

# 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

**2010**

Open to Public Inspection

<b>A</b> For the 2010 calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>PRO BONO NET, INC.</b></td> <td><b>D</b> Employer identification number <b>06-1521179</b></td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3"><b>E</b> Telephone number <b>212-760-2554</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>151 WEST 30TH STREET</b></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10001</b></td> <td><b>G</b> Gross receipts \$ <b>2,627,144.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>MARK H. O'BRIEN</b> <b>151 WEST 30TH STREET, NEW YORK, NY 10001</b></td> <td><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.PROBONO.NET</b></td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b></td> </tr> </table>	<b>C</b> Name of organization <b>PRO BONO NET, INC.</b>		<b>D</b> Employer identification number <b>06-1521179</b>	Doing Business As		<b>E</b> Telephone number <b>212-760-2554</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>151 WEST 30TH STREET</b>		City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10001</b>		<b>G</b> Gross receipts \$ <b>2,627,144.</b>	<b>F</b> Name and address of principal officer: <b>MARK H. O'BRIEN</b> <b>151 WEST 30TH STREET, NEW YORK, NY 10001</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>J</b> Website: <b>WWW.PROBONO.NET</b>		<b>H(c)</b> Group exemption number	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>NY</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF PRO BONO NET IS TO INCREASE ACCESS TO JUSTICE FOR POOR AND VULNERABLE COMMUNITIES</b>			
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17	
	6	Total number of volunteers (estimate if necessary)	6	6	
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	887,662.	909,470.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,777,041.	1,709,274.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,474.	8,400.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,674,177.	2,627,144.	
<b>Expenses</b>		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,368,759.	1,430,158.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	181,270.	1,375,453.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,375,453.	1,275,889.	
	19	Revenue less expenses. Subtract line 18 from line 12	2,744,212.	2,706,047.	
	20	Total assets (Part X, line 16)	<70,035.>	<78,903.>	
<b>Net Assets or Fund Balances</b>	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,826,082.	1,749,542.	
			404,400.	406,763.	
			1,421,682.	1,342,779.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>11/2/11</b>
	Type or print name and title <b>MARK H. O'BRIEN, PRESIDENT</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MITCHELL LEWIS</b>	Preparer's signature 
	Firm's name <b>WEISERMAZARS LLP</b>	Date <b>11/1/11</b>
	Firm's address <b>135 WEST 50TH STREET NEW YORK, NY 10020</b>	Check if self-employed <input type="checkbox"/> PTIN Firm's EIN <b>212.812.7000</b>

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	PRO BONO NET, INC.	06-1521179
	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

PRO BONO NET, INC.

- The books are in the care of **151 WEST 30TH STREET, 10TH FLOOR - NEW YORK, NY 10001**  
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 is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**
- For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension  
**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

<b>8a</b> 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.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Mans Schaeffer, CPA Title As Agent Date 8/3/11

Form 8868 (Rev. 1-2011)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **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.

<b>Type or print</b>	Name of exempt organization <b>PRO BONO NET, INC.</b>	<b>Employer identification number</b> <b>06-1521179</b>
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. <b>151 WEST 30TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PRO BONO NET, INC.**

- The books are in the care of ▶ **151 WEST 30TH STREET, 10TH FLOOR - NEW YORK, NY 10001**

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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2010** or

▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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 Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:  
**THE MISSION OF PRO BONO NET IS TO INCREASE ACCESS TO JUSTICE FOR POOR AND VULNERABLE COMMUNITIES THROUGH THE INNOVATIVE USE OF TECHNOLOGY, PROMOTION OF COLLABORATION AND VOLUNTEER MOBILIZATION.**

