EXTENDED TO NOVEMBER 15, 2019

ggn

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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Α	For th	e 2018 calendar year, or tax year beginning	and	ending	_			
В	Check if applicab	C Name of organization			D Employer identifi	cation number		
Г	Addre	ss PRO BONO PARTNERSHIP OF ATLANTA, I	NC .					
	Name		·		20-261	4676		
	Initial return	Number and street (or P.O. box if mail is not delive	rered to street address)	Room/suite	E Telephone numbe			
	Final return	000 DEXCUMBEE CMBEEM NE	,	2300	I	7-5088		
	termir		ZIP or foreign postal code		G Gross receipts \$	822,587.		
	Amen return	ded amraama da 20200			H(a) Is this a group re			
	Application	F Name and address of principal officer:RACHEI	SPEARS		for subordinates			
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in			
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () <	(insert no.) 4947(a)(1)	or 527	1 ' '	list. (see instructions)		
		te: WWW.PBPATL.ORG	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemption			
K	Form o	organization: X Corporation Trust Ass	ociation Other >	L Year	of formation: 2005	M State of legal domicile: GA		
P	art I	Summary						
Φ	1	Briefly describe the organization's mission or most s	significant activities: PRO BO	NO PARTNE	ERSHIP OF ATLANTA			
Governance		IS ORGANIZED AND OPERATED EXCLUSIVELY	TO PROMOTE, ENCOURAGE,	ASSIST,				
ern:	2	Check this box if the organization discont	tinued its operations or dispo	sed of more	e than 25% of its net as	ssets.		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			17		
	4	Number of independent voting members of the government	erning body (Part VI, line 1b)			17		
es		Total number of individuals employed in calendar ye				11		
Activities &		Total number of volunteers (estimate if necessary)				730		
Act		Total unrelated business revenue from Part VIII, colu				0.		
	b	Net unrelated business taxable income from Form 9	90-T, line 38	······		0.		
Revenue				<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			758,708.	805,168.		
	9				0.	0.		
Вè	10	Investment income (Part VIII, column (A), lines 3, 4,			2,013.	4,973.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,957.	8,706		
		Total revenue - add lines 8 through 11 (must equal F			763,678.	818,847.		
	1	Grants and similar amounts paid (Part IX, column (A			0.	0.		
	14	Benefits paid to or for members (Part IX, column (A)			530,898.			
Expenses	15	Salaries, other compensation, employee benefits (P			330,838.	588,201.		
en	16a	Professional fundraising fees (Part IX, column (A), lir			0.	0.		
Ä	170	Total fundraising expenses (Part IX, column (D), line			50,660.	63,644.		
		Other expenses (Part IX, column (A), lines 11a-11d,			581,558.	651,845.		
		Total expenses. Add lines 13-17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 1			182,120.			
JC G	19	nevertue less expenses. Subtract line 10 from line 1	2		ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)			1,179,091.	1,345,955.		
ASS	21	T			1,659.	1,521.		
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from I			1,177,432.	1,344,434.		
P	art II	Signature Block			, ,	, ,		
Unc	der pena	ulties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sig	jn	Signature of officer			Date			
He	re	RACHEL SPEARS, EXECUTIVE DIRECTOR						
		Type or print name and title						
		1	Preparer's signature		Date Check Check	PTIN		
Pai		<u> </u>	ERESA B. SNYDER CPA	0	6/03/19 self-employ			
	parer	Firm's name BRADY, WARE & SCHOENFELD,			Firm's EIN ▶	35-1476702		
Use	Only	Firm's address 11175 CICERO DRIVE SUITE						
		ALPHARETTA, GA 30022-1166			Phone no.678			
Ма	y the I	RS discuss this return with the preparer shown above	re? (see instructions)			🗓 Yes 📖 No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRO BONO PARTNERSHIP OF ATLANTA IS ORGANIZED AND OPERATED EXCLUSIVELY
	TO PROMOTE, ENCOURAGE, ASSIST, AND PROVIDE VOLUNTEER LEGAL SERVICES
	FOR NONPROFIT AGENCIES SERVING POOR AND DISADVANTAGED COMMUNITIES IN
	THE GREATER METROPOLITAN ATLANTA REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	
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 \$ 368,393. including grants of \$) (Revenue \$)
	IN 2018, PBPA PROVIDED FREE LEGAL ASSISTANCE TO 237 NONPROFIT
	ORGANIZATIONS. OVER 730 VOLUNTEER ATTORNEYS WERE MATCHED WITH 867
	DIFFERENT LEGAL MATTERS FOR NONPROFITS. VOLUNTEER ATTORNEYS PROVIDED
	FREE LEGAL ASSISTANCE TO PBPA CLIENTS VALUED AT ABOUT \$4.2 MILLION.
4b	(Code:) (Expenses \$
40	PBPA ALSO HOSTS A NONPROFIT LEGAL CHECK UP PROGRAM FIVE TIMES A YEAR.
	THE 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.
	FIFTY-THREE NONPROFIT ORGANIZATIONS AND 194 ATTORNEYS AND PARALEGALS
	PARTICIPATED IN THE NONPROFIT LEGAL CHECK UP IN 2018. ADDITIONALLY,
	PBPA HOSTS A RAPID REMEDY PROGRAM TWICE A YEAR. THE RAPID REMEDY IS A
	HALF-DAY PROGRAM THAT PAIRS ATTORNEYS WITH A NONPROFIT ORGANIZATION TO
	RESOLVE A LEGAL MATTER DURING THE HALF-DAY EVENT. FIFTEEN NONPROFITS
	AND 43 ATTORNEYS AND PARALEGALS PARTICIPATED IN RAPID REMEDY IN 2017.
4c	(Code:) (Expenses \$ 49,119. including grants of \$) (Revenue \$)
	ADDITIONALLY, PBPA PRESENTED 40 WORKSHOPS ON VARIOUS LEGAL ISSUES THAT
	AFFECT NONPROFIT ORGANIZATIONS FOR MORE THAN 900 ATTENDEES IN 2018.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 491,190.
	Form 990 (2018)

