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OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990. , 2015, and ending For the 2015 calendar year, or tax year beginning D Employer identification number

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	∏ <sub>N</sub>	ame change	OF THE SO	. DISTR	OF FL.	INC.				Telephone nui	nber	
	In	nitial return	7154 N. U			E #299				305-89	1-5080	
		nal return/terminated	TAMARAC,	FL 3332	1				Γ			
	$H_{A}$	mended return	ŀ						lo	Gross receipts	\$	356,904.
	H	pplication pending	F Name and add	ress of principa	I officer	-			H(a) Is this a	group return for s	ubordinates?	Yes X No
	<u>ں</u> ،		SAME AS C	ABOVE					H(b) Are all su	ibordinates includ tach a list (see i	led?	Yes No
_	Tay	-exempt status		X 501(c) (	c ) = (1)	nsert no.)	4947(a)(1)	or 527	It 'No,' at	tach a list (see i	nstructions)	
<u> </u>			TP://WWW.				1017(4)(1)	91 1927	H/c) Group av	emption number	_	
K			Corporation	Trust	Association	Other ►	<u></u> -	L Year of formati		<del></del>	legal domic	
		m of organization:	<del>.                                     </del>	trust	Association	Other		L. rear or rormati	011	III State 6	regar domic	
Pa		Summar	<b>y</b> be the organiza	ation's miss	ion or most	significant a	activities:	PNUANCE	DDACTIC	E OF BAN	שמוומע	V TAG
	1	Briefly descri	be the organiza	111011 5 111155	1011 01 111051	Significant a	activities	FINHANCE .	LKWC1 TC	F OF DAM	VKOLIC	I 174M
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Je.	١,	Chook this b	ox ► if the		on discontinu	ed its opera	ations or di	sposed of mo	re than 25	% of its net a		
ģ	2	Number of vo	oting members	of the gove	rnina body (	Part VI. line	e la)			1 3	1	17
જ	4		dependent voti								<del> </del>	<del></del>
es	5		of individuals									
Ξ	6	Total number	r of volunteers (	(estimate if	necessary)					6		
d ct	7a	Total unrelate	ed business rev	venue from	Part VIII, co	tumn (C), lii	ne 12			7a		. 0.
-	ь	Net unrelated	d business taxa	ble income	from Form 9	990-T, line 3	34			7b		0.
					, 'y = 1	: إسستند		-		or Year	Cur	rent Year
í 	8	Contributions	and grants (Pavice revenue (P vice revenue (P vicome (Part VII	art VIII, Ime	::Íh)					109,600.		86,800.
Ę	9	Program serv	vice revenue (P	art VIII, line	⊋ 2g) კ <u>ე</u> '	$\partial p \cdots / \dots$	`				Í	
			nooma (Part VIII	II.\column d	A), Lines 3, 4	1. and 7d)						232.
Š	10	Investment in	iconie (Fait Vii	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,						-32,203.
Revenue Activities & Governance	10 11	Other revenu	ıe (Part VIII, col	lumn (A), lı	nes 5, 6d <u>, 8</u>	c,-9c,-10c, a	and 11e)		.	-29,994.		
Reve	10 11 12	Other revenue Total revenue	ie (Part VIII, col e – add lines 8	lumn (A), li through 11	nes 5, 6d, 8 -(mustrequa	c,-9c,-10c, a I Part VIII, c	and 11e) column (A)		.	79,606.		54,829.
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Sign Here		ate IDENT	6/28/16	,
Paid	Print/Type preparer's name  LESLEY J. JOHNSON LESLEY J. JOHNSON C. 1/6	Checkself-employed	PTIN P01079089	
Preparer Use Only	Firm's name Firm's address  KAPILAMUKAMAL, LLP  1000 S. FEDERAL HIGHWAY, #200  FORT LAUDERDALE, FL 33316		46-5394135 054-761-1011	
	discuss this return with the preparer shown above? (see instructions)		X Yes	No
DAA Fau Da	namural Daduction Act Notice, see the separate instructions. TEEA01131 10	/12/15	Form 990	ロフロコト

