

WEISERMAZARS LLP
135 WEST 50TH STREET
NEW YORK, NY 10020

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

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CLIENT'S COPY



Weiser LLP | Certified Public Accountants

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

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

PRO BONO NET, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2009 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2009 FORM 990

2009 CALIFORNIA FORM 199

2009 CALIFORNIA FORM RRF-1

2009 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

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

VERY TRULY YOURS,

WEISERMAZARS LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2009

Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISERMAZARS LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

C Name of organization**PRO BONO NET, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

151 WEST 30TH STREET

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10001**F Name and address of principal officer: MARK H. O'BRIEN****151 WEST 30TH STREET, NEW YORK, NY 10001****I Tax-exempt status:** ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.PROBONO.NET****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1998****M State of legal domicile:** **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF PRO BONO NET IS TO INCREASE ACCESS TO JUSTICE FOR POOR AND VULNERABLE COMMUNITIES		
	2	Check this box ☐ 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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	8
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	865,067.	887,662.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,265,681.	1,777,041.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,844.	9,474.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,156,592.	2,674,177.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,211,710.	1,368,759.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 223,872.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,404,306.	1,375,453.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,616,016.	2,744,212.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<459,424.>	<70,035.>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,800,508.	1,826,082.
	22	Net assets or fund balances. Subtract line 21 from line 20	308,791.	404,400.
			1,491,717.	1,421,682.

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

MARK H. O'BRIEN, PRESIDENT

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WEISERMAZARS LLP 135 WEST 50TH STREET NEW YORK, NY 10020		EIN ▶	Phone no. ▶ 212.812.7000

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

Part III Statement of Program Service Accomplishments**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 \$ **2,404,152.** including grants of \$) (Revenue \$ **1,777,041.**)
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 ► \$ **2,404,152.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? <i>If "Yes," complete Schedule F, Part I</i>	14b	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? <i>If "Yes," complete Schedule F, Part II</i>	15	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? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 11		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	2a 16		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country: ▶			
See the instructions for exceptions and 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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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.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	15	
b Enter the number of voting members that are independent	14	
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 organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A 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

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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		130,172.	0.	13,438.
MICHAEL COOPER BOARD CHAIR	5.00	X						0.	0.	0.
MICHAEL MILLS BOARD VICE CHAIR	5.00	X						0.	0.	0.
WILLIAM POLLAK 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.
TODD BASKIN 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.
DAVID HEINER BOARD MEMBER	5.00	X						0.	0.	0.
ED WALTERS BOARD MEMBER	5.00	X						0.	0.	0.
ADAM LICHT PRODUCT MANAGER	35.00					X		136,578.	0.	17,848.
THOMAS CROWE TECHNOLOGY DIRECTOR	35.00					X		137,308.	0.	10,131.

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

(A) Name and title	(B) Average hours per week	(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			
1b Total								404,058.	0.	41,417.

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**

- 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 **3**
- 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 **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4	X	
5		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				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	887,662.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		887,662.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code 541100	1198649.	1198649.		
	b	PRODUCT SUBSCRIPTION F	541100	351,979.	351,979.		
	c	SPONSORSHIP FEES	541100	226,413.	226,413.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1777041.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,474.		
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		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		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		2674177.	1777041.	0.	9,474.	

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	130,172.	78,103.	19,526.	32,543.
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	995,315.	848,726.	50,793.	95,796.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	243,272.	201,916.	14,596.	26,760.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,019.	24,085.	1,741.	3,193.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,225.	7,657.	554.	1,014.
12 Advertising and promotion	99,453.	56,170.	15,275.	28,008.
13 Office expenses	43,449.	36,063.	2,607.	4,779.
14 Information technology				
15 Royalties				
16 Occupancy	97,508.	80,932.	5,850.	10,726.
17 Travel	33,136.	33,136.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	415,363.	415,363.		
23 Insurance	9,136.	7,583.	548.	1,005.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GRANTS FOR PROJECT PART	354,201.	354,201.		
b WEBSITE HOSTING	96,202.	96,202.		
c WEBSITE MAINTENANCE	72,317.	72,317.		
d CONSULTING FEES	51,093.	48,230.	2,863.	
e TELEPHONE	28,843.	23,939.	1,731.	3,173.
f All other expenses	36,508.	19,529.	104.	16,875.
25 Total functional expenses. Add lines 1 through 24f	2,744,212.	2,404,152.	116,188.	223,872.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	456,537.	1	49,993.	
	2 Savings and temporary cash investments	152,161.	2	651,801.	
	3 Pledges and grants receivable, net	412,500.	3	346,225.	
	4 Accounts receivable, net	258,397.	4	447,520.	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	31,409.	9	29,947.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,673,722.			
	b Less: accumulated depreciation	10b 3,383,798.	478,832.	10c 289,924.	
	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 Total assets. Add lines 1 through 15 (must equal line 34)	1,800,508.	16	1,826,082.		
Liabilities	17 Accounts payable and accrued expenses	111,743.	17	127,256.	
	18 Grants payable		18		
	19 Deferred revenue	197,048.	19	277,144.	
	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 Total liabilities. Add lines 17 through 25	308,791.	26	404,400.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	896,695.	27	857,975.	
	28 Temporarily restricted net assets	595,022.	28	563,707.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,491,717.	33	1,421,682.	
34 Total liabilities and net assets/fund balances	1,800,508.	34	1,826,082.		

