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)

Open to Public

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

Inspection

OMB No. 1545-0047

| A F | or the | 2012 calendar year, or tax year beginning and | ending | | | | |
|-------------------------|----------------------|---|---------------|---|----------------------------------|--|--|
| B c | heck if oplicable | C Name of organization | | D Employer identific | ation number | | |
| | Addres | PRO BONO PARTNERSHIP OF ATLANTA, INC. | | | | | |
| | Name change | | | 20-26 | 514676 | | |
| - | Initial | | Room/suite | E Telephone number | | | |
| - | _return Termin | I tallibor and according to both in their talliant and according to the second of the | 2300 | | 107-5059 | | |
| - | Jated ∏Amend | | | G Gross receipts \$ | 414,003. | | |
| | Jreturn Applica | | | H(a) Is this a group ref | | | |
| L | Jilon pendin | | | for affiliates? | Yes X No | | |
| | | same as C above | | H(b) Are all affiliates incl | uded? Yes No | | |
| 1 T | `av ava | mpt status: X 501(c)(3) | or 527 | 1 ' ' | ist (see instructions) | | |
| | | e: ► WWW.PBPATL.ORG | | H(c) Group exemption | , | | |
| | | organization: X Corporation Trust Association Other | 1 Year | | State of legal domicile: GA | | |
| | irt I | Summary | | | | | |
| | | Briefly describe the organization's mission or most significant activities: Pro | Bono F | artnership o | of Atlanta | | |
| e | 1 | is organized and operated exclusively to | promo | te. encourac | re. assist. | | |
| ц | | Check this box if the organization discontinued its operations or dispose | end of more | than 25% of its net as | sets | | |
| Activities & Governance | | Number of voting members of the governing body (Part VI, line 1a) | aca or more | 3 | 16 | | |
| ĝ | | | | 4 | 16 | | |
| ≪5 | | Number of independent voting members of the governing body (Part VI, line 1b) | | 5 | 6 | | |
| ijes | | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | 6 | 500 | | |
| Ξ | | Total number of volunteers (estimate if necessary) | | 7a | 0. | | |
| Aci | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7b | Ŏ. | | |
| | <u>b</u> | Net unrelated business taxable income from Form 990-T, line 34 | | Prior Year | Current Year | | |
| Revenue | | | | 475,034. | 413,614. | | |
| | | Contributions and grants (Part VIII, line 1h) | - | 9,009. | 79. | | |
| | | Program service revenue (Part VIII, line 2g) | | 499. | 310. | | |
| e. | | Investment income (Part VIII, column (A), lines 3. 4. and 7d) | - | 1,442. | 0. | | |
| | | Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 476,975. | 414,003. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 0. | 0. | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | - | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 297,200. | 304,290 | | |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 297,200. | 0. | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | E 6 | <u> </u> | | | |
| ă | | Total fundraising expenses (Part IX, column (D), Ilne 25) | | 45,487. | 55,526. | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 342,687. | 359,816. | | |
| | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | - | | 54,187. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 134,288. | | | |
| ats or | | | 8 | eginning of Current Year | End of Year 486,347. | | |
| Sec | 20 | Total assets (Part X, fine 16) | | 432,621. | 0. | | |
| Net Asse | 21 | Total liabilities (Part X, line 26) | · - | 461. 432,160. | 486,347. | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 434,100. | 400,347. | | |
| P | art II | Signature Block | | and to the best of re | u knowledge and belief it is | | |
| Und | der pen | alties of perjury. I declare that I have examined this return, including accompanying schedul | es and state | ments, and to the best of the | ly kilowiedye aliu belief, it is | | |
| true | e, corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of v | vnich prepare | ar has any knowledge. | 7 | | |
| | | June Sum | | | | | |
| Sig | ın | Signature of officer | | Daio | | | |
| He | re | RACHEL SPEARS, EXECUTIVE DIRECTOR | | | | | |
| | | Type or print name and title | | Date Check | PTIN | | |
| | | Print/Type preparer's name Preparer's signature | | ii | | | |
| Pa | ìd | David A. Duke | | 08/13/13 self-emplo | 20-4013011 | | |
| Pre | parer | Firm's name GrossDukeNelson & Co, PC | | Firm's EIN | マロニキロエコのエエ | | |
| Us | e Only | Firm's address 2340 Perimeter Park Drive | | Dha / | 770)458-5000 | | |
| **** | | Atlanta, GA 30341-1318 | | Phone no. (| 7707438-3000 X Yes | | |
| Ma | y the | IRS discuss this return with the preparer shown above? (see Instructions) | ******** | • | A Yes No | | |

| Form 9 | 990 (2012) PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614676 Page 2 |
|----------------|--|
| Part | III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Pro Bono Partnership of Atlanta (PBPA) is organized and operated |
| | exclusively to promote, encourage, assist, and provide volunteer legal |
| , | services for nonprofit agencies serving poor and disadvantaged |
| | communities in Metropolitan Atlanta. |
| | Did the organization undertake any significant program services during the year which were not listed on Yes X No |
| | the phone of the sac of sac car. |
| | If "Yes," describe these new services on Schedule O. Did the graphystical cases conducting or make significant changes in how it conducts, any program services? Yes X No |
| | Did the digarazation cease conducting, or make significant shariped in the conducting of the conductin |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations 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 \$\frac{151,750.}{\text{ including grants of s}}\) (Revenue s \\ \frac{1}{\text{ including grants of s}}\) |
| | In 2012, PBPA provided free legal assistance to 187 nonprofit organizations. Over 500 volunteer attorneys were matched with 591 |
| | organizations. Over 500 volunteer attorneys were matched with 551 |
| | different legal matters for nonprofits. Volunteer attorneys provided |
| | free legal assistance to PBPA clients valued at over \$2 million. |
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| | |
| | |
| | |
| 4b | (Code:)(Expenses 5 75,875. including grants of \$) (Revenue \$) |
| | DEDU SIGO HOUSE & CHAILT MOIDTOTTC DOGGT OFFICE OF PROPERTY |
| | Nonprofit Legal-Check Up is a half-day program that trains attorneys |
| | and then pairs them with a nonprofit organization to identify the |
| | issues that may affect the legal health of the organization. |
| | Thirty-eight nonprofit organizations and over 100 attorneys and |
| | paralegals participated in the Nonprofit Legal Checkup in 2012. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$\frac{75,875}{1000000000000000000000000000000000000 |
| | Additionally, PBPA presented 37 workshops on various legal issues that |
| | affect nonprofit organizations for more than 600 attendees in 2012. |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| , | (Expenses \$ including grants of \$) (Revenue \$ } |
| 4e | Total program service expenses ► 303,500. |
| | Form 990 (2012) |
| 23200 12-10 | |
| | \sim 2 |