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orm <b>990</b> (20		65-038	5834	Page 2
Partillia S	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1 Briefly d	lescribe the organization's mission:			
ENHAN	ICE PRACTICE OF BANKRUPTCY LAW			
	organization undertake any significant program services during the year which were			-
Form 99	90 or 990-EZ?		Yes X	No
	describe these new services on Schedule O.			_
3 Did the	organization cease conducting, or make significant changes in how it conduc	cts, any program services?	Yes X	No
	describe these changes on Schedule O.			
Section	e the organization's program service accomplishments for each of its three la 501(c)(3) and 501(c)(4) organizations are required to report the amount of genue, if any, for each program service reported.	argest program services, as me rants and allocations to others,	asured by expe the total expe	enses. enses,
4a (Code:	) (Expenses \$ including grants of \$	) (Revenue \$		```
	MONTHLY DINNER MEETINGS TO ADVISE ALL MEMBERS OF		COKKENI_	
EAENI	S AS WELL AS OTHER MATTERS AND ISSUES OF CONCER	<u></u>		
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4 c (Code:	) (Expenses \$ including grants of \$	) (Revenue \$		)
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4 4 046	vegram convect. (Describe in Schodule ().)			
	rogram services. (Describe in Schedule O.) ses \$ including grants of \$	) (Revenue \$	1	
(Expens		) (i resenue 4		
	rogram service expenses ► 0.  TEEA0102L 10/12/15	<del></del>	Form 90	90 (2015)
BAA	TEEAUTUZL 10/12/15		. 51111 5	()

ili Cal	(C.) Vi Oneckiist of Required Concadies			
		,	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 (see instructions)?	2		Х
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		х
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		
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	激烈	V.SS	
ŧ	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a		i
1	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	11 b		х
•	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	11 c		х
•	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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		x
ı	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
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 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, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х

Päi	rt IV# Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
` b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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
24 8	a 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
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		İ
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
I	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		
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	#F1 248 )	X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
, 1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(	c 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		·x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	and Part V, line 1	34		х
35	a 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 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O		х	
BA		Form	990	(2015)

Form 990 (2015) THE BANKRUPTCY BAR ASSOC 65-0385834 Part 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 ....... No Yes 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0..... 3 b 4 a 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)? 4 a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.. 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? . . . . . . 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?..... 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 7 a services provided to the payor?..... .... ..... ...... ...... ..... **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?...... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?... 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year.... 海海 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7 f a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring کی دی organization have excess business holdings at any time during the year?..... 8 1 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?.... 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... 9 b 10 Section 501(c)(7) organizations. Enter: a 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: a 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.) ..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.... 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 1000 a is the organization licensed to issue qualified health plans in more than one state?..... 13 a 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 c Enter the amount of reserves on hand. ..... 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . 14 a

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

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65-0385834 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below. and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . 17 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 . . . . 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 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 7 a 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?..... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... 8 a Х b Each committee with authority to act on behalf of the governing body?.... 8 b 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............. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates? ........... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Did the organization have a written whistleblower policy?.. ..... 13 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a Х 15<sub>b</sub> 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?..... 16 a 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?....... 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request X Other (explain in Schedule O) Own website SEE SCH. O Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