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number

06-1521179

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,285,559.	779,768.	1,317,584.	814,567.	867,662.	5,065,140.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,285,559.	779,768.	1,317,584.	814,567.	867,662.	5,065,140.
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)						2,712,250.
6 Public support. Subtract line 5 from line 4.						2,352,890.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,285,559.	779,768.	1,317,584.	814,567.	867,662.	5,065,140.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,262.	39,048.	34,608.	25,844.	9,474.	126,236.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						5,191,376.
12 Gross receipts from related activities, etc. (see instructions)					12	4,564,466.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	45.32	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	41.62	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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****2009****** Do Not File ********* Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
OPEN SOCIETY INSTITUTE	580,000.	476,172.
INTEREST ON LAWYERS ACCT FD	734,874.	631,046.
BOOTH FERRIS FOUNDATION	200,000.	96,172.
NEW YORK COMMUNITY TRUST	110,000.	6,172.
PFIZER CORP	105,000.	1,172.
MICHAEL MILLS	135,000.	31,172.
BILL & MELINDA GATES FDN	1,000,000.	896,172.
CARNEGIE CORPORATION	678,000.	574,172.
Total Excess Contributions to Schedule A, Part II, Line 5		2,712,250.

Total Excess Contributions to Schedule A, Part II, Line 5

2,712,250.

923171 04-24-09

15.1

16410930 715668 06337

2009.04040 PRO BONO NET, INC.

06337__1

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

2009

Name of the organization

Employer identification number

PRO BONO NET, INC.

06-1521179

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For 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)(vi), 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 95,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	GIMBEL FOUNDATION 271 MADISON AVENUE, SUITE 605 NEW YORK, NY 10016	\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	CARNEGIE CORPORATION OF NY 437 MADISON AVENUE NEW YORK, NY 10022	\$ 400,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	NEW YORK COMMUNITY TRUST 909 THIRD AVENUE, 22ND FLOOR NEW YORK, NY 10022	\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	MONELL FOUNDATION ONE ROCKEFELLER PLAZA, SUITE 301 NEW YORK, NY 10020	\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (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	MICHAEL COOPER 125 BROAD STREET NEW YORK, NY 10004	\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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

2009

**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? ☐ Yes ☐ 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? ☐ Yes ☐ No		

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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, 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, 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 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

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 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part 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 Investments - 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				
e Other		3,673,722.	3,383,798.	289,924.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				289,924.

Schedule D (Form 990) 2009

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	2,674,177.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,744,212.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<70,035.>
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	<70,035.>

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	3,145,116.
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	470,939.
e	Add lines 2a through 2d	2e	470,939.
3	Subtract line 2e from line 1	3	2,674,177.
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	2,674,177.

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

1	Total expenses and losses per audited financial statements	1	3,215,151.
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	470,939.
e	Add lines 2a through 2d	2e	470,939.
3	Subtract line 2e from line 1	3	2,744,212.
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	2,744,212.

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

2009

Open to Public
Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number

06-1521179

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

2 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?

3 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.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 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:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 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

8 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

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.

