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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

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

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

Please use IRS label or print or type See Specific Instructions.

C
 THE BANKRUPTCY BAR ASSOC.
 OF THE SO. DIST. OF FL. INC.
 1221 BRICKELL AVENUE 21ST FLOOR
 MIAMI, FL 33131

D Employer identification number

65-0385834

E Telephone number**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► [HTTP://WWW.BBASDFL.ORG/](http://www.bbassdfl.org/)**J** Tax-exempt status (check only one) — ☒ 501(c) (6) (insert no) 4947(a)(1) or 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 274,217.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	71,500.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	202,717.
	6b	Less: direct expenses other than fundraising expenses	6b	203,372.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-655.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	70,845.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	6,514.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	31,039.
	17	Total expenses. Add lines 10 through 16	17	42,553.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,292.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13,278.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,570.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,278.	29,570.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 2)		12,000.
25 Total assets	13,278.	41,570.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,278.	41,570.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts included on line 9 for public use of club facilities	N/A	
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed	NONE	

42a The organization's books are in care of **CAROLYNE M. PIEL** Telephone no.
 Located at **8845 SW 196TH TERRACE CUTLER BAY FL** ZIP + 4 **33157**

b 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)?
 If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax exempt interest received or accrued during the tax year

☐ N/A
☒ **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 46 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 49b If 'Yes,' was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

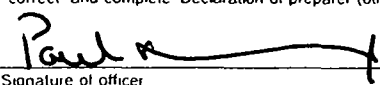
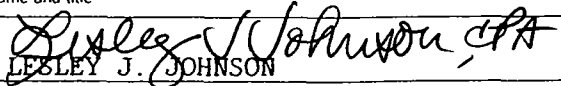
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 5/19/10	
	PAUL J. KEENAN, JR. Type or print name and title		PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	 LESLEY J. JOHNSON	Date	5/17/10
	Firm's name (or yours if self-employed) address and ZIP - 4	KAPILA & COMPANY 1000 S. FEDERAL HIGHWAY, #200 FORT LAUDERDALE, FL 33316		
	Check if self-employed ☐	Preparer's Identifying Number (See instructions)	N/A	
	EIN	N/A		
	Phone no	(954) 761-1011		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization THE BANKRUPTCY BAR ASSOC.
OF THE SO. DISTR OF FL. INC.

Employer identification number
65-0385834

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| ☐ | Mail solicitations | ☐ | Solicitation of non-government grants |
| ☐ | Internet and email solicitations | ☐ | Solicitation of government grants |
| ☐ | Phone solicitations | ☐ | Special fundraising events |
| ☐ | In-person solicitations | | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5 000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 ANNUAL RETREAT (event type)	(b) Event #2 VIEW FROM THE (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	148,526.	26,842.	25,175.	200,543.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	148,526.	26,842.	25,175.	200,543.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	153,715.	23,142.	25,909.	202,766.
	10 Direct expense summary Add lines 4- through 9 in column (d)				202,766.
	11 Net income summary Combine lines 3 and 10 in column (d)				-2,223.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. *N/A*

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes' enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

2009

FEDERAL STATEMENTS

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CLIENT BBASDL

THE BANKRUPTCY BAR ASSOC.
OF THE SO. DISTR OF FL. INC.

65-0385834

4/23/10

12 45PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CREDIT CARD FEES	\$	4,385.
DUES AND ADMINISTRATIVE		5,006.
OFFICE EXPENSES		846.
SPONSORSHIPS		13,140.
STATIONARY		545.
TELEPHONE		3,038.
WEBSITE		4,079.
TOTAL	\$	<u>31,039.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSE - RETREAT	\$ 0.	\$ 12,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 12,000.</u>

STATEMENT 3
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JAMES MOON MIAMI, FL	PRESIDENT-ELECT 0	\$ 0.	\$ 0.	\$ 0.
DAVID ROSENDORF MIAMI, FL	IMM. PAST PRES. 0	0.	0.	0.
PAUL J. KEENAN, JR. MIAMI, FL	PRESIDENT 0	0.	0.	0.
DANIEL GONZALEZ MIAMI, FL	SECRETARY 0	0.	0.	0.
ILEANA ESPINOSA CHRISTIANSON MIAMI, FL	FIRST VP 0	0.	0.	0.
JASON Z. JONES MIAMI, FL	SECOND VP 0	0.	0.	0.

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FEDERAL STATEMENTS

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THE BANKRUPTCY BAR ASSOC.
OF THE SO. DISTR OF FL. INC.

65-0385834

4/23/10

12 45PM

STATEMENT 3 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PATRICIA A. REDMOND MIAMI, FL	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
BRETT AMRON MIAMI, FL	DIRECTOR 0	0.	0.	0.
JOHN PAGE BOCA RATON, FL	DIRECTOR 0	0.	0.	0.
DAVID SAMOLE MIAMI, FL	DIRECTOR 0	0.	0.	0.
PHILIP J. LANDAU BOCA RATON, FL	DIRECTOR 0	0.	0.	0.
JEFFREY BAST MIAMI, FL	DIRECTOR 0	0.	0.	0.
JAMES H. FIERBERG MIAMI, FL	DIRECTOR 0	0.	0.	0.
TINA TALARCHYK WEST PALM BEACH, FL	DIRECTOR 0	0.	0.	0.
GRACE E. ROBSON HOLLYWOOD, FL	DIRECTOR 0	0.	0.	0.
SCOTT BROWN MIAMI, FL	TREASURER 0	0.	0.	0.
MARK ROHER FT LAUDERDALE, FL	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2009

FEDERAL STATEMENTS

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CLIENT BBASDL

THE BANKRUPTCY BAR ASSOC.
OF THE SO. DIST. OF FL. INC.

65-0385834

4/23/10

12 45PM

STATEMENT 4

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE BANKRUPTCY BAR ASSOC. OF THE SO. DIST. OF FL. INC.	65-0385834
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1221 BRICKELL AVENUE 21ST FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MIAMI, FL 33131	

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

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

- The books are in the care of ▶
- CAROLYNE M. PIEL

Telephone No. ▶ _____

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2010, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

▶ ☒ calendar year 2009 or▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)