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CUTLER BAY FL 33157

CAROLYNE M. PIEL 8845 SW 196TH TERRACE

# Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a 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 employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	Ì	(C)						•		
(A) Name and Title	(B) Average hours per	than	n one	box, an o ector	(do not check more box, unless person an officer and a ector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
÷,	week (list any hours for related organiza- tions below dotted line)	or director	eatsmy leuonmynsul	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL LESSNE	0	-	-		-	٩	╀─			
DIRECTOR		x	}				l	0.	0.	0.
(2) HEATHER RIES	0						Γ			
DIRECTOR	0	Х						0.	0.	0.
(3) RILYN CARNAHAN	_0_									
DIRECTOR	0	X					<u> </u>	0.	0.	0.
(4) JESSIKA GRAHAM	0									
DIRECTOR	0	Х	<u> </u>			ļ	<u> </u>	0.	0.	0.
(5) JEFFREY SNYDER	0	,		İ			1			•
DIRECTOR  (6) ASHLEY DILLMAN BRUCE	0	X	$\vdash$		├	├	╁	0.	0.	0.
DIRECTOR		x		ĺ		ĺ		0.	0.	0.
(7) TIMOTHY BOW	0	^	-	$\vdash$		$\vdash$	H	<u>.</u>		
DIRECTOR	10	X					ŀ	0.	0.	0.
(8) ERIC SILVER	0						_	[ <u></u> -		
DIRECTOR	0 -	X						0.	o.	0.
(9) CARLOS SARDI	0						Γ			
DIRECTOR	0	X				<u> </u>		0.	0.	0.
(10) ARIEL RODRIGUEZ	0									
DIRECTOR	0	X				<u> </u>	L	0.	0.	0.
(11) IDO ALEXANDER	0					1	ļ			
PRESIDENT ELECT	0	_	_	Х			oxdot	0.	0.	0.
(12) KELLY ROBERTS	0				Į	}	1		_	
SECRETARY	0_	ļ		X	<u> </u>	}—	⊢	0.	0.	0.
(13) BRETT LIEBERMAN	0_			J.,						•
TREASURER	0		<del>                                     </del>	X	├-	-	╁╾	0.	0.	0.
(14) DAVID SAMOLE  1ST VICE PRES	0	1		Х			1	l <sub>o.</sub> l	0.	0.
TOT ATCE LVED	<u> </u>			Δ.	Ь_	Ļ	Щ.	<u> </u>	<u> </u>	<u> </u>

Part VIII Section A. Officers, Directors, Tru	istees, l	Key	Em	piq	oye	es,	and	d Highest Con	pensated Er	npio	yees	(contir	าued)
	(B)			•	<b>&gt;</b> )								
(A) Name and title	Average hours per week	box offi	, unle cer ai	check ess pe nd a	erson direct	than is bot or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation fror	n ns	Est amour	(F) imated nt of oth ensatio	ner
	(list any hours for related	or director	nstitutional trustee	Officer	Key err	ighest	orme	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC)		fro orga and	m the nization related	n I
,	organiza - tions below		onal to		ployee	compe	Ì				orga	nızatıon	.s
	dotted line)	stee	ustee			Highest compensated employee							
(15) ZACH SHELOMITH 2ND VICE PRES	0 0			Х				0.		0.		·	0.
(16) SCOTT M. GROSSMAN PRESIDENT	0			х				0.		0.			0.
(17) SCOTT N. BROWN PAST PRESIDENT	0 -			x		<del> </del>		0.		0.			0.
(18)				^	-			0.		-			
(19)										_			
(20)													
(21)										$\top$			
(22)	<del> </del>	<del>                                     </del>											
(23)													***
(24)					-								
(25)													
1 b Sub-total							>	0.		0.			0.
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)	to those I	ısted	abo	ve)	who	rece	ved	0 . more than \$100.00		0.	nsation	<del></del>	0.
from the organization • 0									<u> </u>		·		
, 3 Did the organization list any former officer, direct	ctor, or tru	ıstee	, ke	y en	nplo	yee,	or h	highest compensa	ted employee			Yes	THE STATE OF
on line 1a? If 'Yes,' complete Schedule J for such 4  For any individual listed on line 1a, is the sum of the organization and related organizations great										• • • •	3		X
such ındıvidual	• • • • • •		• •		• • •	•	• • • •		• • • • • • • • • • • • • • • • • • • •		4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	nsatio	on fi che	rom dule	any J fo	unre or su	elate ch p	ed organization or person	individual		5	<b>333</b> 164	X
1 Complete this table for your five highest comper compensation from the organization. Report compensation	sated ind	eper	den	it co	ntra	ctors	tha	at received more t	han \$100,000 of	f		<u> </u>	
(A)  Name and business add		u ic c	alci	luai	yea	enu	ii ig v	(B) Description	)		(Comper	s) nsatio	
								2 230р			3poi		
-													
Total number of independent contractors (including \$100,000 of compensation from the organization)		uted t	to th	ose	liste	d abo	ove)	who received more	than				
BAA	· U	TEEA	0108	L 10.	/12/1!	5				(4° 6° 5°	Form	990 (	2015

