMENT	2,541.	2,541.	0.
FURNITURE	644.	598.	46.
SOFTWARE	452,134.	452,134.	0.
SOFTWARE DONATED	120,994.	120,994.	0.
COMPUTER EQUIPMENT	13,165.	13,165.	0.

SOFTWARE	332,484.	332,484.	0.
SOFTWARE	127,948.	127,948.	0.
SOFTWARE DONATED	48,000.	48,000.	0.
COMPUTER EQUIPMENT	4,025.	4,025.	0.
SOFTWARE	141,632.	141,632.	0.
COMPUTER EQUIPMENT	8,242.	7,575.	667.
SOFTWARE	270,393.	181,453.	88,940.
SOFTWARE DONATED	22,500.	15,000.	7,500.
COMPUTER EQUIPMENT	13,420.	8,946.	4,474.
SOFTWARE	483,589.	161,196.	322,393.
SOFTWARE DONATED	90,775.	30,258.	60,517.
COMPUTER EQUIPMENT	28,402.	9,467.	18,935.

TOTAL TO FORM 990, PART IV, LN 57	3,030,403.	2,526,931.	503,472.
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FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 4
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL HERTZ 151 WEST 30TH STREET NEW YORK, NY 10001	CHIEF KNOWLEDGE OFFICER 5.00	0.	0.	0.
MARK OBRIEN 151 WEST 30TH STREET NEW YORK, NY 10001	EXECUTIVE DIRECTOR & PRES 35.00	135,408.	0.	0.
MICHAEL COOPER 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD CHAIR 5.00	0.	0.	0.
MICHAEL MILLS 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD VICE CHAIR 5.00	0.	0.	0.
WILLIAM POLLAK 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD TREASURER 5.00	0.	0.	0.
MARIA IMPERIAL 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD SECRETARY 5.00	0.	0.	0.
KATHLEEN A. BEHAN 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	0.	0.

<u>WALTER CALLENDER</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.
<u>ALAN GREER</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.
<u>JACK LONDEN</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.
<u>TODD BASKIN</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.
<u>DENNIS SUPLEE</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.
<u>STEPHEN WARKE</u>				
151 WEST 30TH STREET	BOARD MEMBER			
NEW YORK, NY 10001	5.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

135,408.	0.	0.
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7/25/2008
Cash Basis

Pro Bono Net, Inc.
Donations/Grants in excess of \$5,000
January through December 2007

Date	Name	Address	Grant/ Donation Amount
Donation - Individual			
01/09/2007	Jack London	c/o Morrison & Foerster 425 Market Street San Francisco, CA 94105	5,000.00
05/30/2007	Suzette Brooks Masters	40 East 88th Street, Apt. 2F New York, NY 10128	6,000.00
10/24/2007	Suzette Brooks Masters New York Community Trust	40 East 88th Street, Apt. 2F New York, NY 10128	5,000.00
11/07/2007	Suzette Brooks Masters New York Community Trust	40 East 88th Street, Apt. 2F New York, NY 10128	5,000.00
11/28/2007	Michael Mills	c/o Davis Polk & Wardwell 450 Lexington Ave. New York, NY 10017	10,000.00
12/14/2007	Michael Cooper	c/o Sullivan & Cromwell 125 Broad Street New York, NY 10004	10,000.00
Donation - Law Firm			
01/09/2007	Davis Polk & Wardwell	450 Lexington Avenue New York, NY 10017	10,000.00
01/19/2007	Freshfields Bruckhaus	520 Madison Avenue, 34th floor New York, NY 10022	10,000.00
02/13/2007	DLA Piper Foundation	1200 Nineteenth Street Washington, DC 20036	5,000.00
06/15/2007	White & Case	1155 Avenue of the Americas New York, NY 10036	10,000.00
06/21/2007	Kaye Scholer	425 Park Avenue New York, NY 10022	5,000.00
10/05/2007	Kramer Levin Naftalis & Frankel	919 Third Avenue New York, NY 10022	5,000.00
10/17/2007	Skadden, Arps, Slate, Meagher & Flom	4 Times Square New York, NY 10036	10,000.00
10/17/2007	Davis Polk & Wardwell	450 Lexington Avenue New York, NY 10017	10,000.00
10/24/2007	Sullivan & Cromwell	125 Broad Street New York, NY 10004	10,000.00
11/02/2007	Fried, Frank, Harris, Shriver & Jacobson	One New York Plaza New York, NY 10004	5,000.00
11/21/2007	Debevoise & Plimpton	19 Third Avenue New York, NY 10022	10,000.00
11/28/2007	Mayer, Brown, Rowe & Maw	71 S. Wacker Drive Chicago, IL 60606	5,000.00
12/05/2007	DLA Piper Foundation	1200 Nineteenth Street Washington, DC 20036	10,000.00
12/10/2007	White & Case	1155 Avenue of the Americas New York, NY 10036	10,000.00

STATEMENT 5

Donations/Grants in excess of \$5,000

January through December 2007

Date	Name	Address	Grant/ Donation Amount
12/14/2007	Freshfields Bruckhaus	520 Madison Avenue, 34th floor New York, NY 10022	10,000.00
12/28/2007	Latham & Watkins	885 Third Avenue, Suite 100 New York, NY 10022	10,000.00
12/28/2007	Proskauer & Rose	1585 Broadway New York, NY 10036	5,000.00
Grants			
03/21/2007	IOLA Fund of the State of NY	11 East 44th Street, #1406 New York, NY 10017	50,000.00
03/26/2007	IOLA Fund of the State of NY	11 East 44th Street, #1406 New York, NY 10017	48,000.00
07/25/2007	IOLA Fund of the State of NY	11 East 44th Street, #1406 New York, NY 10017	48,000.00
10/26/2007	IOLA Fund of the State of NY	11 East 44th Street, #1406 New York, NY 10017	24,000.00
08/15/2007	Bill & Melinda Gates Foundation	c/o Microsoft Corp. One Microsoft Way Redman, WA 98052	200,000.00
12/05/2007	Bill & Melinda Gates Foundation	c/o Microsoft Corp. One Microsoft Way Redman, WA 98052	150,000.00
05/08/2007	New York Bar Foundation	1 Elk Street Albany, NY 12207	10,000.00
06/27/2007	New York Community Trust	2 Park Avenue New York, NY 10016	45,000.00
07/20/2007	Carnegie Corporation	437 Madison Avenue New York, NY 10022	188,000.00
			<u>944,000.00</u>

STATEMENT 5