| | | | yes | No |
|-----|---|-------|---|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | х | |
| | If "Yes," complete Schedule A | 1 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | X |
| | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | ** |
| 4 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| r: | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | *************************************** | |
| 5 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| U | 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | ļ |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | Ì | | ٠., |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | ļ | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | ١., | | w |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | - | X_ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 44.4 | | Х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other llabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | 1 | х |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | 1 | † |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | | Х |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 18.44 | 1 | 1 |
| t | Was the organization included in consolidated, independent addited in another 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 |
| | Is the organization associated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | T | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 1 | X |
| 148 | Did the organization hairtain all office, employees, or agents estade of the employees. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| Ľ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 | | | |
| | 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 assistance to any organization | | | |
| 10 | or entity located outside the United States? 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 assistance to individuals | | | |
| 10 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 202 | | X |
| | | 20b | 1 | 1 |

PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614676 Page 4 PRO BONO PARTNERSH
Part IV | Checklist of Required Schedules (continued)

| | l- | | res | 140 |
|---------|--|-----|--------------|------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | v |
| | United States on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | - |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | - | X |
| | Did the organization investiging proceeds of tax on only the series of the series of tax on one of tax one of tax on one of tax on one of tax on one of tax one of tax one of tax on one of tax on | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | - |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | x |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u>^</u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 1. | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| a | A current or former officer, director, trustee, or key employee? If "res," complete schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| Ci - | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| C | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | <u> </u> | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 1 |
| - | contributions? If "Yes," complete Schedule M | 30 | ļ | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | + | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | Х |
| | sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I | 33 | 1 | 1 22 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | X |
| | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 1 | X |
| 35a | bid the organization have a controlled entity within the meaning of section 312(b)(10)1 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | 1 | |
| t | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| JU | If "Yes," complete Schedule R, Part V, line 2 | 36 | _ | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | - | X |
| 38 | Did the organization complete Schedule O and provide explanations In Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| | Note, All Form 990 filers are required to complete Schedule O | 38 | X Gar |) (2012 |
| | | For | וטפ וו | 1 (2012 |

| orm Par | 990 (2012) PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614 V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | <u>676</u> | Pa | age 5 |
|-------------------|--|------------|-----|----------|
| | Chook is considered a constant of any queetion in the rank of | ······ | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | 103 | |
| | Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | (gambling) winnings to prize winners? | 10 | | |
| 20 | Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, | | | |
| Zd | filed for the calendar year ending with or within the year covered by this return 2a 6 | | | |
| h. | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | | |
| 2- | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| 3a | If "Yes," has it filed a Form 990-T for this year? If "No," 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 | - 00 | | |
| 48 | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 1 | If "Yes," enter the name of the foreign country: | -74 | | |
| D | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| b | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | - 00 | | |
| ба | any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| b | were not tax deductible? | 6b | | |
| -7 | Organizations that may receive deductible contributions under section 170(c). | - 0.0 | | |
| 7 | 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 |
| a | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| С | | 7c | | Х |
| | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| e | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | 1 |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| h | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| 8 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| _ | Sponsoring organizations maintaining donor advised funds. | | | |
| 9 | Did the organization make any taxable distributions under section 4966? | 9a | | |
| a | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 40 40 | Section 501(c)(7) organizations. Enter: | | | |
| 10 | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 . | | |
| b | Section 501(c)(12) organizations. Enter: | 1 | | |
| 11 | Gross income from members or shareholders | | | |
| a | Gross income from other sources (Do not net amounts due or pald to other sources against | 1 | | 1 |
| b | amounts due or received from them) | | | |
| 10- | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| 128 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | 1 | 1 |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| 13 | Is the organization licensed to Issue qualified health plans in more than one state? | 13a | | 1 |
| а | Note. See the Instructions for additional information the organization must report on Schedule O | | 1 | 1 |
| | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| b | 1 (m) | | 1 | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b | 1 | | |
| | | ··· | | |

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2012)

| | | | | _ | | | | | | | |
|-----------------------|--|----------|----------|--|--|--|--|--|--|--|--|
| Parl | 990 (2012) PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | | | age 6 | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | X | | | | | | | |
| Sect | ion A. Governing Body and Management | 21242242 | | | | | | | | | |
| OCCI | ion A. Governing Dody and Management | | Yes | No | | | | | | | |
| 15 | Enter the number of voting members of the governing body at the end of the tax year 1a 16 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | l | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1 | | | | | | | | | |
| | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | | | | | | | | |
| - | 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? | 2 | | Х | | | | | | | |
| | The state of the s | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | | |
| | The state of the s | | | | | | | | | | |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | |
| | Did the organization have members or stockholders? | 6 | | X | | | | | | | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| . – | more members of the governing body? | 7a | | X | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | Х | | | | | | | | |
| a The governing body? | | | | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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 | 9 | | X | | | | | | | |
| Sec | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | |
| | | T | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates. | 401 | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | <u> </u> | ├ | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 12a | х | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12b | X | + | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | IZU | 22 | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12c | Х | | | | | | | | |
| | in Schedule O how this was done | 13 | X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 14 | X | 1 | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 1 | 1 | | | | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| | | 15a | x | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15b | | X | | | | | | | |
| a | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | | | |
| 46 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| 109 | taxable entity during the year? | 16a | | X | | | | | | | |
| l- | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | <u> </u> | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $ ightharpoons GA$ | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availa | ble | | | | | | | | |
| .0 | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |

Other (explain in Schedule O) X Upon request Another's website Own 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, physical address, and telephone number of the person who possesses the books and records of the organization: RACHEL SPEARS - 404-407-5059

30309 GA

Form **990** (2012)

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

| Check this box if neither the organiza (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) |
|--|-------------------|----------------------|--|--------------|--|---------------------------------|----------|---------------------|----------------------------------|-----------------------|
| Name and Title | Average | Ido | ant c | Posi | tion | than o | nne | Reportable | Reportable | Estimated |
| | hours per | box, | unle | ss per | person is both an a director/trustee) | | | compensation | compensation | amount of |
| | week | | eran | dac | recto | 17005 | iee) | from | from related | other |
| | (list any | director | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for related | 0 t d | 991 | | | saled | | (W·2/1099·MISC) | (***2/1099-101100) | organization |
| | organizations | raser | i trus | | 8 | mpen | | (44-27 1033-141100) | | and related |
| | below | fual | tions | | rgiq ₁ | st co | bre | | | organizations |
| | line) | ndividual frustee or | nstitutional trustee | Officer | Кеу ептрючее | Highest compensated employee | Гонтег | | | |
| (1) Gerald L. Blanchard | 1.00 | | | | | | | | _ | _ |
| Treasurer | | X | | X | | | | 0. | 0. | 0. |
| (2) Briley Brisendine | 1.00 | | | | | | | | | |
| Secretary | | X | | X | ļ | <u> </u> | | 0. | 0. | 0. |
| (3) Randy Cadenhead | 1.00 | | | | | | | | | |
| Member | | X | | | | | <u> </u> | 0. | 0. | 0. |
| (4) Ben Garren | 1.00 | | | | | | | | | |
| Member | | X | <u> </u> | | <u> </u> | ↓ | ļ | 0. | 0. | 0. |
| (5) Betsy Griswold | 2.00 | | | | | | | | | _ |
| Vice Chair | | X | ļ | X | ļ | - | <u> </u> | 0. | 0. | 0. |
| (6) Angie Woo | 1.00 | | | | | | | | _ | _ |
| Member | | X | ļ | <u> </u> | <u> </u> | - | ـ | 0. | 0. | 0. |
| (7) Faith Knight Myers | 1.00 | - | | | | | | | | _ |
| Member | | X | ļ | <u> </u> | <u> </u> | - | ـ | 0. | 0. | 0. |
| (8) Frank A. Landgraff | 2.00 | 4 | | | | | | | _ | _ |
| Member | | X | | | - | ┿ | - | 0. | 0. | 0. |
| (9) Rick McMurtry | 2.00 | - | | | | | | | | 1 |
| Chair | | X | _ | X | - | | - | 0. | 0. | 0. |
| (10) Reginald O'Shields | 1.00 | ١ | | | | | | | 0. | 0. |
| Member | | X | ┼ | | - | - | - | 0. | V. | <u> </u> |
| (11) Tricia Kinney | 1.00 | ┨ | | | | | | 0 | . 0. | 0. |
| Member | | X | ┼ | + | | +- | ┼ | 0. | V. | <u> </u> |
| (12) Shannon Omia Pierce | 1.00 | ١., | | | | | | 0. | ο. | 0. |
| Member | | X | ┼ | | ┼ | - | +- | | <u> </u> | · · |
| (13) Tom Rawls | 1.00 | | | | | | | 0. | . 0. | . 0. |
| Member | | X | - | - | + | + | + | <u> </u> | V • | 0. |
| (14) Jared Brandman | 1.00 | | | | | | | 0 | . 0. | . 0. |
| Member | | X | +- | ┿ | ┼ | +- | - | ļ <u> </u> | | |
| (15) Kathleen Bardell | 1.00 | | | | | | | 0 | . 0. | . 0. |
| Member | 4 00 | X | +- | - | + | | ╁ | <u> </u> | | |
| (16) Brent Houk | 1.00 | | | | | | İ | 0 | . 0. | . 0. |
| Member | | X | +- | + | +- | +- | + | <u> </u> | · | 1 |
| (17) Pat Roberts | 1.00 | | | | | | | 0 | . 0. | . 0. |
| Member | | X | ــــــــــــــــــــــــــــــــــــــ | | | | | 1 | | Form 990 (2012 |

