

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

OMB No 1545-0047

Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

	A F	or the	e 2014 calendar year, or tax year beginning	and e	ending					
آ	B Cr ap	eck if	C Name of organization			D Employer identif	fication number			
Pi		Addres	PRO BONO NET, INC.							
•		Name chang	Doing business as	-		06-1521179				
		Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone numb	er -760-2554			
	Ц	return/								
		termin ated		е		G Gross receipts \$	5,474,950.			
	<u></u>	return	I NEW TORK, NI TOOUT			H(a) Is this a group				
	L	Applic	F Name and address of principal officer. That it is to be the best of principal officer.			for subordinate	es? Yes X No			
		pendır	151 WEST 30TH STREET, NEW TORK, NI	100	001	H(b) Are all subordinates	included? Yes L No			
_	1 Ta	ax-exe		(a)(1) o	or 527	If "No," attach	a list. (see instructions)			
			te: ► WWW. PROBONO. NET			H(c) Group exempti				
	K Fo	rm of	organization: X Corporation Trust Association Other ▶		∟ Year	of formation: 1998	M State of legal domicile; NY			
I	Pa	rt I	Summary							
	9	1	Briefly describe the organization's mission or most significant activities TH	HE N	MISSIC	N OF PRO BO	ONO NET IS			
	Governance		TO INCREASE ACCESS TO JUSTICE FOR POOR	<u> </u>	ND VUL	NERABLE CON	MUNITIES			
	Ĕ	2	Check this box If the organization discontinued its operations or continued its operations or continued its operations.	dispos	sed of more	than 25% of its net a				
	8	3	Number of voting members of the governing body (Part VI, line 1a)	.		3				
		4	Number of independent voting members of the governing body (Part VI, line	1b)		COVED 4				
	န္	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		Caraca and in	C C Property Company				
	ξ	6	Total number of volunteers (estimate if necessary)	4	1000	1 8 2815 8 6	19			
	Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	1	a Ruv	1 8 2015 OF 72				
	•		Net unrelated business taxable income from Form 990-T, line 34		<u> </u>		0.			
•					<u> </u>	Prior Year	Current Year			
		8	Contributions and grants (Part VIII, line 1h)			1,461,851	3,132,169.			
	Ž	9	Program service revenue (Part VIII, line 2g)			2,016,405	2,274,238.			
	S		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			442	. 117.			
î.	,œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			16,995	68,426.			
Ξ	F. L. K. Revenue		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		3,495,693	5,474,950.			
	1		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•		0 .	0.			
	4		Benefits paid to or for members (Part IX, column (A), line 4)			0	0.			
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)		2,155,812	2,170,465.			
WWED DEC	nse.		Professional fundraising fees (Part IX, column (A), line 11e)			0	0.			
-	ğ (1,42	24. 🗀	*				
	ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,873,908	2,121,564.			
Ž			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,029,720	4,292,029.			
Ş			Revenue less expenses. Subtract line 18 from line 12			<534,027	.> 1,182,921.			
					Be	ginning of Current Year	- ·			
S	Assets or d Balances	20	Total assets (Part X, line 16)			2,041,951	3,305,181.			
	Ags		Total liabilities (Part X, line 26)			1,070,894	1,151,203.			
	Pet		Net assets or fund balances Subtract line 21 from line 20	_		971,057	2,153,978.			
,			Signature Block							
			alties of perjury, I declare that I have examined this return, including accompanying sch				my knowledge and belief, it is			
	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	n of wh	nch preparei	r has any knowledge.				
			Man Hose							
	Sigr	ı	Signatule of officer			Date	19/15			
	Her	Ð	MARK H. O'BRIEN, PRESIDENT				7117			
			Type or print name and title			N=15				
			Print/Type preparer's name Preparer's signature	-		Date Check	PTIN			
	Paid		ISRAEL TANNENBAUM			11/6/15 If self-empl				
	Prep		Firm's name WEISERMAZARS LLP			Firm's EIN	13-1459550			
	Use	Only	Firm's address 135 WEST 50TH STREET				10 010 5000			
			NEW YORK, NY 10020			Phone no. 2	12.812.7000			
			RS discuss this return with the preparer shown above? (see instructions)		-		X Yes No			
	4320	ا-11 11 م				7 TTE TO NIME TO THE	Form 990 (2014)			
		۵	SEE SCHEDULE O FOR ORGANIZATION MISSION	M D.	TUTUME	TAI CONTINU	DITTOIL &			