20-2614676

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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		Х
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			_v
-	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		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_ A
8		8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		_ A
9	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	9		
10	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, VII, VIII, IX, or X	10		
••	as applicable.			
а	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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	l		۱
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		₩
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		├ ^
18	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,"	10		
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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

832003 12-31-18

Form 990 (2018) PRO BONO PARTNERSHIP OF ATL Part IV | Checklist of Required Schedules (continued)

	The state of the dame of the state of the st		<u> </u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_ A
JZ	Schodula N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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? If "Yes " complete Schedule R. Part V. line 2.	36		x
37	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	30		
٥,	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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	1		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garroing) withings to prize withors:	10		

832004 12-31-18

20-2614676

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 11						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	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).						
5а	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		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>			
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).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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?	7с		Х			
	If "Yes," indicate the number of Forms 8282 filed during the year	7-					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f					
f	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
•	sponsoring organization have excess business holdings at any time during the year?						
9							
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						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
_	organization is licensed to issue qualified health plans Enter the amount of receives an hand						
	Enter the amount of reserves on hand	140		Х			
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		—			
IJ	excess parachute payment(s) during the year?	15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.	13					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RACHEL SPEARS - 404-407-5088			
	999 PEACHTREE STREET NE SUITE 2300, ATLANTA, GA 30309			

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

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.