232. Form **990** (2015)

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Par	ŧįVII	I Statement of Rev			•				_
TA SUNT	A 77 A	Check if Schedule O		respo	onse or note to any	y line in this Part V		(0)	·····
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512-514
nts nts	1 a	Federated campaigns		1 a		学表示证			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1 b	86,800.				
S, G		Fundraising events	_	1 c				是是是是	
ar /	d	Related organizations		1 d					
s, (	е	Government grants (contribute	ons)	1 e					
ion r S	f	All other contributions, gifts, o	rants, and	ł					
bud		All other contributions, gifts, g similar amounts not included	_	1f					
ntri d O	_	Noncash contributions included		· -					
<u>a</u>	h	Total. Add lines 1a-1f.				86,800.		经外的企业的	があればいる。
E.				L	Business Code				SEPTEMBER AND
Program Service Revenue	2 a								
æ	b								
<u>~:ŏ</u>	C								
3	d							· · · · · · · · · · · · · · · · · · ·	<del></del> -
E E	e	All albertages							
, <u>S</u>	1	All other program service Total. Add lines 2a-2f					THE CONTRACTOR	かんという かんじは そなからなる	TO LABORATION TO THE PARTY OF T
	<del>-</del>						ANTENERS TO THE	は記述を表する。	新产了的中国的中国 1946
	3	Investment income (incother similar amounts).	luaing aivi	aenas	i, interest and	232.			232
	4	Income from investmen						····	202
	5	Royalties						· · · · · · · · · · · · · · · · · · ·	
	-	•	(i) Rea		(ii) Personal	na in the same of	<b>建設施設計畫於認</b> 定	的是一个	
-	6 a	Gross rents							
;	b	Less: rental expenses							
3,	c	Rental income or (loss) .							
.,	d	Net rental income or (lo	oss)						
Ę	7 a	Gross amount from sales of	(i) Secur	ities	(ii) Other			<b>海罗斯斯</b> 拉	<b>医性神经</b>
٠		assets other than inventory							
₹) =	b	Less: cost or other basis							
£.		and sales expenses			<del></del>				
,		Gain or (loss)	L			TO SEE THE SEE SEE			
:	1	Net gain or (loss)				Un contract description	Laterature of the contract of	META AND AND LOCAL CONTRACTOR	FLANGE EMPM
울	8 a	Gross income from fun	draising ev	ents					
ē		(not including . \$ of contributions reporte	d on line 1	c).					
Š		See Part IV, line 18			269,872.				<b>同类型的</b>
Other Revenue	١,	Less: direct expenses.			302,075.				
美		: Net income or (loss) from				-32,203.		STANTAND NO BUILDINGS !	and process and property of the state of the
U		•							
	] "	Gross income from gar See Part IV, line 19		i	a				
_		Less: direct expenses.							
	0	: Net income or (loss) fro	om gamıng	activ	rities				
	hoz	Gross sales of inventor and allowances	ry, less reti	ırns			MARKET FILE	監測學是是數學	<b>第2年385年3</b>
								<b>阿拉斯斯斯</b>	
		Less: cost of goods so					REFERENCE I		ROSE MERCEN
	L.	Net income or (loss) from		f inve		The state of the s	COLUMBIA CONTRACTOR CONTRACTOR	Edvende to Asset	The high transformer to the
	-	Miscellaneous Rever	nue		Business Code		NO REPORTED IN	<b>能出现现代至于是</b>	The state of the state of
	11 a	!			<del> </del>	<del>                                     </del>			
	'	? _ <b></b>		}		<del> </del>	<del> </del>		
	'	i All other revenue				-	<del> </del>		
	1 1	Total Add lines 11a-11	 1d	٠ [			SAR TERRET	BEFFER THE STATE	PREMIES