232007 12-10-12

| orm 990 (2012) | | | | | | | | | NTA, INC. | 20-261 | 4676 | ; Pa | age 8 |
|--|--|--|--------------------------------|-----------------------|--|----------------------|---------------------------------|---|--|----------------------------------|----------------------------------|---|-----------------------|
| Part VII Section A | (B) Average hours per week | B) rage Po s per box, unless t | | | (C) Osition ck more than one person is both an a director/trustee) | | | ompensated Employe (D) Reportable compensation from | (E) Reportable compensation from related | а | (F) stimate mount other | of | |
| | | (list any hours for related organizations below Ilne) | Individual trustee or director | Institutional trustee | Оппсег | Key employee | Highest compensated employee | former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | or | npensa from the ganizat nd relat ganizati | e ion ed |
| (18) Rachel Epps | - | 40.00 | | | v | | | | 122,647. | 0 | | 16,5 | RA. |
| Executive Direct | cor | | | | X | | | | 122,047. | 0 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | A | nganganan aktoolokoto |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 1b Sub-total c Total from co | ntinuation sheets to Part \ | VII, Section A | | | | | A | _L | 122,647 | |). | 16,5 | 0. |
| 2 Total number | es 1b and 1c) of individuals (including but of from the organization | not limited to t | hos | e list | ted a | bov | /e) w | | 122,647 ecelved more than \$10 | 7.1 |). | Yes | 1 |
| line 1a? If "Yes | ization list any former office s," complete Schedule J for | such individua | I | | | | | | | | 3 | | X |
| and related or | dual listed on line 1a, is the granizations greater than \$1 | 50,000? If "Yes | s, " C | omp | lete | Sch | 1edu | le J | for such individual | | _4 | <u>- </u> | X |
| 5 Did any perso | on listed on line 1a receive one organization? If "Yes," co | r accrue compe implete Schedu | ensa ile J | tion for | fror suct | n an 1 <i>pei</i> | ıy ur <i>rson</i> | rela | ted organization or ind | ividual for services | <u> </u> | <u>; </u> | x |
| Section B. Indepe | endent Contractors s table for your five highest o | | | | | | | | | | | n from | |
| the organizati | ion. Report compensation fo | or the calendar | yea | ren | ding | with | or ' | withi | in the organization's ta | x year. | | (C) | |
| And the second s | (A) Name and busine | ss address | | ION | 1E | | | | Description o | f services | Com | pensat | ion |
| | | | ~~~~ | | | | | | | | | | ···· |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number | r of independent contractor | s (including but | not | t limi | ited | to th | nose | liste | ed above) who received | i more than | | ·- | and the second second |
| \$100,000 of | compensation from the orga | anizatlon 🕨 | | | | | 0 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Fo | orm 99 0 | 0 (2012 |

| | Check if Schedule O contains a respo | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|--|-----------------|----------------------|--|---|---|
| and Other Similar Amounts 1 a b c d e f a b | Federated campaigns 1a | | | | | |
| g b | Membership dues 1b | | | | | |
| o Art | Fundraising events 1c | | | | | |
| b <u>m</u> | Related organizations 1d | | | | | |
| Ē e | Government grants (contributions) 1e | | | | | |
| f f | All other contributions, gifts, grants, and | | | | | |
| Ĕ | similar amounts not included above 1f | 413,614. | | | | |
| 9 9 | Noncash contributions included in lines 1a-1f: \$ | 21,043. | | | | |
| <u> ਜ</u> | Total. Add lines 1a-1f | | <u>413,614.</u> | | | |
| | | Business Code | | | | |
| 2 a | | | | | | |
| Revenue 6 4 6 6 | | | | | | |
| E c | | | | | | |
| e d | | | | | | <u> </u> |
| E e | | | | | | |
| f | All other program service revenue | 561499 | <u>79.</u> | 79. | | |
| g | Total, Add lines 2a-2f | | 79. | | | |
| 3 | Investment income (including dividends, i | nterest, and | | 210 | | |
| | other similar amounts) | | 310. | 310. | | |
| 4 | Income from investment of tax-exempt bo | and proceeds | | | | |
| 5 | Royalties | <u></u> | | | | |
| | (i) Rea | I (ii) Personal | | | | |
| 6 a | Gross rents | | | | | |
| b | Less: rental expenses | | | | | |
| c | Rental income or (loss) | | | | | |
| d | Net rental income or (loss) | <u></u> | | | | |
| 7 a | Gross amount from sales of (i) Securi | ties (ii) Other | | | | |
| | assets other than inventory | | | | | - |
| b | Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| c | Gain or (loss) | | | | | |
| \ c | Net gain or (loss) | <u></u> | | | | |
| ω 8 a | Gross income from fundraising events (n | ot | | \$ | : | |
| evenue | including \$ of | | | | | |
| e e e e | contributions reported on line 1c). See | | | | | |
| E | Part IV, line 18 | a | | | | |
| | Less: direct expenses | b | | | | |
| _ (| Net income or (loss) from fundraising even | | | | | |
| 9 : | a Gross Income from gaming activities Se | е | | | | |
| 1 | Part IV, line 19 | а | | | | |
| | b Less: direct expenses | b | | | | |
| | Net income or (loss) from gaming activiti | es | | | 1 | |
| 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 invent | | | | | |
| | Miscellaneous Revenue | Business Code | 4 | | | |
| 11 | | 1 | | | | |
| **** | b | | | | + | |
| | С | | <u> </u> | | - | |
| 1 | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | > | 434 000 | 200 | 1 | · . |
| 12 | Total revenue. See instructions. | > | 414,003 | . 389 | <u> </u> | Form 990 (20 |

| Check if Schedule O contains a respons | e to any question in this (A) | Part IX (B) | (C) | (D) Fundraising |
|---|--|--------------------------|-------------------------------------|---|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | (C) Management and general expenses | Fundraising expenses |
| Grants and other assistance to governments and | | | | |
| organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in | | | 4.5414 | |
| the United States. See Part IV, line 22 | | | | *************************************** |
| 3 Grants and other assistance to governments, | | | | |
| organizations, and individuals outside the | | | | |
| United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, | 122,647. | 105,476. | 12,265. | 4,906. |
| trustees, and key employees | 122,047. | <u> </u> | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and | The state of the s | | | |
| persons (as defined brider section 4958(c)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| | 146,791. | 127,586. | 14,679. | 4,526. |
| m | | | | |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 15,921. | 13,772. | 1,592. | 557. |
| 10 Payroll taxes | 18,931. | 16,375. | 1,893. | 663. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 5,319. | | 5,319. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| g Other (If line 11g amount exceeds 10% of line 25, | | | | |
| column (A) amount, list line 11g expenses on Sch O.) | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | 127. |
| 14 Information technology | 2,547. | 2,165. | 255. | 141. |
| 15 Royalties | | 4 m 4 m 0 | 1,820. | 910. |
| 16 Occupancy | 18,200. | <u> 15,470.</u> | | 64. |
| 17 Travel | 1,272. | 1,081. | 127. | V 2 • |
| 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 | 0.0 | 88. | | |
| 22 Depreciation, depletion, and amortization | 9,322. | 7,924. | 932. | 466. |
| 23 Insurance | 9,344. | 1,324. | | |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| amount, list line 24e expenses on Schedule 0.) a Volunteer events/awards | 5,554. | 5,554. | 0. | 0. |
| 1 | 4,411. | 505. | | 0. |
| O. 1 | 3,701. | 3,146 | 370. | 185 |
| 7: | 3,493. | 2,969 | 349. | 175 |
| e All other expenses | 1,619. | 1,389 | | 77 |
| Add lines 4 through Ddg | 359,816. | 303,500 | 43,660. | 12,656 |
| Total functional expenses. Add lines i through 24e Joint costs. Complete this line only if the organization | | | | |
| reported in column (B) joint costs from a combined | | 7 | | |
| educational campaign and fundraising solicitation. | | | | |
| Check here If following SOP 98-2 (ASC 958-720) | | | | Form 990 (2012 |