Pai	t IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes, " complete Schedule D, Part II"	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			5
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?]	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	L	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ ا		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
4~	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

	990 (2014) PRO BONO NET, INC.	06-1521179	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
`			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization' and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	ete	х	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and com Schedule K. If "No", go to line 25a			х
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain an escrow account other than a refunding escrow at any time during the year to describe the organization maintain and escrow account other than a refunding escrow at any time during the year to describe the organization maintain and escrow account other than a refunding escrow at any time during the year to describe the organization maintain and escrow account other than a refunding escrow at any time during the year to describe the organization of the organizati			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," conscience L, Part I			х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? It complete Schedule L, Part II			x
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantic contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family most any of these persons? If "Yes," complete Schedule L, Part III			х
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):	<i>?</i>	ŧ	*
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	s an officer,	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consercontributions? If "Yes," complete Schedule M	vation 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		1

Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

28b		<u> </u>
28c	х	
29		X
30	1	x
31		X
32		X
33		_X_
34		X
35a		X
35b		
36		<u>x</u>
37		Х
38	X	
Form	990 (2014)

Form	990 (2014) PRO BONO NET, INC. 06-1521	<u> 179</u>	P	age \$
Par				
$\overline{}$	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
С	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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
	If "Yes," enter the name of the foreign country. ▶		,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		Х
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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	33) - <u></u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├ ─
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			[
	amounts due or received from them.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	\vdash
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	 	₩
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		—
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L _	ı ^

432005 11-07-14

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2014)

06-1521179 PRO BONO NET INC. Form 990 (2014) 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. X Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management Yes No 20 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 19 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other $\hat{\mathbf{X}}$ 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8h Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY, CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply **X** Upon request ∴ Other (explain in Schedule O) W Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 212-760-2554 PRO BONO NET, INC.

Form **990** (2014)

151

6TH FLOOR, NEW YORK,

10001

WEST 30TH STREET,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	C) Ition more rson	i than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated cut/xx	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL HERTZ	5.00									0
BOARD MEMBER		X	L			<u> </u>		0.	0.	0.
(2) MARK OBRIEN	40.00	۱		l				160 010		10 016
EXECUTIVE DIRECTOR		X	_	Х		ļ		168,018.	0.	19,816.
(3) WILLIAM POLLAK	5.00	ļ		l				•		0
BOARD CHAIR		X		Х	L	<u> </u>		0.	0.	0.
(4) MICHAEL MILLS	5.00	۱	1				1			0
BOARD VICE CHAIR		X		Х	<u> </u>	_	_	0.	0.	0.
(5) ED WALTERS	5.00	 		l						0
BOARD TREASURER		X	<u> </u>	X	<u> </u>		<u> </u>	0.	0.	0.
(6) ARIC PRESS	5.00	۱								•
BOARD MEMBER	ļ <u></u>	Х	<u> </u>			_	┕	0.	0.	0.
(7) JAMES HAGGERTY	5.00	l								•
BOARD MEMBER		Х	_	_	_	_	<u> </u>	0.	0.	0.
(8) CATHERINE DONOVAN	5.00	.		1	1		İ			
BOARD MEMBER		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(9) CATHERINE MORENO	5.00	١								
BOARD MEMBER		X	<u> </u>	ļ	_	_	_	0.	0.	0.
(10) JACK LONDEN	5.00	ا	١							
BOARD MEMBER		X	<u> </u>		L.	<u> </u>	<u> </u>	0.	0.	0.
(11) DAVID HEINER	5.00	ļ								
BOARD SECRETARY		X	<u> </u>	Х		ļ	L	0.	0.	0.
(12) TIELA CHALMERS	5.00	ļ								
BOARD MEMBER		X			_	_	L	0.	0.	0.
(13) STEPHEN WARNKE	5.00	l	l							
BOARD MEMBER		X			_	<u> </u>		0.	0.	0.
(14) FRANK AZZOPARDI	5.00	۱								_
BOARD MEMBER	ļ	Х	<u> </u>		L	<u> </u>	<u> </u>	0.	0.	0.
(15) LEEANN BLACK	5.00	1								_
BOARD MEMBER	<u> </u>	X	L	<u> </u>	<u> </u>	┞	↓_	0.	0.	0.
(16) NICK BAUGHAN	5.00	1								,
BOARD MEMBER	<u> </u>	X		_	_	↓_	<u> </u>	0.	0.	0.
(17) MICHAEL COOPER	5.00	۱								
BOARD MEMBER	.1	X	L_	<u> </u>	<u> </u>	Ц_	<u> </u>	0.	0.	0 . Form 990 (2014)