. ► 54,829 TEEA0109L 10/12/15

Part XX Statement of Functional Expenses

Sect	Check if Schedule O contains a r	ipiete ali columnis Ali oti	the organizations must be	implete column (A).	
	Check if Schedule O contains a r				····
Do n 6b, 7	ot include amounts reported on lines 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.				
2	See Part IV, line 21	6,000.	6,000.		
3	Individuals. See Part IV, line 22				
	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				The state of the s
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11					· · · · · · · · · · · · · · · · · · ·
	Management				
	Legal				
	: Accounting	6,000.		6,000.	
	Lobbying	0,000.			
•	Professional fundraising services. See Part IV, line 17		數學的學術學		<del></del>
	Investment management fees		( - ) V (	THE WAR ALL CH. AND IN R. O. CO.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,676.		4,676.	
13	Office expenses	448.		448.	
14	Information technology				
15	Royalties			-	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		armorth, are the Fig. 5. in 2. F.	Chambers were , 63 dear a man and a contract	479 or the state of the control of the state
24	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 O.)				
	•	CERTIFICATION OF THE CONTRACT	<b>基本的工作的工作的工程的工作。</b>	Entered the thing the party of the second	(1997年) 1997年 1998年 1
	SPONSORSHIPS	36,666. 10,726.	36,666.	10,726.	
	CREDIT CARD FEES				
	TELEPHONE	6,946.		6,946. 3,189.	
	POSTAGE & SHIPPING	3,189.		6,720.	
	All other expenses	6,720. 81,371.	42,666.	38,705.	0.
	Total functional expenses. Add lines 1 through 24e	81,3/1.	42,000.	30, 103.	Ų .
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				
	SOP 98-2 (ASC 958-720)			<u> </u>	Form 000 (2015)

Form 990 (2015)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X...... (B) End of year Beginning of year Cash — non-interest-bearing . . . . . . . . 1 126,816 100,274 2 2 Savings and temporary cash investments .... 3 3 Pledges and grants receivable, net ... 4 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .......... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 8 Inventories for sale or use ..... 9 Prepaid expenses and deferred charges...... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D... .... 6,222 b Less: accumulated depreciation. . 10b 6,222 10 c 11 Investments — other securities. See Part IV, line 11...... 12 12 Investments - program-related. See Part IV, line 11..... 13 13 14 14 15 15 5,000. 5,000 Total assets. Add lines 1 through 15 (must equal line 34) ... 131,816. 16 16 105,274 Accounts payable and accrued expenses ...... 17 17 18 19 Deferred revenue... 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D.... Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties. 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 ... 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. 1365 Unrestricted net assets.... 131,816. 27 105,274. Temporarily restricted net assets ..... 28 29 Permanently restricted net assets ..... or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 31 Retained earnings, endowment, accumulated income, or other funds. .... 32 32 33 33 Total net assets or fund balances..... 131,816 105,274 Total liabilities and net assets/fund balances . . . . . . . . . . . 131,816. 105,274.

Forn	1 990 (2015) THE BANKRUPTCY BAR ASSOC. 65-	0385834	Pa	age 12
Pai	t XI. Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>П</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,	829.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,	371.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,	542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,	816.
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,			
<u>,</u>	column (B))	10	105,	274.
Pai	t·XIII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · ·	. [
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		是不是	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	医定量 X
2 8			1	M. Februari
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on a		
	Separate basis, Consolidated basis, Or both.    Separate basis		元本  新理	
٠,	Were the organization's financial statements audited by an independent accountant?		26	x
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate	学是海绵合成	PART OF
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<b>多</b>	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
,	b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it		
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ь	
BAA			Form <b>990</b>	(2015)

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2015

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 65-0385834 THE BANKRUPTCY BAR ASSOC Part I-Al Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures ...... Partil-Bal Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . Yes No No b If 'Yes,' describe in Part IV. Part 1-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities .... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? .... Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds If none, enter-0-. (a) Name (b) Address (c) EIN (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-. (1)(2)(3)(4)(5)

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

(6)