oxdet 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	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	fficer and a director/trustee) from from related organizations organization (W-2/1099-MISC)		other compensation from the organization and related organizations					
(1) BRILEY BRISENDINE MEMBER	1.00	x						0.	0.	0.
(2) JARED BRANDMAN	2.00									
BOARD CHAIR		x		x				0.	0.	0.
(3) ALAN ROSSELOT	2.00									
VICE CHAIR		x		x				0.	0.	0.
(4) BETSY GRISWOLD	1.00						T	-	-	-
MEMBER		х						0.	0.	0.
(5) BEN GARREN	1.00							-	-	-
MEMBER		x						0.	0.	0.
(6) MINDY DOSTER	1.00									
MEMBER		х						0.	0.	0.
(7) ANGIE WOO	1.00									
MEMBER		х						0.	0.	0.
(8) FAITH KNIGHT MYERS	2.00									
SECRETARY		х		х				0.	0.	0.
(9) FRANK A. LANDGRAFF	2.00									
INTERIM TREASURER		х		х				0.	0.	0.
(10) RICK MCMURTRY	1.00									
MEMBER		х						0.	0.	0.
(11) TRICIA KINNEY	1.00									
MEMBER		х						0.	0.	0.
(12) WILL LEDBETTER	1.00									
MEMBER		Х						0.	0.	0.
(13) KARA ONG	1.00									
MEMBER		х						0.	0.	0.
(14) TIM PHILLIPS	1.00									
MEMBER		Х						0.	0.	0.
(15) DAVID STEELE	1.00									
MEMBER		Х						0.	0.	0.
(16) ANU SEAM	1.00									
MEMBER		Х		L		L		0.	0.	0.
(17) ELLEN SAMUELS	1.00									
MEMBER		Х						0.	0.	0.

832007 12-31-18

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

(A) Name and title		(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount 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		fro orga and	oensa om th anizat d relat nizati	e ion ed
	RACHEL EPPS SPEARS	40.00												
EXEC	UTIVE DIRECTOR				Х				139,606.		0.		11,	556.
											$\frac{1}{2}$			
											+			
											 			
	1b Sub-total c Total from continuation sheets to Part VII, Section A 139,606.					0.		11	556.					
	Total (add lines 1b and 1c)								139,606.		0.		11,	556.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable	!			1
_									h:				Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>				•	•	•	-	•			3		х
4	For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4	Х	
5	and related organizations greater than \$1 Did any person listed on line 1a receive o											4	Λ	
	rendered to the organization? If "Yes," co	mplete Schedul	e J t	or st	uch	pers	son .					5		Х
1	Complete this table for your five highest of	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	 oensa	ation fi	rom	
	the organization. Report compensation for	r the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
	(A) Name and busines	s address	NO	NE					(B) Description of s	services	Cc	(C omper	satio	n
2	Total number of independent contractors		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
	\$100,000 of compensation from the orga	iization 🟲					J					-orm (aan /	2018)

Form 990 (2018) PRO BONO PA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
t 5	1 a	Federated campaigns	1a					3.2 3.1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
٩		Fundraising events						
ifts		Related organizations						
nis G		Government grants (contributi	·····					
Siz		All other contributions, gifts, grant	· · —					
iğ E	'	similar amounts not included abov		805,168.				
Q토				003,100.				
οu	_	Noncash contributions included in lines			805,168.			
<u> </u>	n	Total. Add lines 1a-1f						
	_			Business Code				
ice	2 a	•						
ue n	b	·						
m S	С							
gra Re	d							
Program Service Revenue	е							
ъ.		All other program service reve						
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			4,973.			4,973.
	4	Income from investment of tax						
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		>				
a		Gross income from fundraising						
une		including \$	of					
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	•	12,446.				
the	b	Less: direct expenses						
0		Net income or (loss) from fund			8,706.			8,706.
		Gross income from gaming ac						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale		-				
		Miscellaneous Revenu		Business Code				
	11 a			Dusiliess Code				
								