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 429,313 479,787. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 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 employees' beneficiary organizations (see Instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net B Inventories for sale or use 6,120. 3,308. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,176. 10a basis Complete Part VI of Schedule D 440. 0. 10c 10b 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 Other assets See Part IV, line 11 15 486, 432,621 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 461. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 461 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 431,347. 369,660. 27 Unrestricted net assets 27 55,000. 62,500. 28 Temporarily restricted net assets 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 486,347. 432,160. 33 Total net assets or fund balances 33 486.347. 432,621 34 Total liabilities and net assets/fund balances Form 990 (2012)

| Form | 990 (2012) PRO BONO PARTNERSHIP OF ATLANTA, INC. | 20-26146 | 76 | Page | <u> 12</u> |
|------|--|---------------|--------|-------------|---|
| Par | t XI Reconciliation of Net Assets | | | r | ~ |
| | Check if Schedule O contains a response to any question in this Part XI | | | <u> l</u> | |
| | | ŧ | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,00 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 81 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1,18 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 432 | 2,16 | <u>, U •</u> |
| 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, | | 40 | ر م. | A 17 |
| | column (B)) | 10 | 480 | 5,34 | <u>± / •</u> |
| Par | t XII Financial Statements and Reporting | | | | $\overline{}$ |
| | Check if Schedule O contains a response to any question in this Part XII | | ······ | Yes | No |
| | | [| | 163 | 140 |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 1 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 10 | ο | x | |
| 2a | Were the organization's financial statements compiled or reviewed by an Independent accountant? | | 2a | | *************************************** |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | i |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | - AL | | х |
| b | Were the organization's financial statements audited by an independent accountant? | • • • • • • • | 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both: | | | | Į |
| | Separate basis Consolidated basis Both consolidated and separate basis | .174 | | | ĺ |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit, | | | х |
| | review, or compilation of its financial statements and selection of an independent accountant? | 1.100 | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sci | Teaule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ingie Audit | 3a | | х |
| | Act and OMB Circular A-133? | | Ja | - | - 47 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req | uned audit | 3b | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | aan | (2012) |

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.

2012

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Inspection

Employer identification number

| anie oi i | ne organizatio | | ONO | PARTNERSHIE | OF A | TLANT | A, IN | IC. | | 20 | -2614 | 576 | · |
|---|------------------|-------------------|-----------------------|---|-----------------|---------------|--------------|--------------|---------------------|--------------------|-------------------|--------------|--------|
| Part I | Reason fo | or Public Cl | harity | Status (All organiza | tions must | complete | this part.) | See instr | uctions. | | | | |
| he organ | ization is not a | private foundat | tion bed | cause it is: (For lines 1 | through 11 | , check of | nly one bo | x.) | | | | | |
| 1 | A church, con | vention of chur | rches, o | or association of churci | hes descrit | bed in sec | tion 170(t | o)(1)(A)(i). | | | | | |
| 2 | | | | o)(1)(A)(ii). (Attach Sch | | | | | | | | | |
| з 🔲 | A hospital or a | cooperative h | ospital | service organization de | escribed in | section 1 | 170(b)(1)(A | A)(iii)。 | | | | | |
| 4 | A medical rese | earch organizat | tion ope | erated in conjunction w | vith a hosp | ital descrit | oed in sec | tion 170(1 | b)(1)(A)(iii). | Enter ti | he hospitai' | s nam | ₽, |
| | city, and state | : | | ····· | | | | ···· | | | | | |
| 5 | | | | nefit of a college or uni | iversity ow | ned or ope | erated by | a governm | iental unit d | describe | ed in | | |
| | section 170(t | o)(1)(A)(iv). (Co | omplete | Part II) | | | | | | | | | |
| 6 🖳 | A federal, state | e, or local gove | ernment | t or governmental unit | described | in section | 170(b)(1) | (A)(v). | | | | المحاث | |
| 7 X | | | | es a substantial part o | f its suppo | ort from a g | jovernmer | ntal unit or | r from the g | jenerai p | oublic descr | ibea ii | 1 |
| | |)(1)(A)(vi). (Co | | | | | | | | | | | |
| 8 | A community | trust described | d in sec | tion 170(b)(1)(A)(vi). (| Complete F | art II.) | | udiene m | ambarahia | foor ar | nd arnee rec | aints 1 | from |
| لــا 9 | An organization | on that normally | y receiv | ves: (1) more than 33 1, tions - subject to certal | /3% of its | support ire | om contric | than 33 1 | 190% of ite o | unnort | from aross | invest | ment |
| | activities relat | ed to its exemp | pt tunct | tions - subject to certai able income (less secti | n exceptio | tis, allu (2. | inaccae a | raulred hi | the organ | ization r | after June 3 | 0. 197 | 5 |
| | | | | | Ononiax | .) Hom bos | c3363 G | oquirea o | , the organ | Lation | | -, | |
| | | 509(a)(2). (Com | | rated exclusively to tes | t for public | safety S | ee sectio | n 509(a)(4 |) . | | | | |
| 10 | An organizatio | on organized at | nd oper | rated exclusively for th | e benefit o | f, to perfo | rm the fun | ctions of, | or to carry | out the | purposes o | f one | or |
| 11 | more nublicly | supported ord | ino opci ianizatio | ons described in section | on 509(a)(1 |) or section | n 509(a)(2 |) See sec | tion 509(a |)(3) . Che | eck the box | that | |
| | describes the | type of suppo | rting or | ganization and comple | ete lines 11 | e through | 11h. | | | | | | |
| | a Type I | ь | Type | ell c Ty | pe III - Fun | ctionally in | ntegrated | d | | | n-functional | | |
| е 🗀 | By checking t | his box, I certif | fy that t | the organization is not | controlled | directly or | indirectly | by one or | more disq | ualified | persons oth | er tha | n. |
| _ | foundation ma | anagers and of | ther tha | in one or more publicly | supported | d organiza | tions desc | ribed in s | ection 509 | (a)(1) or | section 509 | (a)(2) | |
| f | If the organiza | ation received | a writte | n determination from t | he IRS tha | t it is a Typ | oe I, Type | II, or Type | ill | | | | |
| | supporting or | ganization, che | eck this | box | | | | | | | | | L |
| g | Since August | 17, 2006, has | the org | ganization accepted an | ry gift or co | ontribution | from any | of the folk | owing pers | ons? | | W | T |
| | | | | ectly controls, either al | one or toge | ether with | persons d | escribed | in (ii) and (ii | i) below | 1100 | Yes | No |
| | | | | ported organization? | | | | | | | 11g(i) 11g(ii) | | |
| | | | | described in (i) above? | | | | | | | 11g(iii) | 1 | 1 |
| | (iii) A 35% d | controlled entit | y of a p | erson described in (i) o | or (II) above | 9.7 'm\ | | | | | <u> </u> | 1 | |
| h | Provide the fo | ollowing inform | nation a | bout the supported or | ganization(| S). | | | | | | | |
| | | T | Т | | Vivi Is the o | rganization | (v) Did vn | ı notify the | (vi) Is | the | (vii) Amoun | t of mo | netary |
| , , | e of supported | (ii) EIN | (| (iii) Type of organization (described on lines 1-9 | in col. (1) lis | | organizat | ion in col. | I OI Udilizatio | n in col. | 1 ' ' | port | |
| or | ganization | | 1 | above or IRC section | governing | document? | (i) of you | r support? | (i) organize U.S | ? | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| *************************************** | | | | | | | | | | | | | |
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| *** i | | | | | | | | | | | 1 | | |
| Total | Panerwark D | eduction Act N | Notice: | see the Instructions | for | | | | Schedul | e A (Fo | rm 990 or 9 | 90-E7 | Z) 201 |
| LITATO | Lahel MAIV LA | Judgeden Hott | | ~~~ ~ ··· ~ ··· ~ ·· · · · · · · · · · | | | | | | | | | |