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,320,369. including grants of \$ ) (Revenue \$ 1,709,274. )  
**PROVIDES TECHNICAL ASSISTANCE AND CONSULTING SERVICES TO MORE THAN 200 REGIONAL AND NATIONAL PUBLIC INTEREST LEGAL ORGANIZATIONS THAT USE PRO BONO'S ONLINE PLATFORMS TO COLLABORATE, SHARE INFORMATION, RECRUIT AND RETAIN VOLUNTEERS, AND PROVIDE INFORMATION AND SERVICES TO THE PUBLIC. SEE ATTACHMENT A FOR ADDITIONAL PROGRAM ACCOMPLISHMENTS**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **2,320,369.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	4b	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	21																																				
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		17																																			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					X																																
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																					
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O																																					
4a 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)?																																					
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.																																					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																					
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?																																					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																					
7 Organizations that may receive deductible contributions under section 170(c).																																					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																					
d If "Yes," indicate the number of Forms 8282 filed during the year																																					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																					
9 Sponsoring organizations maintaining donor advised funds.																																					
a Did the organization make any taxable distributions under section 4966?																																					
b Did the organization make a distribution to a donor, donor advisor, or related person?																																					
10 Section 501(c)(7) organizations. Enter:																																					
a Initiation fees and capital contributions included on Part VIII, line 12																																					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																					
11 Section 501(c)(12) organizations. Enter:																																					
a Gross income from members or shareholders																																					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																					
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.																																					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																					
c Enter the amount of reserves on hand																																					
14a Did the organization receive any payments for indoor tanning services during the tax year?																																					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																					

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18	
b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NY, CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PRO BONO NET, INC. - 212-760-2554**  
**151 WEST 30TH STREET, 10TH FLOOR, NEW YORK, NY 10001**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HERTZ BOARD MEMBER	5.00	X						0.	0.	0.
MARK OBRIEN PRESIDENT	40.00	X		X	X			139,470.	0.	16,828.
WILLIAM POLLAK BOARD CHAIR	5.00	X						0.	0.	0.
MICHAEL MILLS BOARD VICE CHAIR	5.00	X						0.	0.	0.
ED WALTERS BOARD TREASURER	5.00	X						0.	0.	0.
MICHAEL WALSH BOARD MEMBER	5.00	X						0.	0.	0.
KATHLEEN A. BEHAN BOARD MEMBER	5.00	X						0.	0.	0.
WALTER CALLENDER BOARD MEMBER	5.00	X						0.	0.	0.
ALAN GREER BOARD MEMBER	5.00	X						0.	0.	0.
JACK LONDEN BOARD MEMBER	5.00	X						0.	0.	0.
DAVID HEINER BOARD SECRETARY	5.00	X						0.	0.	0.
TIELA CHALMERS BOARD MEMBER	5.00	X						0.	0.	0.
STEPHEN WARNKE BOARD MEMBER	5.00	X						0.	0.	0.
FRANK AZZOPARDI BOARD MEMBER	5.00	X						0.	0.	0.
LBEANN BLACK BOARD MEMBER	5.00	X						0.	0.	0.
JOHN ALBER BOARD MEMBER	5.00	X						0.	0.	0.
MICHAEL COOPER BOARD MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TODD BASKIN BOARD MEMBER	5.00	X						0.	0.	0.
THOMAS CROWE TECHNOLOGY DIRECTOR	35.00					X		144,200.	0.	10,393.
ADAM LICHT PRODUCT MANAGER	35.00					X		143,434.	0.	17,893.
<b>1b Sub-total</b>								427,104.	0.	45,114.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								427,104.	0.	45,114.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e	304,862.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	604,608.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....		909,470.				
Program Service Revenue	2 a	PROGRAM FEES	Business Code 541100	1106709.	1106709.			
	b	PRODUCT SUBSCRIPTION F	541100	435,472.	435,472.			
	c	SPONSORSHIP FEES	541100	167,093.	167,093.			
	d							
	e							
	f	All other program service revenue .....						
	g	<b>Total.</b> Add lines 2a-2f .....		1709274.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		8,400.			8,400.
4		Income from investment of tax-exempt bond proceeds .....						
5		Royalties .....						
6 a		Gross Rents .....	(i) Real	(ii) Personal				
b		Less: rental expenses .....						
c		Rental income or (loss) .....						
d		Net rental income or (loss) .....						
7 a		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
b	Less: cost or other basis and sales expenses .....							
c	Gain or (loss) .....							
d	Net gain or (loss) .....							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a						
		b						
b	Less: direct expenses .....	b						
c	Net income or (loss) from fundraising events .....							
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a						
		b						
b	Less: direct expenses .....	b						
c	Net income or (loss) from gaming activities .....							
10 a	Gross sales of inventory, less returns and allowances .....	a						
		b						
b	Less: cost of goods sold .....	b						
c	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....							
12	<b>Total revenue.</b> See instructions. ....		2627144.	1709274.	0.	8,400.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	139,470.	83,682.	20,920.	34,868.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,045,547.	903,124.	59,896.	82,527.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	157,393.	130,636.	11,018.	15,739.
10 Payroll taxes .....	87,748.	72,831.	6,142.	8,775.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	24,333.	20,196.	1,703.	2,434.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	11,623.	9,647.	814.	1,162.
12 Advertising and promotion .....	66,082.	30,740.	14,553.	20,789.
13 Office expenses .....	31,988.	26,550.	2,239.	3,199.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	82,001.	68,061.	5,740.	8,200.
17 Travel .....	40,827.	40,827.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	10,729.	10,729.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	324,822.	324,822.		
23 Insurance .....	7,840.	6,508.	549.	783.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>GRANTS FOR PROJECT PART</b> .....	377,702.	377,702.		
b <b>WEBSITE MAINTENANCE</b> .....	95,341.	95,341.		
c <b>CONSULTING FEES</b> .....	85,896.	7,017.	78,879.	
d <b>WEBSITE HOSTING</b> .....	73,187.	73,187.		
e <b>TELEPHONE</b> .....	24,261.	20,137.	1,698.	2,426.
f All other expenses .....	19,257.	18,632.	257.	368.
<b>25 Total functional expenses. Add lines 1 through 24f</b> .....	<b>2,706,047.</b>	<b>2,320,369.</b>	<b>204,408.</b>	<b>181,270.</b>
<b>26 Joint costs. Check here</b> <input type="checkbox"/> <b>if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</b> .....				