432007 11-07-14

Form **990** (2014)

Section A. Unicers, Directors, Iru		Diuy	ees			gne	31 C			
· (A) · Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both au officer and a director/trustee					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
-	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) TODD BASKIN	5.00		-							
BOARD MEMBER		X	L	Ш		<u> </u>		0.	0.	0.
(19) BETTY BALLI TORRES	5.00	x						0.	0.	0.
BOARD MEMBER (20) KAREN LEVY	5.00	₽		Н				0.1	0.	
BOARD MEMBER	3.00	x						0.	0.	0.
(21) DON BELLAMY	35.00	 		\Box						•
SENIOR DEVELOPER		1				х		131,800.	0.	19,816.
(22) GREGORY TENZER	35.00									
SENIOR DEVELOPER						Х		104,545.	0.	6,584.
		-								
	-									
			_			_				
1b Sub-total								404,363.	0.	46,216.
c Total from continuation sheets to Part \	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	404,363.	0.	46,216.
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	3
compensation from the organization										Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey en	nplo	yee	or	highest compensated e	mployee on	3 X
4 For any individual listed on line 1a, is the s	sum of reportab	le co							the organization	
and related organizations greater than \$1									idual for convices	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," col							eiai	ed organization or indivi	dual for services	5 X
Section B. Independent Contractors	inplace demedar	<u> </u>	0, 0,	<u> </u>						
Complete this table for your five highest of										ation from
the organization. Report compensation fo	r the calendar y	ear	endı	ng w	/ith	or w	ıthır		year.	
(A) Name and busines	s address	N	INC	3				(B) Description of s	ervices C	(C) compensation
	-									
							\dashv			
							_			
							1			
		<u>.</u>					\dashv			
	 			.1.			\sqcup	Laboration in the second secon		
2 Total number of independent contractors		ot li	mıte	a to		se li:)	stec	apove) who received m	nore tnan	
\$100,000 of compensation from the organ	nization -					<u> </u>			<u>-</u>	Form 990 (2014)