232021 12-04-12

2012.04010 PRO BONO PARTNERSHIP OF ATL PBP___1

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614676 Page 2

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 | | | | | | |
|-------|--|-----------------------|-----------------------|-----------------------|---|-----------------------------------|--|
| Caler | dar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | - | | 1 | |
| | membership fees received (Do not | | | | | | 1006048 |
| | include any "unusual grants.") | 322,331. | 337,986. | 357,882. | 475,034. | 413,614. | 1906847. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | 188 004 | 450 514 | 1000047 |
| 4 | Total. Add lines 1 through 3 | 322,331. | 337,986. | 357,882. | 475,034. | 413,614. | 1906847. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | 11 | |
| | on line 1 that exceeds 2% of the | | | 1941/194 | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 1000019 |
| | Public support. Subtract line 5 from line 4. | | | <u></u> | <u> </u> | | 1906847. |
| Sec | tion B. Total Support | | | T | T | I | I |
| Cale | ndar year (or fiscal year beginning in) 📂 | | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 322,331. | 337,986. | 357,882. | 475,034. | 413,614. | 1906847. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | 400 | 210 | 1 |
| | and income from similar sources | 319. | 144. | 333. | 499. | 310. | 1,605. |
| 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 | | | | 1 440 | 70 | 0 251 |
| | assets (Explain in Part IV) | | 591. | 239 | 1,442. | 79. | 2,351. 1910803. |
| 11 | Total support. Add lines 7 through 10 | | | | | <u> </u> | |
| 12 | Gross receipts from related activities | s, etc. (see instruct | tions) | | | 12 | 27,356. |
| 13 | First five years. If the Form 990 is for | or the organization | 's first, second, thi | ird, fourth, or fifth | tax year as a section | on 501(c)(3) | . [] |
| | organization, check this box and sto | p here | | | *************************************** | | |
| | ction C. Computation of Pub | | | | | Taal | 99.79 % |
| 14 | Public support percentage for 2012 | (line 6, column (f) | divided by line 11, | column (f)) | | 14 | 99.80 % |
| 15 | Public support percentage from 201 | 1 Schedule A, Par | t II, line 14 | | | 15 | |
| 16 | a 33 1/3% support test - 2012. If the | organization did r | not check the box | on line 13, and line | 9 14 is 33 1/3% or | more, check this t | DOX and ► X |
| | stop here. The organization qualified | s as a publicly sup | ported organization | n . | | | The second secon |
| | 33 1/3% support test - 2011. If the | organization did r | not check a box or | i line 13 or 16a, an | id line 15 is 33 1/3 | % of more, check | triis box |
| | and stop here. The organization qui | alifies as a publicly | supported organi | zation | 40 40 40- | | |
| 17 | a 10% -facts-and-circumstances te | est - 2012. If the or | rganization did not | check a box on III | ne 13, 16a, or 16b, | and line 14 is 107 | o of more, |
| | and if the organization meets the "fa | acts and circumsta | inces" test, check | this box and stop | here. Explain in P | art iv now the orga | anization |
| | meets the "facts-and-circumstances | s" test. The organiz | zation qualifies as | a publicly support | ed organization | . 172 and line 1E i | - 1004 or |
| | b 10% -facts-and-circumstances te | est - 2011. If the o | rganization did not | check a box on li | ne 13, 16a, 16b, 0 | in in Dort Whow t | 5 IU70 UI |
| | more, and if the organization meets | the "facts-and-circ | cumstances" test, | check this box and | o stop nere, Expla | ni iri rait iv HUW li | ▶ |
| | organization meets the "facts-and-c | ircumstances" tes | t The organization | quaimes as a put | oncry supported of | ganication and see instruction | ins T |
| 18 | Private foundation. If the organizat | tion did not check | a box on line 13, 1 | oa, 160, 1/a, or 1 | 7 D, CHECK THIS DOX | and see mandelle | 90 or 990-EZ) 2012 |
| | | | | | SCI | iednie w (Louin as | to or occuracy and the |