**Part X** Balance Sheet

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	49,993.	1	96,802.
	2 Savings and temporary cash investments .....	651,801.	2	916,966.
	3 Pledges and grants receivable, net .....	346,225.	3	42,050.
	4 Accounts receivable, net .....	447,520.	4	335,819.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	29,947.	9	50,988.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 4,004,865.		
	b Less: accumulated depreciation .....	10b 3,708,620.	10c	296,245.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	10,672.	15	10,672.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,826,082.	16	1,749,542.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	127,256.	17	172,138.
	18 Grants payable .....		18	
	19 Deferred revenue .....	277,144.	19	234,625.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	404,400.	26	406,763.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	857,975.	27	1,044,063.
	28 Temporarily restricted net assets .....	563,707.	28	298,716.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	1,421,682.	33	1,342,779.	
34 <b>Total liabilities and net assets/fund balances</b> .....	1,826,082.	34	1,749,542.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,627,144.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,706,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	<78,903.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,421,682.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,342,779.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	779,768.	1,317,584.	814,567.	867,662.	909,470.	4,689,051.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	779,768.	1,317,584.	814,567.	867,662.	909,470.	4,689,051.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,055,330.
6 <b>Public support.</b> Subtract line 5 from line 4.						2,633,721.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	779,768.	1,317,584.	814,567.	867,662.	909,470.	4,689,051.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	39,048.	34,608.	25,844.	9,474.	8,400.	117,374.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						4,806,425.
12 Gross receipts from related activities, etc. (see instructions) .....				12		5,781,097.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	54.80	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	45.32	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

- 19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....
- b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

## Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

2010

**\*\* Do Not File \*\***

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
OPEN SOCIETY INSTITUTE	250,000.	153,871.
INTEREST ON LAWYERS ACCT FD	911,362.	815,233.
BOOTH FERRIS FOUNDATION	200,000.	103,871.
NEW YORK COMMUNITY TRUST	185,000.	88,871.
MICHAEL MILLS	165,000.	68,871.
BILL & MELINDA GATES FDN	350,000.	253,871.
CARNEGIE CORPORATION	638,000.	541,871.
FOUR FREEDOMS FUND	125,000.	28,871.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		2,055,330.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the 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 foundationCheck 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vii), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization	Employer identification number
PRO BONO NET, INC.	06-1521179

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL MILLS 60 EAST 42ND ST. SUITE 1810 NEW YORK, NY 10165	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	IMMIGRANT LEGAL RESOURCE CENTER 1663 MISSION ST. SUITE 602 SAN FRANCISCO, CA 94103	\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FOUR FREEDOMS FUND 45 WEST 36TH ST. 6TH FLOOR NEW YORK, NY 10018	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEW YORK COMMUNITY TRUST 909 THIRD AVENUE, 22ND FLOOR NEW YORK, NY 10022	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CENTER FOR NYC NEIGHBORHOODS 74 TRINITY PLACE, SUITE 1302 NEW YORK, NY 10006	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
PRO BONO NET, INC.	06-1521179