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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	51,120.	PRODUCT SUB		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number

06-1521179

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 \$ 18750.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEPHEN WARNKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 51120.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	SOFTWARE	01/02/98	SL	3.00	HY	16	170,000.				170,000.	170,000.		0.	170,000.
2	SOFTWARE	01/02/99	SL	3.00	HY	16	231,175.				231,175.	231,175.		0.	231,175.
3	COMPUTER EQUIPMENT	01/02/99	SL	3.00	HY	16	9,387.				9,387.	9,387.		0.	9,387.
4	SOFTWARE	01/02/00	SL	3.00	HY	16	87,220.				87,220.	87,220.		0.	87,220.
5	COMPUTER EQUIPMENT	01/02/00	SL	3.00	HY	16	17,752.				17,752.	17,752.		0.	17,752.
6	FURNITURE	01/02/00	SL	7.00	HY	16	4,257.				4,257.	4,257.		0.	4,257.
7	SOFTWARE DONATED	01/02/00	SL	3.00	HY	16	142,780.				142,780.	142,780.		0.	142,780.
8	SOFTWARE	01/02/01	SL	3.00	HY	16	206,945.				206,945.	206,945.		0.	206,945.
9	COMPUTER EQUIPMENT	01/02/01	SL	3.00	HY	16	2,541.				2,541.	2,541.		0.	2,541.
10	FURNITURE	01/02/01	SL	7.00	HY	16	644.				644.	644.		0.	644.
11	SOFTWARE	01/02/02	SL	3.00	HY	16	452,134.				452,134.	452,134.		0.	452,134.
12	SOFTWARE DONATED	01/02/02	SL	3.00	HY	16	120,994.				120,994.	120,994.		0.	120,994.
13	COMPUTER EQUIPMENT	01/02/02	SL	3.00	HY	16	13,165.				13,165.	13,165.		0.	13,165.
14	SOFTWARE	01/02/03	SL	3.00	HY	16	332,484.				332,484.	332,484.		0.	332,484.
15	SOFTWARE	01/02/04	SL	3.00	HY	16	127,948.				127,948.	127,948.		0.	127,948.
16	SOFTWARE DONATED	01/02/04	SL	3.00	HY	16	48,000.				48,000.	48,000.		0.	48,000.
17	COMPUTER EQUIPMENT	01/02/04	SL	3.00	HY	16	4,025.				4,025.	4,025.		0.	4,025.
18	SOFTWARE	01/02/05	SL	3.00	HY	16	141,632.				141,632.	141,632.		0.	141,632.

 928111
04-24-09

(D) - Asset disposed

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTER EQUIPMENT	04/01/05	SL	3.00	HY	16	8,242.				8,242.	8,242.		0.	8,242.
20	SOFTWARE	01/02/06	SL	3.00	HY	16	270,393.				270,393.	270,393.		0.	270,393.
21	SOFTWARE DONATED	01/02/06	SL	3.00	HY	16	22,500.				22,500.	22,500.		0.	22,500.
22	COMPUTER EQUIPMENT	01/02/06	SL	3.00	HY	16	13,420.				13,420.	13,420.		0.	13,420.
23	SOFTWARE	01/02/07	SL	3.00	HY	16	483,589.				483,589.	322,393.		161,196.	483,589.
24	SOFTWARE DONATED	01/02/07	SL	3.00	HY	16	90,774.				90,774.	60,516.		30,258.	90,774.
25	COMPUTER EQUIPMENT	01/02/07	SL	3.00	HY	16	28,402.				28,402.	18,933.		9,469.	28,402.
26	SOFTWARE	01/02/08	SL	3.00	HY	16	23,312.				23,312.	7,771.		7,771.	15,542.
27	COMPUTER EQUIPMENT	01/02/08	SL	3.00	HY	16	14,324.				14,324.	4,775.		4,775.	9,550.
28	SOFTWARE	01/02/08	SL	3.00	HY	16	379,227.				379,227.	126,409.		126,409.	252,818.
29	SOFTWARE	01/02/09	SL	3.00	HY	16	150,318.				150,318.			50,106.	50,106.
30	SOFTWARE	01/02/09	SL	3.00	HY	16	10,716.				10,716.			3,572.	3,572.
31	SOFTWARE	01/02/09	SL	3.00	HY	16	6,255.				6,255.			2,085.	2,085.
32	SOFTWARE	01/02/09	SL	3.00	HY	16	30,940.				30,940.			10,313.	10,313.
33	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY	16	2,919.				2,919.			973.	973.
34	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY	16	19,019.				19,019.			6,340.	6,340.
35	COMPUTER EQUIPMENT	01/02/09	SL	3.00	HY	16	6,289.				6,289.			2,096.	2,096.
	* TOTAL 990 PAGE 10 DEPR						3,673,722.				3,673,722.	2,968,435.		415,363.	3,383,798.