Pa	rt VII	Statement of Rever	nue					
	•	Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax under
ì						exempt function revenue	business revenue	sections 512 - 514
इइ	1 a	Federated campaigns	1a					
돌되	b		1b					
O.E.	C		1c		1			
まる	d		1d		1			
S,E	е	Government grants (contribut	tions) 1e	5,000.]			
rior i	f	All other contributions, gifts, gran]	1		
		sımılar amounts not ıncluded abo	ve 1f 3 ,	127,169.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>S</u> <u>E</u>	h	Total. Add lines 1a-1f			3,132,169.			W
				Business Code		1 050 600		
ice	2 a			541100	1,850,623.	μ,850,623.		
erv	b	PRODUCT SUBSCRI	PTION F	541100	423,615.	423,615.	ļ. 	
n S	С	•						
Re	d							
Program Service Revenue	е					 	,,,,,	
_	f	All other program service reve	enue .		2,274,238.			
	9	Total. Add lines 2a-2f Investment income (including	duudondo intor		Z, Z/=, Z30.			
	3	other similar amounts)	aividends, inter	est, and	117.			117.
	4	Income from investment of ta	x-exempt bond i	oroceeds -				
	5	Royalties	ox oxompt borid i	>		-		
		. ioyamos	(i) Real	(II) Personal		* * *		* * 5 * *
	6 a	Gross rents	68,426.	1	,	< *	*	
	b	Less: rental expenses	0.] * *	*		* " *
i	С	: Rental income or (loss)	68,426.	,]			3
	d	Net rental income or (loss)		<u> </u>	68,426.			68,426.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			,			
	b	Less: cost or other basis			İ			
		and sales expenses						
	С	Gain or (loss)			re room to the time of the contract of the con	,		
		Net gain or (loss)						
Other Revenue	Ва	Gross income from fundraisin	_					
Ver		including \$ contributions reported on line	of					
. Re		Part IV, line 18	a (C). See					
ther	h	Less. direct expenses	b		1			
ō		: Net income or (loss) from fund	-					
		Gross income from gaming ac						
		Part IV, line 19	а	,				
	b	Less, direct expenses	b] .	l		
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	retums					
	ł	and allowances	а	·				
	1	Less: cost of goods sold	b	·				
	င	Net income or (loss) from sale	es of inventory	<u> </u>				
		Miscellaneous Revenu	ie	Business Code	-			
	11 a							
	b			<u> </u>		ļ		
	C	All other wi				 		
	d					 		
	12	Total. Add lines 11a-11d Total revenue. See instructions.			5,474,950.	2,274,238.	0.	68,543.

Form **990** (2014)

Part IX Statement of Functional Expenses

3 ¢ CHOH	501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			Tripleto Column (Fy	
	Include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21				
2 G	rants and other assistance to domestic				
ın	dividuals See Part IV, line 22				
3 G	rants and other assistance to foreign				
or	ganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members .				
5 C	ompensation of current officers, directors,	107 024	160 765	0.400	17 500
	ustees, and key employees	187,834.	160,765.	9,489.	17,580
-	ompensation not included above, to disqualified				
•	ersons (as defined under section 4958(f)(1)) and				
•	ersons described in section 4958(c)(3)(B)	1 506 042	1,263,410.	85,057.	157,575
	ther salaries and wages	1,506,042.	1,203,410.	65,057.	131,313
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	330,005.	279,780.	17,608.	32,617
	ther employee benefits	146,584.	125,538.	7,378.	13,668
	ayroll taxes	140,304.	123,330.	7,370.	13,000
	ees for services (non-employees).				
	anagement				
	egal	27,259.	17,415.	7,007.	2,837
	counting	21,233.	17,413.	7,007.	27037
ο	obbying cofessional fundraising services. See Part IV, line 17			*	
-	· · · · · · · · · · · · · · · · · · ·		* \$ 1	· · · · · · · · · · · · · · · · · · ·	
_	vestment management fees ther. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A) amount, list line 11g expenses on Sch O.)	288,947.	184,600.	74,277.	30,070
	dvertising and promotion	200,727.5		7 2 7 2 7 2	,
	ffice expenses	17,473.	8,625.	1,597.	7,251
	formation technology	385,203.	383,068.	707.	1,428
	oyalties				
	ccupancy	239,617.	184,822.	32,988.	21,807
	ravel	59,479.	52,949.	1,204.	5,326
	ayments of travel or entertainment expenses		-		
	r any federal, state, or local public officials				
	onferences, conventions, and meetings	20,129.	17,919.	408.	1,802
-	terest		•		
	ayments to affiliates				
	epreciation, depletion, and amortization	575,016.	575,016.		
	surance	14,850.	12,429.	815.	1,606
24 Ot	ther expenses. Itemize expenses not covered				
24	nove (List miscellaneous expenses in line 24e. If line le amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.)				
	RANTS FOR PROJECT PART	306,520.	306,270.	250.	
ьC	ONSULTING FEES	86,094.	85,806.		288
	THER OPERATING EXPENSE	47,442.	34,195.	2,266.	10,981
	ISCELLANEOUS	23,504.	5,832.	12,142.	5,530
	I other expenses	30,031.	27,397.	1,576.	1,058
	otal functional expenses. Add lines 1 through 24e	4,292,029.	3,725,836.	254,769.	311,424
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined	}			
	lucational campaign and fundraising solicitation.				
	reck here if following SOP 98-2 (ASC 958-720)			,	