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	INTEREST ON LAWYERS ACCOUNT FUND 11 EAST 44TH ST. #1406 NEW YORK, NY 10017	\$ 229,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NYS DIVISION OF CRIMINAL JUSTICE SVC 4 TOWER PLACE ALBANY, NY 12203	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	NYS OFFICE OF CHILDREN & FAMILY SVC 52 WASHINGTON STREET RENSSELAER, NY 12144	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PRO BONO NET, INC.

**Part II Noncash Property** (see instructions)[illegible]

Name of organization	Employer identification number
PRO BONO NET, INC.	06-1521179

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number

06-1521179

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		160,713.	137,155.	23,558.
e Other		3,844,152.	3,571,465.	272,687.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				296,245.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).032053  
12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,627,144.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,706,047.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<78,903.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<78,903.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,956,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	329,528.
e	Add lines 2a through 2d	2e	329,528.
3	Subtract line 2e from line 1	3	2,627,144.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,627,144.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,035,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	329,528.
e	Add lines 2a through 2d	2e	329,528.
3	Subtract line 2e from line 1	3	2,706,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,706,047.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:****DONATED GOODS AND SERVICES****PART XIII, LINE 2D - OTHER ADJUSTMENTS:****DONATED GOODS AND SERVICES**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number

06-1521179

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MARK OBRIEN	(i) 139,470.	0.	0.	0.	16,828.	156,298.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	THOMAS CROWE	(i) 144,200.	0.	0.	0.	10,393.	154,593.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	ADAM LIGHT	(i) 143,434.	0.	0.	0.	17,893.	161,327.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered**  
**"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V, line 38a or 40b.**  
 ► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

2010

## Open To Public Inspection

Employer identification number  
06-1521179

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<b>2</b>	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 .....	▶	\$	
<b>3</b>	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .....	▶	\$	

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

**Total** \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JACK LONDEN	BD MEMBER OF PRO BO	18,750.	PROGRAM FEE		X
STEPHEN WARNKE	BD MEMBER OF PRO BO	57,000.	PRODUCT SUB		X

**Part V Supplemental Information**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: JACK LONDEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BD MEMBER OF PRO BONO AND OF AN ORGANIZATION DOING BUSINESS WITH PRO BONO

(C) AMOUNT OF TRANSACTION \$ 18,750.

(D) DESCRIPTION OF TRANSACTION: PROGRAM FEES PAID TO PRO BONO NET

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEPHEN WARNKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BD MEMBER OF PRO BONO &amp; PTNR IN A ORGANIZATION DOING BUSINESS WITH PRO BONO

(C) AMOUNT OF TRANSACTION \$ 57,000.

(D) DESCRIPTION OF TRANSACTION: PRODUCT SUBSCRIPTION FEES PAID TO THE ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number  
06-1521179

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

THROUGH THE INNOVATIVE USE OF TECHNOLOGY, PROMOTION OF COLLABORATION  
AND VOLUNTEER MOBILIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS CIRCULATED TO THE BOARD  
OF DIRECTORS WHO REVIEW IT AND RAISE ANY QUESTIONS OR ISSUES PRIOR TO  
FILING.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF  
INTEREST POLICY IS ADMINISTERED AND ENFORCED BY THE CONFLICTS COMMITTEE,  
WHICH IS A THREE-MEMBER COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE  
DIRECTOR IS BASED ON A BUDGET RECOMMENDATION FROM THE AUDIT & FINANCE  
COMMITTEE, AND IS APPROVED BY THE FULL BOARD OF DIRECTORS.  
COMPENSATION OF KEY EMPLOYEES IS ALSO BASED ON A BUDGET RECOMMENDATION FROM  
THE AUDIT & FINANCE COMMITTEE, AND IS APPROVED BY THE FULL BOARD OF  
DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM  
1023 AND FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST.