• 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 the 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.		For IRS use only
	151 WEST 30TH STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10001		

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

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year 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	\$
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.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

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 ☒

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISERMAZARS LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Amount due or refund	BALANCE DUE OF \$10
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER AND "2009 FORM 199" ON THE REMITTANCE.

2009

California Exempt Organization Annual Information Return

199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? ☐ Yes ☒ No **B** Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust ☐

Corporation/Organization Name **PRO BONO NET, INC.** Address **151 WEST 30TH STREET**
City **NEW YORK** State **NY** ZIP Code **10001**
FEIN **06-1521179**

C Amended Return? ☐ Yes ☒ No **H** Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

D Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No

(a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☐ No

(b) If "Yes," enter the number of affiliates _____

(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

(e) Federal Group Exemption Number _____

(f) Is a roster of subordinates attached? ☐ Yes ☐ No

E Final return?
☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
(1) ☐ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☐

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,786,515.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	887,662.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	2,674,177.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	2,674,177.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,744,212.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<70,035.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **PRESIDENT** Title _____ Date _____ Telephone _____

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN/PTIN **P00663706**

Preparer's Use Only Firm's name (or yours, if self-employed) and address **WEISERMAZARS LLP**
135 WEST 50TH STREET
NEW YORK, NY 10020 FEIN **13-1459550**
Telephone **212.812.7000**

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	9,474.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	1,777,041.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,786,515.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	130,172.00
	12	Other salaries and wages	•	12	995,315.00
	13	Interest	•	13	00
	14	Taxes	•	14	243,272.00
	15	Rents	•	15	97,508.00
	16	Depreciation and depletion (See instructions)	•	16	415,363.00
	17	Other	•	17	862,582.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,744,212.00

Schedule L Balance Sheets**Beginning of taxable year****End of taxable year**

Assets	(a)	(b)	(c)	(d)
1 Cash		608,698.		701,794.
2 Net accounts receivable		258,397.		447,520.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans)				
9 Other investments				
10 a Depreciable assets	3,447,266.		3,673,722.	
b Less accumulated depreciation	(2,968,434.)	478,832.	(3,383,798.)	289,924.
11 Land				
12 Other assets	STMT 5	454,581.		386,844.
13 Total assets		1,800,508.		1,826,082.
Liabilities and net worth				
14 Accounts payable		111,743.		127,256.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 6	197,048.		277,144.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,491,717.		1,421,682.
22 Total liabilities and net worth		1,800,508.		1,826,082.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	•	<70,035.>	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		<70,035.>
6 Total.		<70,035.>			

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MICHAEL MILLS	450 LEXINGTON AVENUE NEW YORK, NY, 10017		95,000.
MICROSOFT CORPORATION	ONE MICROSOFT WAY REDMOND, WA, 98052		20,000.
GIMBEL FOUNDATION	271 MADISON AVENUE, SUITE 605 NEW YORK, NY, 10016		25,000.
CARNEGIE CORPORATION OF NY	437 MADISON AVENUE NEW YORK, NY, 10022		400,000.
NEW YORK COMMUNITY TRUST	909 THIRD AVENUE, 22ND FLOOR NEW YORK, NY, 10022		25,000.
MONELL FOUNDATION	ONE ROCKEFELLER PLAZA, SUITE 301 NEW YORK, NY, 10020		25,000.
MICHAEL COOPER	125 BROAD STREET NEW YORK, NY, 10004		20,000.
TOTAL INCLUDED ON LINE 3			610,000.

FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
PROGRAM FEES	1,198,649.
SPONSORSHIP FEES	226,413.
PRODUCT SUBSCRIPTION FEES	351,979.
TOTAL TO FORM 199, PART II, LINE 7	1,777,041.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
MICHAEL HERTZ 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
MARK OBRIEN 151 WEST 30TH STREET NEW YORK, NY 10001	PRESIDENT 40.00	130,172.	
MICHAEL COOPER 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD CHAIR 5.00	0.	
MICHAEL MILLS 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD VICE CHAIR 5.00	0.	
WILLIAM POLLAK 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD TREASURER 5.00	0.	
MICHAEL WALSH 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
KATHLEEN A. BEHAN 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
WALTER CALLENDER 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
ALAN GREER 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
JACK LONDEN 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.	
TODD BASKIN 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD SECRETARY 5.00	0.	