Part II-A Complete if section 501(		is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under
<u>.,,, '                                 </u>	<del>' ''                                 </del>	s to an affiliated group (and	l list in Part IV each affili	ated group member's nan	ne,
11		share of excess lobbying			
B Check ► I If the filing	ng organization ched	cked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots lo	obbying)		¥.
<b>b</b> Total lobbying expendition					
c Total lobbying expendit					* ·- · · · · · · · · · · · · · · · · · ·
d Other exempt purpose					
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable an both columns		ount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		<b>经验的证据</b>
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	<u> </u>	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	<u>`</u>	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		<b>まずがまするが、本本にいるのでいる</b>	<b>以大气流湿,是血液流发光,不</b>
g Grassroots nontaxable the Subtract line 1g from III		of line 1f)			<del> </del>
i Subtract line 1f from lin					
i If there is an amount other	er than zero on either s year?	line 1h or line 1i, did the ore	ganization file Form 4720	reporting	. Yes No
(Som	ne organizations tha column	4-Year Averaging Period It made a section 501(h) e Is below. See the instruct	lection do not have to ions for lines 2a throug	ıh 2f.)	
	Lobb	ying Expenditures During	y 4-Year Averaging Per	iod	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)).					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (For	m 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(ciccuon unuci section sur(n)).	(a	1)		(l	b)	
For e	ach 'Yes' response on lines 1a through 1ı below, provide in Part IV a detailed description e lobbying activity.	Yes	No		•	ount	<del></del>
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?			TO STATE			地類
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4			
c	Media advertisements?						
c	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?	•					
	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?	-		-			
		· 经验	ren de				
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	252	1 2000	12"180	<u> </u>		
L	If IVes I enter the amount of any tay incurred under section 4912	180 F	F 4 7 4 6	Albertalia	ar during	V X 16.	
,	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ATTEN LA	Kuit Links	164.54-	7. A. T.	27-15-45	at Distri
	till-A: Complete if the organization is exempt under section 501(c)(4), section 501	<u>- (1/5)</u>	Or	War Charles		C. Parker	4. 1-p/1-1-1-1
70,000	section 501(c)(6).	<b>0)(0</b> )	, 0.				
						Yes	No
. 1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		Х
Pai	till:Bal Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part I	ÎI-A,	ectione	on 50 3, is	)1(c)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
á	Current year		2 a				
ŀ	Carryover from last year		2 b				
•	: Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				0.
5	Taxable amount of lobbying and political expenditures (see instructions)		5				0.
Pa	t IV Supplemental Information					. ,	-

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### SCHEDULE D (Form 990)

**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.

OMB No 1545-0047

Schedule D (Form 990) 2015

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public : Inspection 🕳

THE BANKRUPTCY BAR ASSOC. OF THE SO. DISTR OF FL. INC. 65-0385834 Parties Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 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) ..... Aggregate value at end of year. 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?........ No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... Yes No Part Ill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a **b** Total acreage restricted by conservation easements . . . . . 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part ||| Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. . . ▶\$ **b** Assets included in Form 990, Part X..... BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 06/03/15

Schedule D (Form 990) 2015 THE I				65-038	
Part III Organizations Mainta	ining Collect	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and	other records, check a	ny of the following that a	are a significant use of its	collection
a Public exhibition		d Loan	or exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations	<b>ــ</b> ب			
4 Provide a description of the organiz Part XIII.	ation's collections	and explain how they	further the organization	's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mainta	uned as part of the o	organization's collection	1?	Yes No
Part∛IVA Escrow and Custodia line 9, or reported an	I Arrangemei amount on Fo	orm 990, Part X,	he organization ar line 21.	nswered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian c	r other intermediary	for contributions or oth	ner assets not included	Yes No
b If 'Yes,' explain the arrangement				'	
		·			Amount
c Beginning balance				. 1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				——————————————————————————————————————	····
2 a Did the organization include an a					Yes No
b If 'Yes,' explain the arrangement				- L	
Part V Endowment Funds. C					ne 10.
	(a) Current yea	r (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					<u> </u>
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current	year end balance (lin	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowm	ent ►	8			
<b>b</b> Permanent endowment ►					
c Temporarily restricted endowmer	nt ►	%			
The percentages on lines 2a, 2b, at		1 100%.			
3 a Are there endowment funds not in t			are held and administere	d for the	· · · · · · · · · · · · · · · · · · ·
organization by:					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela	-				3b
4 Describe in Part XIII the intended	d uses of the org	anization's endowme	ent funds.		
Part VI Land, Buildings, and	Equipment.				
Complete if the organ	ization answe	ered 'Yes' on Fori	m 990, Part IV, line	e 11a.See Form 99	0, Part X, line 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			· · · · · · · · · · · · · · · · · · ·	<b>学学系统设设、企图</b>	<u> </u>
<b>b</b> Buildings					
c Leasehold improvements	<del></del> -			<del> </del>	
d Equipment	<del> </del>		6,222.	6,222.	0.
e Other	<del> </del> -		0,244.	0,222.	
Total. Add lines 1a through 1e. (Colum		J Form 990 Part Y	column (P) line 10e )		
	iii (u) iiiust eque	u i Uliii 330, Call A, (	Column (B), mie 10C.).		0. ule <b>D</b> (Form 990) 2015
BAA				Schedu	אום און (רטוווו אאט) 2015