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 298,930. 156,802. 1 Cash - non-interest-bearing 1,125,277.2 Savings and temporary cash investments 39,300. 25,175. 3 3 Pledges and grants receivable, net 1,008,916. 1,206,303. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 87,196. 84,925. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 6,435,040 10a basis Complete Part VI of Schedule D 735,014. 5,700,026. 527,918. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 26,703. 24,673. 15 Other assets. See Part IV, line 11 15 2,041,951. 3,305,181. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 274,997. 381,194. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 502,850. 512,989. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 200,000. 245,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 48,047. 57,020. 25 Schedule D 1,070,894. 1,151,203. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 568,620. 345,947. 27 27 Unrestricted net assets 1,585,358. 625,110. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 971,057. 2,153,978. 33 33 Total net assets or fund balances 2,041,951. 3,305,181.

Form **990** (2014)

Total liabilities and net assets/fund balances

Form	990 (2014) PRO BONO NET, INC.	06-15	21179	Page 12	<u>,</u>
	t XI Reconciliation of Net Assets				•
	Check if Schedule O contains a response or note to any line in this Part XI			🖂	_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,474		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,292		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,182		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>971</u>	,057.	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			•	•
	column (B))	10	2,153	,978.	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·		res No	_
b	Accounting method used to prepare the Form 990:	ed on a ate basis, the audit,		X	a name of the parties of the commence of the second of the commence of the com
Ja	Act and OMB Circular A-133?	g	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	juired audit			•
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
_			Form 9	90 (2014	,

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization 06-1521179 PRO BONO NET. INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (vi) Amount of (v) Amount of monetary (ii) EIN (i) Name of supported (described on lines 1.9 support (see other support (see organization governing document? above or IRC section Instructions) instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	909,470.	1,863,201.	1,516,378.	1,413,201.	3,132,169.	8,834,419.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		•	i			
	furnished by a governmental unit to						
	the organization without charge	1.5					
4	Total. Add lines 1 through 3	909,470.	1,863,201.	1,516,378.	1,413,201.	3,132,169.	8,834,419.
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)						2,968,483.
_	Public support. Subtract line 5 from line 4						5,865,936.
	ction B. Total Support	r				1) 2014	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	909,470.	1,863,201.	1,516,378.	1,413,201.	3,132,169.	8,834,419.
8	Gross income from interest,	1					
	dividends, payments received on						
	securities loans, rents, royalties	0 400	73,279.	4,452.	17,437.	68,543.	172,111.
_	and income from similar sources	8,400.	13,213.	4,432.	17,437.	00,545.	1/2,111.
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		ļ				
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						9,006,530.
		etc (see instruction	1			12 10	,020,923.
12	First five years. If the Form 990 is for			d fourth or fifth ta	ı x vear as a sectiol		, ,
13	organization, check this box and stop	=	mot, accord, time	2, 100, (11, 01 1111111111111111111111111	r your do a occió		▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (olumn (f))		14	65.13 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	48.25 %
	33 1/3% support test - 2014. If the			line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
ŀ	33 1/3% support test - 2013. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17 a	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	ns box and stop h e	ere. Explain in Pai	t VI how the orgar	nızation
	meets the "facts-and-circumstances"					-	
ì	10% -facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	• —
	organization meets the "facts-and-cire		_				
<u>18</u>	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	sion, piodoo oom,	sion vare in				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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						
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)	, s	ì	· · · · · · · · · · · · · · · · · · ·	1 (**	
Section B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12) [14 First five years. If the Form 990 is for	the organization!	first second this	d fourth or fifth to	V Vear as a section	n 501(c)(3) organia	ation
check this box and stop here	the organization's	s mat, second, thir	a, iouitii, or ilitri te	an year as a section	n Son(c)(S) organiz	ation,
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (II			column (fi)		15	%
16 Public support percentage from 2013			30.2 (. _{//}		16	<u>%</u>
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•	•	(7)		18	%
19a 33 1/3% support tests - 2014. If the			on line 14, and line	15 is more than 3	— — ————	
more than 33 1/3%, check this box ar						ightharpoons
b 33 1/3% support tests - 2013. If the	organization did r	not check a box or	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	1 ala not check a	pox on line 14, 19	a, or 190, check th	is oox and see in:	STRUCTIONS	