232022

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support | | | | | 1 | |
|---|--------------------|-----------------------|-------------------------|--|--|---|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | meresekeen | | | | |
| membership fees received (Do not | | | | | | |
| include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- formed, 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 bus- | | | | | and the second s | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | ļ | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | <u> </u> |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 196 of the | | | | The state of the s | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | <u> </u> | | |
| Section B. Total Support | | | | | | 1 |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | n's first, second, th | ilrd, fourth, or fifth | tax year as a sec | tion 501(c)(3) organ | ization, |
| check this box and stop here | | | | | | D |
| Section C. Computation of Publ | ic Support P | ercentage | | | | |
| 15 Public support percentage for 2012 (| line 8, column (f) | divided by line 13 | , column (f)) | | 15 | |
| 16 Public support percentage from 2011 | | | | | . 16 | |
| Section D. Computation of Inve | stment Incor | me Percentag | e | | | *************************************** |
| 17 Investment income percentage for 20 |)12 (line 10c, col | umn (f) divlded by | line 13, column (f) |) | 17 | |
| 40 Investment income percentage from | 2011 Schedule A | A, Part III, line 17 | | | 18 | |
| 19a 33 1/3% support tests - 2012. If the | organization did | i not check the bo | x on line 14, and li | ine 15 is more tha | n 33 1/3% . and line | 17 is not |
| more than 33 1/3% check this box a | and stop here, T | he organization qu | ialifies as a publici | y supported orgai | nization | F |
| b 33 1/3% support tests - 2011. If the | organization die | d not check a box | on line 14 or line 1 | 9a, and line 16 is | more than 33 1/3% | , and |
| line 18 is not more than 33 1/3%, ch | eck this box and | stop here. The or | ganization qualifie | s as a publicly su | pported organizatio | on ▶∟ |
| 20 Private foundation. If the organization | on did not check | a box on line 14. | - 19a, or 19b, check | this box and see | instructions | |
| | | | | S | Schedule A (Form 9 | 990 or 990-EZ) 2(|
| 232023 12-04-12 | | | 15 | | | |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| | PRO BONO PARTNERSHI | P OF ATLANTA, INC. | 20-2614676 |
|-----|---|--|---|
| Par | | | s 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) | | |
| | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in wr | iting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's ex | | Yes No |
| | Did the organization inform all grantees, donors, and donor adv | | e used only |
| | for charitable purposes and not for the benefit of the donor or | | |
| | | | 1 1 1 2 1 1 1 1 |
| Par | | pization answered "Yes" to Form 990 | |
| L | | | |
| 1 | Purpose(s) of conservation easements held by the organization | T | Istorically important land area |
| | Preservation of land for public use (e.g., recreation or ed | | |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | e e e e e e e e e e e e e e e e e e e |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | n 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 |
| | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic stru- | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired at | fter 8/17/06, and not on a historic struc | ture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by t | he organization during the tax |
| Ŭ | year > | | |
| 4 | Number of states where property subject to conservation easi | ement is located > | _ |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling o | f |
| 3 | violations, and enforcement of the conservation easements it | | Yes No |
| | Staff and volunteer hours devoted to monitoring, inspecting, a | and enforcing conservation easements | during the year |
| 6 | Amount of expenses incurred in monitoring, inspecting, and e | nforcing conservation easements during | ng the year > \$ |
| 7 | Does each conservation easement reported on line 2(d) above | eatiefy the requirements of section 1 | 70(h)(4)(B)(i) |
| 8 | | satisfy the requirements of scotton | Yes No |
| | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | on anamonta la ita revenue and evnen | |
| 9 | In Part XIII, describe now the organization reports conservation | in easements in its revenue and expen | be the organization's accounting for |
| | include, if applicable, the text of the footnote to the organizati | on s ilitaticiai statements triat describe | s the organization's books and so |
| | conservation easements. † III Organizations Maintaining Collections of | Art Historical Treasures or | Other Similar Assets. |
| Pa | † III Organizations Maintaining Collections of | 200 Part IV line 9 | Office Office / 1000 to: |
| | Complete if the organization answered "Yes" to Form 9 | | and helphon shoot works of art |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue star | ement and paidnes sheet works of art, |
| | historical treasures, or other similar assets held for public exh | | rance of public service, provide, in Fart Am, |
| | the text of the footnote to its financial statements that descrit | oes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue stateme | ent and balance sheet works of an, historical |
| | treasures, or other similar assets held for public exhibition, ed | lucation, 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 trea | | cial gain, provide |
| • | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | n to to de dia France COO Fine 1/11 line 1 | - | > \$ |
| | Assets included in Form 990, Part X | | \$ |
| Ð | Appeto indiadod in Form body Fare A | | |
| | To December Poduction Act Notice see the Instructions | for Form 990 | Schedule D (Form 990) 201: |