2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o v	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		HXL6	170,000.				170,000.	170,000.		0.	170,000.
2	SOFTWARE	01/02/99	SL	3.00		HXL6	231,175.				231,175.	231,175.		0.	231,175.
3	COMPUTER EQUIPMENT	01/02/99	SL	3.00		HXL6	9,387.				9,387.	9,387.		0.	9,387.
4	SOFTWARE	01/02/00	SL	3.00		HXL6	87,220.				87,220.	87,220.		0.	87,220.
5	COMPUTER EQUIPMENT	01/02/00	SL	3.00		HXL6	17,752.				17,752.	17,752.		0.	17,752.
6	FURNITURE	01/02/00	SL	7.00		HXL6	4,257.				4,257.	4,257.		0.	4,257.
7	SOFTWARE DONATED	01/02/00	SL	3.00		HXL6	142,780.				142,780.	142,780.		0.	142,780.
8	SOFTWARE	01/02/01	SL	3.00		HXL6	206,945.				206,945.	206,945.		0.	206,945.
9	COMPUTER EQUIPMENT	01/02/01	SL	3.00		HXL6	2,541.				2,541.	2,541.		0.	2,541.
10	FURNITURE	01/02/01	SL	7.00		HXL6	644.				644.	644.		0.	644.
11	SOFTWARE	01/02/02	SL	3.00		HXL6	452,134.				452,134.	452,134.		0.	452,134.
12	SOFTWARE DONATED	01/02/02	SL	3.00		HXL6	120,994.				120,994.	120,994.		0.	120,994.
13	COMPUTER EQUIPMENT	01/02/02	SL	3.00		HXL6	13,165.				13,165.	13,165.		0.	13,165.
14	SOFTWARE	01/02/03	SL	3.00		HXL6	332,484.				332,484.	332,484.		0.	332,484.
15	SOFTWARE	01/02/04	SL	3.00		HXL6	127,948.				127,948.	127,948.		0.	127,948.
16	SOFTWARE DONATED	01/02/04	SL	3.00		HXL6	48,000.				48,000.	48,000.		0.	48,000.
17	COMPUTER EQUIPMENT	01/02/04	SL	3.00		HXL6	4,025.				4,025.	4,025.		0.	4,025.
18	SOFTWARE	01/02/05	SL	3.00		HXL6	141,632.				141,632.	141,632.		0.	141,632.

028111  
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C 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
19	COMPUTER EQUIPMENT	04/01/05	SL	3.00	HY16	8,242.				8,242.	8,242.		0.	8,242.
20	SOFTWARE	01/02/06	SL	3.00	HY16	270,393.				270,393.	270,393.		0.	270,393.
21	SOFTWARE DONATED	01/02/06	SL	3.00	HY16	22,500.				22,500.	22,500.		0.	22,500.
22	COMPUTER EQUIPMENT	01/02/06	SL	3.00	HY16	13,420.				13,420.	13,420.		0.	13,420.
23	SOFTWARE	01/02/07	SL	3.00	HY16	483,589.				483,589.	483,589.		0.	483,589.
24	SOFTWARE DONATED	01/02/07	SL	3.00	HY16	90,774.				90,774.	90,774.		0.	90,774.
25	COMPUTER EQUIPMENT	01/02/07	SL	3.00	HY16	28,402.				28,402.	28,402.		0.	28,402.
26	SOFTWARE	01/02/08	SL	3.00	HY16	23,312.				23,312.	15,542.		7,770.	23,312.
27	COMPUTER EQUIPMENT	01/02/08	SL	3.00	HY16	14,324.				14,324.	9,550.		4,774.	14,324.
28	SOFTWARE	01/02/08	SL	3.00	HY16	379,227.				379,227.	252,818.		126,409.	379,227.
29	SOFTWARE	01/02/09	SL	3.00	HY16	150,318.				150,318.	50,106.		50,106.	100,212.
30	SOFTWARE	01/02/09	SL	3.00	HY16	10,716.				10,716.	3,572.		3,572.	7,144.
31	SOFTWARE	01/02/09	SL	3.00	HY16	6,255.				6,255.	2,085.		2,085.	4,170.
32	SOFTWARE	01/02/09	SL	3.00	HY16	30,940.				30,940.	10,313.		10,313.	20,627.
33	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY16	2,919.				2,919.	973.		973.	1,946.
34	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY16	19,019.				19,019.	6,340.		6,340.	12,680.
35	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY16	6,289.				6,289.	2,095.		2,095.	4,193.
36	SOFTWARE	01/02/10	SL	3.00	HY16	234,212.				234,212.			78,071.	78,071.