432023 09-17-14

Part IV | Supporting Organizations

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

Si	ection	Α.	All	Supportin	g (Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part v_I how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part vi how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	,	
- — - [*] 2_	*	,
 3a	*	_
3b	t n =t	**************************************
 3c	, , , , , , , , , , , , , , , , , , ,	, `,
4a	, ,	
4b	} ×	
4 0		V 40000
4c		at of the state of
5a	,	1
5b	ž	
5c		
6	, .	;
7	***********	(
. 8		
9a		, ,
9b		-
9c		
10a	-	- "
10b		

3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
-1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970. See instr	uctions. All
	· other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
				(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		<u> </u>
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a_		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		1
	see instructions).	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6	·-·	<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting or	ganızatıon (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)	· · · ·		
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	<u> </u>		
	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(1)	(ii)	(iii)
		(i) Excess Distributions	(") Underdistributions	(''') Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		110 2017	Amount for Ed 14
	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		,	
 a				
<u>u</u>				
	1			
d				
е	From 2013		,	,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	*		•
h	Applied to 2014 distributable amount	,	\$	
i	Carryover from 2009 not applied (see instructions)			
ز	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		, ;,	` * '
4	Distributions for 2014 from Section D,		· '	
	line 7. \$,	3
_	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.		*	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	<u> </u>		<u> </u>
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	Instructions). Excess distributions carryover to 2015. Add lines 3			
7	•	}		s
8	and 4c. Breakdown of line 7			
<u>а</u> b				
<u>_</u>				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 PRO BONO NET, INC.	06-1521179 Page 8
Part VI	(Form 990 or 990-EZ) 2014 PRO BONO NET, INC. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	Also complete this part for any additional information. [See instructions].	
•		
		
		
		· · · · · · · · · · · · · · · · · · ·
_		
•		
		
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PRO BONO NET, INC.