	b							
	C							+
		All other revenue						
		Total. Add lines 11a-11d			010 047	^	^	13 670
	12	Total revenue. See instructions		.	818,847.	0.	0	. 13,679.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8i	b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1 (Grants and other assistance to domestic organizations				
ć	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	147,354.	103,148.	22,103.	22,103
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	377,331.	299,629.	11,159.	66,543
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	24,618.	18,898.	1,561.	4,159
	Payroll taxes	38,898.	29,860.	2,466.	6,572
	Fees for services (non-employees):				
	Management	8,640.		8,640.	
	Legal				
	Accounting	9,745.		9,745.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	225	F0.6	0.2	4.5
	Office expenses	925.	786.	93.	46
	Information technology	12,495.	11,870.		625
	Royalties				
	Occupancy	2 400	2 000	240	170
	Travel	3,400.	2,890.	340.	170
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	0 453	0 453		
	Insurance	8,453.	8,453.		
ć	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.)				
	VOLUNTEER EVENTS/AWARDS	7,916.	7,916.		
b 1	MISCELLANEOUS	4,614.	284.	1,619.	2,711
c	DUES, LICENSES, PROGRAM	3,905.	3,905.	·	•
d I	EDUCATION	2,313.	2,313.		
e /	All other expenses	1,238.	1,238.		
	Total functional expenses. Add lines 1 through 24e	651,845.	491,190.	57,726.	102,929
	Joint costs. Complete this line only if the organization				
1	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,115,668.	1	695,901.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	20,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
Assets		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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	8,405.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	601,649.
	12	Investments - other securities. See Part IV, line 11		12	·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	20,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,345,955.
	17	Accounts payable and accrued expenses		17	1,521.
	18	Grants payable		18	·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ű	22	Loans and other payables to current and former officers, directors, trustees			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,659.	26	1,521.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X ar	nd		
S		complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	1,021,182.	27	1,234,434.
sala	28	Temporarily restricted net assets		28	110,000.
P E	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
þ		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,177,432.	33	1,344,434.
	34	Total liabilities and net assets/fund balances		34	1,345,955.

Pa	rt 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		8	18,	847.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	51,	845.	
3	Revenue less expenses. Subtract line 2 from line 1						
4							
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		1,3	44,	434.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Y	es	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b 3	K		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	с	\Box	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	lit				
	Act and OMB Circular A-133?		3	а		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PRO BONO PARTNERSHIP OF ATLANTA, INC. 20-2614676 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Se	ction A. Public Support		•	,					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and	,	, ,	` '	`,	` '	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	469,672.	670,104.	580,607.	758,708.	805,168.	3,284,259.		
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								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	469,672.	670,104.	580,607.	758,708.	805,168.	3,284,259.		
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)								
	Public support. Subtract line 5 from line 4.						3,284,259.		
	ction B. Total Support		# N 00.45	() 00/0	(n oo (=				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	469,672.	670,104.	580,607.	758,708.	805,168.	3,284,259.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	715.	711.	1,749.	2,013.	4,973.	10,161.		
^	and income from similar sources	713.	711.	1,743.	2,013.	4,373.	10,101.		
9	Net income from unrelated business								
	activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	468.	15.	7.			490.		
11	Total support. Add lines 7 through 10						3,294,910.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	27,102.		
13	First five years. If the Form 990 is for						, -		
	organization, check this box and stor						>		
Se	ction C. Computation of Publ						,		
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.68 %		
	Public support percentage from 2017					15	99.78 %		
	33 1/3% support test - 2018. If the					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2017. If the								
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation					
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a l	publicly supported	l organization		▶□		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a public	cly supported orga	anization	▶□		
18									

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- 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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
10	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						T
	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	$\textbf{First five years.} \ \textbf{If the Form 990 is for} \\$	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					<u></u> ▶∟
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	9
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	Ç
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	(
18	Investment income percentage from 2	:017 Schedule A,	Part III, line 17			18	(
19a	33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						_
b	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, chee	organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20	Private foundation. If the organization						
Ľ۷	i i ivate i ouriuationi ii tile organizatioi	i ala not cilect a	. DUA UIT III IC 14, 18	a, or 130, official	ind bux aliu see ii	1311 UU110113	🖊 🗀

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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.
- c 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
-			

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b	l	l

Page 6

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
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	1 1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	v intoar	atod Type III supporting ore	ranization (soc

Schedule A (Form 990 or 990-EZ) 2018

instructions).

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRO BONO PARTNERSHIP OF ATLANTA, INC.

Employer identification number

20 - 2614676

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic sti		
a	Number of conservation easements included in (c) acquired		l I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	accoment is legated	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
•		, mandaning of violations, and officining contools	ation easomerite daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$	g	,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on 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	_	in, provide
	the following amounts required to be reported under SFAS 1		.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		
ᄓ	FOI FAPELWOLK NEGLECTION ACLINOLICE, SEE THE INSTRUCTION	13 1U1 FUI III 33U.	Schedule D (Form 990) 2018