TIELA CHALMERS 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.
STEPHEN WARNKE 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.
DAVID HEINER 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.
ED WALTERS 151 WEST 30TH STREET NEW YORK, NY 10001	BOARD MEMBER 5.00	0.

TOTAL TO FORM 199, PART II, LINE 11	130,172.
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FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION	AMOUNT		
GRANTS FOR PROJECT PART	354,201.		
WEBSITE HOSTING	96,202.		
WEBSITE MAINTENANCE	72,317.		
CONSULTING FEES	51,093.		
TELEPHONE	28,843.		
ACCOUNTING FEES	29,019.		
OTHER PROFESSIONAL FEES	9,225.		
ADVERTISING AND PROMOTION	99,453.		
OFFICE EXPENSES	43,449.		
TRAVEL	33,136.		
INSURANCE	9,136.		
ALL OTHER EXPENSES	36,508.		
TOTAL TO FORM 199, PART II, LINE 17	862,582.		

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	412,500.	346,225.	
PREPAID EXPENSES AND DEFERRED CHARGES	31,409.	29,947.	
DEPOSIT	10,672.	10,672.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	454,581.	386,844.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	197,048.	277,144.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	197,048.	277,144.

FORM 199	FUND BALANCES	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	896,695.	857,975.
TEMPORARILY RESTRICTED ASSETS	595,022.	563,707.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,491,717.	1,421,682.

2009

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 06-1521179

Corporation name

California corporation number

PRO BONO NET, INC.

2668841

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(e) Additional first year depreciation
14							
SEE STATEMENT 8		3,673,722.	2,968,435.				
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15					415,363.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	415,363.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	415,363.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

CA 3885		DEPRECIATION				STATEMENT		8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS	
1 SOFTWARE	01/02/98	170,000.	170,000.	SL	3.00	0.		
2 SOFTWARE	01/02/99	231,175.	231,175.	SL	3.00	0.		
3 COMPUTER EQUIPMENT	01/02/99	9,387.	9,387.	SL	3.00	0.		
4 SOFTWARE	01/02/00	87,220.	87,220.	SL	3.00	0.		
5 COMPUTER EQUIPMENT	01/02/00	17,752.	17,752.	SL	3.00	0.		
6 FURNITURE	01/02/00	4,257.	4,257.	SL	7.00	0.		
7 SOFTWARE DONATED	01/02/00	142,780.	142,780.	SL	3.00	0.		
8 SOFTWARE	01/02/01	206,945.	206,945.	SL	3.00	0.		
9 COMPUTER EQUIPMENT	01/02/01	2,541.	2,541.	SL	3.00	0.		
10 FURNITURE	01/02/01	644.	644.	SL	7.00	0.		
11 SOFTWARE	01/02/02	452,134.	452,134.	SL	3.00	0.		
12 SOFTWARE DONATED	01/02/02	120,994.	120,994.	SL	3.00	0.		
13 COMPUTER EQUIPMENT	01/02/02	13,165.	13,165.	SL	3.00	0.		
14 SOFTWARE	01/02/03	332,484.	332,484.	SL	3.00	0.		
15 SOFTWARE	01/02/04	127,948.	127,948.	SL	3.00	0.		
16 SOFTWARE DONATED	01/02/04	48,000.	48,000.	SL	3.00	0.		
17 COMPUTER EQUIPMENT	01/02/04	4,025.	4,025.	SL	3.00	0.		
18 SOFTWARE	01/02/05	141,632.	141,632.	SL	3.00	0.		
19 COMPUTER EQUIPMENT	04/01/05	8,242.	8,242.	SL	3.00	0.		
20 SOFTWARE	01/02/06	270,393.	270,393.	SL	3.00	0.		
21 SOFTWARE DONATED	01/02/06	22,500.	22,500.	SL	3.00	0.		
22 COMPUTER EQUIPMENT	01/02/06	13,420.	13,420.	SL	3.00	0.		
23 SOFTWARE	01/02/07	483,589.	322,393.	SL	3.00	161,196.		