Employer identification number 06-1521179

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	[tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		L∐ Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		Ni O' II A A
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		. It is a second of the second
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	.
а	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Complete if the organization answered "Ven" if	to Form 000 Dad N	line 11h Cos Earm 000 D-	rt V. line 10	
. Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			I-of-year market value
(1) Emancial derivatives	(D) DOOK VAIDO	(0)		or your married value
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<i>"</i>	**	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment		line 11c. See Form 990, Pa	rt X, line 13.	d-of-year market value
	(b) Book value	(c) iviethod of valu	lation: Cost or ent	1-or-year market value
(1)				
(2)			·	
(3)				
(4)				
(5)				
(6)				···· · · · · · · · · · · · · · · · · ·
(7)				
(8)				·
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	· <u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i></i>	* **
Part IX Other Assets.		, , , , , , , , , , , , , , , , , , ,	***	χ,
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11d See Form 990 Pa	rt X line 15	
	Description	1110 1101 000 10111 000,10		(b) Book value
(1)		.	··· ···	
(2)				
(3)	-	 		
(4)				
(5)				
(6)				
(7)				
(8)				_
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities.				-
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form 9	90, Part X, line 25	·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) OTHER CURRENT LIABILITIES		13,332.	•	
(3) OTHER LIABILITIES		43,688.	**	
(4)				
(5)				
(6)				
(8)		<u> </u>		
(9)		E		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	57,020.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

PRO BONO NET,

INC.

06-1521179

Schedule D (Form 990) 2014	PRO BONO NET,	INC.	06-1521179 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	rmation (continued)		
	<u>'</u>		
•			
			
	 		
			
•			
			
	· · · · · · · · · · · · · · · · · · ·		
			····
-			
			
		. , , ,	
		<u> </u>	
			
			
			
			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No 1545-0047

INC. PRO BONO NET, Part I Questions Regarding Compensation

Employer identification number 06-1521179

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			1 :
	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		L
				,
3	indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			ĺ
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	,	A	!
	establish compensation of the CEO/Executive Director, but explain in Part III.	3	٠,	
	X Compensation committee Written employment contract	,,,		
	Independent compensation consultant Compensation survey or study	,		,
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1
			` `	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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	45%	ļ	
	contingent on the revenues of:	*23		- <u></u> -
а	The organization?	5a		X
b	Any related organization?	5b		X
	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.	-		.,,. 3
а	The organization?	6a		X
b	Any related organization?	6b	├─	Х
	If "Yes" to line 6a or 6b, describe in Part III			.
7	The state of the s	ŀ		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	L

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

Schedule J (Form 990) 2014

06 - 1521179

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)	in column (B) reported as deferred in prior Form 990
(1) MARK OBRIEN	€	168,018.	0	0	0	19,816.	187,834.	0
EXECUTIVE DIRECTOR	<u> </u>		0	0.				0
(2) DON BELLAMY	Ξ	131,800.	0	0.	0	19,816.	151,61	0
SENIOR DEVELOPER	(ii)	0	0	0.	• 0	0	0	0
	Θ							
	▣							
	Ξ							
	(ii)							
	(3)							
	(ii)							
	(1)							
	≘							
	Ξ							
	⊞							
	Ξ							
	⊞							
	(i)							
	<u>(ii)</u>							
	(3)							
	(ii)							
	()							
	▣							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	≞							
432112 10-13-14				32			Schedu	Schedule J (Form 990) 2014

33

Schedule J (Form 990) 2014

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Name of the organization PRO BONO NET TNC

Employer identification number 06-1521179

Part I	Excess Bene	efit Transac	ctions (section 50	01(c)(3	•		•						·	
	Complete if the c		swered "Yes" on I				5b, o	r Form 990-EZ, P	art V,	line 40	Ob.	(4)	Correc	tod2
1 (a) Nam	ne of disqualified p	person (D)	Relationship betw person and or			illed	(c) D	escription of tran	sactio	n		Ye		No
													_	
										-		+-	\dashv	
									-			1	-	
section	1 4958		e organization man 2, above, reimburs				turing	the year under		► \$ ► \$				
Part II	Loans to and	d/or From I	nterested Per	sons	·-				, -					-
	Complete if the	organization ar	nswered "Yes" on I	Form 9	990-EZ	, Part V, line 38a o	r For	m 990, Part IV, Iır	e 26;	or if th	ne orga	anızatı	on	
	reported an amo		90, Part X, line 5, 6				-	-			VIII An	hroved		
	Name of sted person	(b) Relationshi with organization		fron	n the	(e) Original principal amount		(f) Balance due) In ault?	by bo	proved ard or	rd or ttee? (i) Written	
Intere	sted person	,	J. 134.	<u> </u>	ration?	,			Yes	No	Yes	No	Yes	No
		 		 'Ŭ	1 10111		+			1	1.55	.,,	100	
				<u> </u>			_							
		<u> </u>					+		-	 	-			
			-	<u> </u>			╫	·	 	1	\vdash			
		†					+-				<u> </u>			
		1												
							\perp				<u> </u>			
				<u> </u>					~ ° {		ļ	L		
Fotal Part III	Grants or As	ssistance R	enefiting Inter	reste	d Pe	rsons.	\$		« «	*	<u></u>	**	i	
<u> </u>			_											
(a) Na	ame of interested		(b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type assistand					Purpose of ssistance	
	·						-							
		- 1						 						
		-	<u> </u>											
										-+				
			· · · · · · · · · · · · · · · · · · ·											