| Sched | | D PARTNERSH | IIP C | F ATL | ANTA, I easures, o | NC . r Other | | | | Page 2 |
|----------|---|-------------------------|----------------------------------|---|-----------------------|-----------------|------------|------------|--|------------|
| | Using the organization's acquisition, accession | | | | | | | | | |
| | (check all that apply): | | | | | Ü | | | | |
| а | Public exhibition | d | | oan or excl | nange progra | ms | | | | |
| b | Scholarly research | e | h | ther | 0.0 | | | | | |
| c | Preservation for future generations | _ | | *************************************** | | | | | | |
| | Provide a description of the organization's co | llections and explain | how the | ov further th | ne organizatio | n's exemp | t purpos | e in Parl | t XIII | |
| | During the year, did the organization solicit or | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | \square | Yes | No No |
| Par | | | | | | | | Part IV, I | ine 9, or | |
| · | reported an amount on Form 990, Par | - | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedi | ary for c | ontribution | s or other ass | sets not inc | cluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the foll | owing ta | ible: | | | | | | |
| _ | 3 | • | | | | | | | Amount | |
| С | Beginning balance | | | | | | 10 | | | |
| | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line : | 21? | | | | | | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | n has been | provided in F | art XIII | | ********** | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| Par | | the organization ans | swered " | Yes" to Fo | rm 990, Part | IV, Ilne 10. | | | | |
| <u> </u> | | (a) Current year | | ior year | (c) Two year | 1 |) Three ye | ars back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | wasay ana yanga aribawan Asabari | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| C | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| , g | End of year balance | | <u> </u> | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent vear end balance | e (line 1 | a, column (a | a)) held as: | | | | | |
| a | Board designated or quasi-endowment | | % | | ., | | | | | |
| | Permanent endowment | % | ·········· | | | | | | | |
| _ | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | uld equal 100% | | | | | | | | |
| 32 | Are there endowment funds not in the posse | | ation tha | t are held a | and administe | red for the | organiza | ation | _ | |
| Ų. | by: | • | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| h | If "Yes" to 3a(ii), are the related organization: | s listed as required o | n Sched | lule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| | rt VI Land, Buildings, and Equipn | nent. See Form 990 | , Part X, | line 10. | | | | | | |
| | Description of property | (a) Cost or o | 1 | | t or other | (c) Acc | umulate | d | (d) Bool | k value |
| | . , , | basis (investr | nent) | basis | (other) | depr | eciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | <u></u> |
| c | Leasehold improvements | | | | | | | | | |
| Ч | Equipment | | | | | | | | | |
| | Other | | | | 1,176. | | 7: | 36. | | 440. |
| | Add lines to through to (Column (d) must be | agual Form 000 Part | Y coluc | nn (A) line | | | | • | | 440. |

Schedule D (Form 990) 2012

| Part VII Investments - Other Securities. See (a) Description of security or category (including name of security) | (b) Book value | | uation: Cost or end-of-year market value |
|--|--|---|--|
| 1) Financial derivatives | | | |
| 2) Closely-held equity interests | | | |
| B) Other | | | |
| (A) | ~~~~~ | | |
| (B) | | | |
| (C) : | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| (D) | | | ······································ |
| (E) | ······ | | |
| <u>(F)</u> | | | |
| (G) | | | |
| (H) | | | |
| (I) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Se | - F 000 D-+ V | | |
| (a) Description of investment type | (b) Book value | | uation: Cost or end-of-year market value |
| (1) | (5) 50011 12100 | (c) Metrica of valo | auton. Godt of end of year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | And the second section of the second section of the second | | |
| Part IX Other Assets. See Form 990, Part X, col. (B) line 13.) | 15. Description | | (b) Book value |
| | Description | | (b) BOOK VAIGE |
| (1) | | | |
| | | | |
| (3) | | | |
| (5) | | | |
| (6) | | | |
| (7) | ······································ | | |
| (8) | | *************************************** | |
| (9) | | | |
| (10) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | : 15.) | | > |
| Part X Other Liabilities. See Form 990, Part X, Ii | ine 25. | | |
| (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (8) (9) | | 1 | |
| (8) (9) (10) | | | |
| (8) (9) (10) (11) | | | |
| (8) (9) (10) | | | |

| | dule D (Form 990) 2012 PRO BONO PARTNERSHIP OF AT | | | Page 4 |
|---|---|----------------|---------------------|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | 11 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | 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 XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| - | Other (Describe in Part XIII) | 4b | | |
| b | Add lines 4a and 4b | . L401 | 40 | |
| c | | | 5 | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem | ents With Expe | | |
| 1 | Total expenses and losses per audited financial statements | | 1 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| C | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | • | 3 | ., |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | 000 000 000 | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | | L | 4c | |
| _ | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| D ₂ | rt XIII Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII. lines 2d and 4b. Also complete this part t | | | ; Part |
| | | | | |
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| *************************************** | | | | |
| | | | Schedule D (Form 99 | 90) 2012 |

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614676 | | | | | |
|---|--|--|--|--|--|
| Form 990, Part I, Line 1, Description of Organization Mission: | | | | | |
| and provide volunteer legal services for nonprofit agencies serving | | | | | |
| poor and disadvantaged communities in Metropolitan Atlanta. | | | | | |
| | | | | | |
| Form 990, Part VI, Section A, line 8b: The Compensation Committee reports | | | | | |
| to the Board of Directors, but is not authorized to act on behalf of the | | | | | |
| governing body. | | | | | |
| | | | | | |
| Form 990, Part VI, Section B, line 11: A copy of the Form 990 is | | | | | |
| distributed to and reviewed by Board members prior to filing. | | | | | |
| | | | | | |
| Form 990, Part VI, Section B, Line 12c: A Statement Regarding Conflict of | | | | | |
| Interest Policy is completed by all directors, officers, and committee | | | | | |
| members annually and reviewed. | | | | | |
| | | | | | |
| Form 990, Part VI, Section B, Line 15a: The organization has an Executive | | | | | |
| Compensation Committee that looks at comparable executive compensation | | | | | |
| data. Compensation is approved by the full Board of Directors. | | | | | |
| | | | | | |
| 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 upon request. | | | | | |
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