24	SOFTWARE DONATED						
	01/02/07	90,774.	60,516.	SL	3.00	30,258.	
25	COMPUTER EQUIPMENT						
	01/02/07	28,402.	18,933.	SL	3.00	9,469.	
26	SOFTWARE						
	01/02/08	23,312.	7,771.	SL	3.00	7,771.	
27	COMPUTER EQUIPMENT						
	01/02/08	14,324.	4,775.	SL	3.00	4,775.	
28	SOFTWARE						
	01/02/08	379,227.	126,409.	SL	3.00	126,409.	
29	SOFTWARE						
	01/02/09	150,318.		SL	3.00	50,106.	
30	SOFTWARE						
	01/02/09	10,716.		SL	3.00	3,572.	
31	SOFTWARE						
	01/02/09	6,255.		SL	3.00	2,085.	
32	SOFTWARE						
	01/02/09	30,940.		SL	3.00	10,313.	
33	COMPUTER EQUIPMENT						
	01/02/09	2,919.		SL	3.00	973.	
34	COMPUTER EQUIPMENT						
	01/02/09	19,019.		SL	3.00	6,340.	
35	COMPUTER EQUIPMENT						
	01/02/09	6,289.		SL	3.00	2,096.	
TOTAL DEPR TO FORM 3885		<u>3,673,722.</u>	<u>2,968,435.</u>			<u>415,363.</u>	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISERMAZARS LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: **CT** 0157298

Check if:

☐ Change of address

☐ Amended report

PRO BONO NET, INC.

Name of Organization

151 WEST 30TH STREET

Address (Number and Street)

NEW YORK, NY 10001

City or Town, State and ZIP Code

Corporate or Organization No. 2668841

Federal Employer I.D. No. 06-1521179

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>	<u>Gross Annual Revenue</u>	<u>Fee</u>
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2009 ending 12/31/2009) list:
Gross annual revenue \$ 2,674,177. Total assets \$ 1,826,082.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 9	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 212-760-2554

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

MARK H. O'BRIEN

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 9

JUDICIAL COUNCIL OF CALIFORNIA, ADMINISTRATIVE OFFICE OF THE COURTS,
455 GOLDEN GATE AVENUE, SAN FRANCISCO, CA 04102. CONTACT - RON
BACURIN - CONTRACT SPECIALIST FINANCE/BUSINESS SERVICES. TELEPHONE
(415) 865-7991

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	PRO BONO NET, INC. 151 WEST 30TH STREET NEW YORK, NY 10001
Prepared by	WEISERMAZARS LLP 135 WEST 50TH STREET NEW YORK, NY 10020
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2009 Open to Public Inspection								
1. General Information										
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2009 and ending (mm/dd/yyyy) 12/31/2009										
b. Check if applicable for NYS: ☐ Address change ☐ Name change ☐ Initial filing ☐ Final filing ☐ Amended filing ☐ NY registration pending	c. Name of organization PRO BONO NET, INC. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number and street (or P.O. box if mail not delivered to street address)</td> <td style="width: 40%;">Room/suite</td> </tr> <tr> <td>151 WEST 30TH STREET</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country and ZIP + 4</td> </tr> <tr> <td colspan="2">NEW YORK, NY 10001</td> </tr> </table>	Number and street (or P.O. box if mail not delivered to street address)	Room/suite	151 WEST 30TH STREET		City or town, state or country and ZIP + 4		NEW YORK, NY 10001		d. Fed. employer ID no. (EIN) 06-1521179 e. NY State registration no. 06-36-63 f. Telephone number 212 760-2554 g. Email
Number and street (or P.O. box if mail not delivered to street address)	Room/suite									
151 WEST 30TH STREET										
City or town, state or country and ZIP + 4										
NEW YORK, NY 10001										

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	MARK H. O'BRIEN Signature	PRESIDENT Printed Name	 Title
b. Chief Financial Officer or Treas.	 Signature	 Printed Name	 Title

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check ☐ if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

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

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

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡ ➡ ➡
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5. Fee Instructions

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

Organization's Registration Type Fee Instructions

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

a) Article 7-A filing fee

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

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

b) EPTL filing fee

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

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All FilersFiling Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☒ **IRS Form 990**

☒ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ **IRS Form 990-EZ**

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ **IRS Form 990-PF**

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

Additional Article 7-A Document Attachment RequirementIndependent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)