20-2614676

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	t are a si	gnificant	use of its	collectio	n ite	ms
	(check all that apply):										
а	Public exhibition	d	ı 🖳 ı	_oan or exc	hange progra	ıms					
b	Scholarly research	е	(Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organization	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or								7		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII a										
									Amour	nt	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
	Ending balance								1		
	Did the organization include an amount on Fo							L	Yes	F	_ No
	If "Yes," explain the arrangement in Part XIII.									<u>. L</u>	
Par	t V Endowment Funds. Complete if				1						
	<u></u>	(a) Current year	(b) P	rior year	(c) Two year	s back ((d) Three y	ears back	(e) Fou	r year	s back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		//: 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
2	Provide the estimated percentage of the curr	•		g, column (a	a)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
20	The percentages on lines 2a, 2b, and 2c should be there and autment funds not in the percent		ation tha	t ara bald a	and administa	rad far th	aa araani	ration			
Sa	Are there endowment funds not in the posses by:	ssion of the organiza	ation tha	it are rieiu a	ina administe	rea for ti	ie organiz	alion		Yes	No
									3a(i)	163	INO
											+-
h	(ii) related organizations	tions listed as requi	red on S	 chedule R2)				3b		+-
4	Describe in Part XIII the intended uses of the								0.0	<u> </u>	
<u> </u>	t VI Land, Buildings, and Equipm		JWITICITE I	unus.							
	Complete if the organization answered		0. Part IV	/. line 11a. 9	See Form 990	. Part X	line 10.				
	Description of property	(a) Cost or o			t or other		cumulate	ed be	(d) Boo	ık val	LIE
	2000 plan of property	basis (investr			(other)		reciation	-	, 4, 500	٧ α ١	0
1a	Land	- '			. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X, colun	nn (B), line 1	10c.)			▶			0.

Schedule D (Form 990) 2018 PRO BONO PARTNERS	SHIP OF ATLANTA,	INC.	20-	20140/0	Page 🕽
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					h l
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market	value
(1) Financial derivatives					
(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.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	435	
	Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	2.15.)				
Part X Other Liabilities.	- 10.)		······		
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Forr	m 990. Part X. line 25	j.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)			-		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

Schedule D (Form 990) 2018

20-2614676

Part XI Reconciliation of Revenue per Audited Finan Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	·		
1 Total revenue, gains, and other support per audited financial stater	nents		1	984,697.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	24,600.		
c Recoveries of prior year grants		141,250.		
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	165,850.
3 Subtract line 2e from line 1			3	818,847.
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	1 1			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			5	818,847.
Part XII Reconciliation of Expenses per Audited Finan			_	
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
1 Total expenses and losses per audited financial statements			1	676,445.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	24,600.		
b Prior year adjustments		,		
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	· ·		2e	24,600.
3 Subtract line 2e from line 1			3	651,845.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	40			
			-	
			4-	0.
c Add lines 4a and 4b			4c	651,845.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	π i, iine 18.)		5	031,845.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			4; Part X, lin	ie 2; Part XI,
PART X, LINE 2:				
ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POS	ITIONS TAKEN, OR			
EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE O	RGANIZATION'S TAX			
RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MO	ORE-LIKELY-THAN-NOT"			
OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TH	IS STATEMENT			
PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSI	FION MAY BE			
RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS				
"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED	JPON EXAMINATION,			
INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGAT	ION PROCESSES, BASED			
UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVA	ILABLE INFORMATION.			
ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF	THE TAX BENEFIT THAT			
IS RECORDED REPRESENTS THE LARGEST AMMOUNT OF TAX BENE	FIT THAT IS GREATER			

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 Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No. 1545-0047

PRO BONO PARTNERSHIP OF ATLANTA, INC.

20-2614676

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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		<u> </u>
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 on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the view did any page listed on Form 000 Dark VIII Cooking A. line to with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines has, list the persons and provide the applicable amounts for each term in a chin			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RACHEL EPPS SPEARS	(i)	125,999.	13,607.	0.	0.	0.	139,606.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	11,556.	11,556.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

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.
 Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public

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 THE GREATER METROPOLITAN ATLANTA REGION. FORM 990, PART VI, SECTION A, LINE 8B: THE EXECUTIVE 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 11B: 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.

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

Schedule O (Form 990 or 990-EZ) (2018)