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

Schedule L (Form 990 or 990-EZ) 2014

(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	
MICHAEL	MILLS	BD MEMBER	OF I	PRO I	30	20,047.	PRO BONO	NE		Х
<u> </u>					1					
					#					
					\perp					
	Supplemental Information		ar Caba	-ll l						
	Provide additional information for res						ED PERSON	s:		
	E OF PERSON: MICHA									
(B) REL	ATIONSHIP BETWEEN	INTERESTED	PERS	SON A	ANI	ORGANIZAT	ION:			
BD MEMB	ER OF PRO BONO'S A	IND OF AN O	RGAN	ZAT	101	N DOING BUS	SINESS WIT	H	PRO	BONG
	UNT OF TRANSACTION									
	CRIPTION OF TRANSA		BONG) NE	r i	PAID THE OR	RGANIZATIO	N	FOR	
	E CONSULTING SERVI								·	
(E) SHA	RING OF ORGANIZATI	ON REVENUE	S? =	NO				-		
								<u> </u>	-	
	· · · · · · · · · · · · · · · · · · ·									
							····			
		_,.,								
			<u> </u>							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990

Inspection

Name of the organization

Employer identification number 06-1521179

PRO BONO NET, INC. 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. SECTION B, LINE 15: FORM 990, PART VI, COMPENSATION OF THE EXECUTIVE DIRECTOR IS BASED ON A BUDGET RECOMMENDATION FROM THE COMPENSATION COMMITTEE, AND IS APPROVED BY THE FULL BOARD OF IT WAS LAST DONE IN 2014. DIRECTORS ONCE A YEAR. COMPENSATION OF KEY EMPLOYEES IS ALSO BASED ON A BUDGET RECOMMENDATION FROM AND IS APPROVED BY THE FULL BOARD OF THE AUDIT & FINANCE COMMITTEE, DIRECTORS AND IS DONE ONCE A YEAR. 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.

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

Schedule O (Form 990 or 990-EZ) (2014)

	O (Form 990 or 9 the organization				<u> </u>		Page 2 Employer identification number
TODY			O NET,	INC.			06-1521179
FORM	990, PAR	r vii, s	ALARIES				
THE C	ORGANIZAT:	ON RETA	INS A P	ROFESSIO	NAL EMPLO	OYMENT ORGANI	ZATION ("PEO")
FOR P	PAYROLL A	ND TAXES	. THER	EFORE, P	RO BONO 1	NET ISSUES NO	FORM W-3 FOR
THE Y	EAR. IN	THE INT	EREST O	F FULL D	ISCLOSURI	E, PRO BONO N	ET LISTS ITS
KEY E	EMPLOYEES	WITH IT	S BOARD	MEMBERS	IN PART	VII AND SCHE	DULE J.
	 						
					*		
		· · · · · · · · · · · · · · · · · · ·					
	·_						
			-	<u> </u>			
			_				
				···			
	···-						-
	 	- .					
_							