028111  
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o v	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
37	SOFTWARE	01/02/10	SL	3.00		HVL6	21,047.				21,047.			7,016.	7,016.
38	SOFTWARE	01/02/10	SL	3.00		HVL6	15,618.				15,618.			5,206.	5,206.
39	COMPUTER EQUIPMENT	01/02/10	SL	3.00		HVL6	2,861.				2,861.			954.	954.
40	COMPUTER EQUIPMENT	01/02/10	SL	3.00		HVL6	15,290.				15,290.			5,097.	5,097.
41	SOFTWARE LICENSE	01/02/10	SL	3.00		HVL6	3,078.				3,078.			1,026.	1,026.
42	SOFTWARE DONATED	01/02/10	SL	3.00		HVL6	16,200.				16,200.			5,400.	5,400.
43	SOFTWARE DEVELOPMENT	01/02/10	SL	3.00		HVL6	22,836.				22,836.			7,612.	7,612.
	* TOTAL 990 PAGE 10 DEPR						4,004,864.				4,004,864.	8,383,798.		324,822.3	7,708,620.

028111  
05-01-10

(D) - Asset disposed

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	PRO BONO NET, INC.	06-1521179
	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		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

PRO BONO NET, INC.

- The books are in the care of **151 WEST 30TH STREET, 10TH FLOOR - NEW YORK, NY 10001**  
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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

8a 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.	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title **PRESIDENT** Date \_\_\_\_\_

Form 8868 (Rev. 1-2011)

### Form 990, Part III – Exempt Purpose Achievements

Pro Bono Net is a national nonprofit organization dedicated to increasing access to justice for the disadvantaged. Through innovative technology solutions and expertise in building and mobilizing justice networks, Pro Bono Net transforms the way legal help reaches underserved communities.

Through our programs, Pro Bono Net provides technical assistance and consulting services to more than 200 regional and national public interest legal organizations that use our online platforms to collaborate, share information, recruit and retain volunteers, and provide information and services directly to the public.

Below are summaries of accomplishments in our major programs during 2010.

**Probono.net** ([www.probono.net](http://www.probono.net)) is a free, national, online knowledge base providing training, practice support and volunteer opportunities for legal aid and pro bono attorneys, law professors and students, and related social services advocates. In 2010, site membership grew to more than 70,000 registered users.

**LawHelp.org** ([www.lawhelp.org](http://www.lawhelp.org)) is a free online portal that helps low and moderate-income people find free legal aid programs in their communities, answers to questions about their legal rights, court information, self-help tools, and links to social service agencies. Operated in partnership with legal aid, bar and court partners in 30 states and U.S. territories, LawHelp.org served more than 4.2 million visitors in 2010.

**LawHelp Interactive** ([www.lawhelpinteractive.org](http://www.lawhelpinteractive.org)) is a free, national online document assembly system that helps those without lawyers fill out court forms and other legal documents. The service allows experts to create interview templates in areas such as family law, housing and consumer debt, among others. In 2010, LawHelp Interactive was used by self-represented litigants, legal aid attorneys and court self-help programs to create more than 217,000 documents. Pro Bono Net was awarded the 2010 InnovAction Award by the College of Law Practice Management in recognition of LawHelp Interactive.

**Immigration Advocates Network** ([www.immigrationadvocates.org](http://www.immigrationadvocates.org)) is a free national online network that supports legal advocates working on behalf of immigrants' rights. Developed by Pro Bono Net and 10 leading immigration advocacy organizations, it was launched in April 2008 and had grown to more than 4,300 members by the end of 2010. Members have desktop access to high quality resources including training manuals, videos, podcasts and webinars; sample materials; timely news and alerts; and email listservs.

**Pro Bono Manager** ([www.probono.net/good](http://www.probono.net/good)) is an online pro bono practice management service for law firms, developed with the support of the Bill & Melinda Gates Foundation. Pro Bono Manager integrates feeds of content from the public interest legal community regarding training events, volunteer opportunities and news with powerful reporting, knowledge management and lawyer matching tools to help law firms raise volunteer participation rates and increase the strategic impact of their pro bono work. By the end of 2010, 10 national law firms were subscribing to the service.