Part VIIS Investments - Other Securities.		N/A
Complete if the organization answered		), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)	-	
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		在地域的原理學的學術學 的现在分词 医神经神经病
Part VIII Investments - Program Related.		N/A ), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	Yes on Form 990	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation: Cost or end-of-year market value
(1)		
(2)		
_(3)		
(4)		
_(5)		
(6)		
(7)		
(8)	<del></del>	
(9)	<del></del>	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .	<del>-</del>	新考上地位表现的一种企业的企业的企业的企业的企业的企业的企业的企业。
Part X Other Assets.	N/A	
Complete if the organization answered	Yes' on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
(a) De:	scription	(b) Book value
(1)		
(2)		
(3)		
<u>(4)</u>		
(5)		
(6)		
(8)		
(9)	<del></del>	
(10)		
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)	
Part X Other Liabilities.	······································	
Complete if the organization answered 'Yes' on F		le or 11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)	<del>-  </del>	
(4) (5)	<del></del>	
(6)		
(7)		
(8)	-	- AND THE SECOND STREET, SECOND STRE
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>•</b>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote		
BAA	TEEA3303L 06/03/15	Schedule <b>D</b> (Form 990) 2015

Schedule V ( offi 350) 2015 THE BANKOFICI BAK ASSOC.	3-0363634 Fage 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per R	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	. 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	লিপুমার্থ জ্যোজনুত্র
a Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIII ) 2 d	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>新疆</b>
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2015

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization THE BANKRUPT						imployer (dentific	
OF THE SO. D				- C 000 D-4 0/ U-		55-038583	4
Part I Fundraising Activities. Complete Form 990-EZ filers are not re	ete it the organiz equired to comi	ation answ plete this c	ered 'Yes' ( art.	on Form 990, Part IV, line	e I/.		
Indicate whether the organization     a	raised funds the	rough any	of the foll e f g	owing activities. Check Solicitation of non- Solicitation of gove Special fundraising	all that a government government governts	ent grants rants	Yes X No
b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by t	viduals or entitie he organization	s (fundraise	ers) pursua	nt to agreements under v	which the f	undraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo of cont	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or re	ount paid to tained by) ser listed in umn <b>(i)</b>	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3							
4					:		
5							
6							
7							
8							
9							
10							
Total				ontributions or has been	notified it	is exempt from	0.
or licensing.							

Schedule G (Form 990 or 990-EZ) 2015 THE BANKRUPTCY BAR ASSOC. 65-0385834 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (d) Total events (b) Event #2 (c) Other events (add column (a) ANNUAL RETREAT VIEW FROM THE through column (c)) (event type) (event type) (total number) REVENUE 1 Gross receipts ... .. ... 194,915. 27,080. 47,877 269,872. 2 Less: Contributions. 3 Gross income (line 1 minus line 2)..... 194,915. 27,080. 47,877. 269,872. Cash prizes ..... DIRECT 7 Food and beverages..... EXPENSES Other direct expenses...... 203,510. 30,584. 67,981. 302,075. 10 Direct expense summary. Add lines 4 through 9 in column (d). 302,075. -32,203Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming REVENUE bingo/progressive (add column (a) bingo through column (c)) 1 Gross revenue .. ...... EXPENSES DIRECT 4 Rent/facility costs ... ...... 5 Other direct expenses...... Yes Yes Yes 6 Volunteer labor. ...... 7 Direct expense summary. Add lines 2 through 5 in column (d)....... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?....... b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

TEEA3702L 06/02/15

Schedule G (Form 990 or 990-EZ) 2015

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Sche	edule <b>G</b> (Form 990 or 990-EZ) 2015 THE BANKRUPTCY BAR ASSOC.	65-03	85834	Page 3
			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1	ļ	
	a The organization's facility	13a		%
t	<b>b</b> An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:		
	Name ►			
	Address			
t	a Does the organization have a contract with a third party from whom the organization receives gaming b if 'Yes,' enter the amount of gaming revenue received by the organization   \$ of gaming revenue retained by the third party  \$			No
•	c if 'Yes,' enter name and address of the third party:			
	Name >			1
	Address			<sup> </sup>
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 state gaming license?	n the	Yes	∏No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the		
	organization's own exempt activities during the tax year ► \$			
Pa	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	b, columns de any add	s (III) and ( litional	(v);
BAA	A TEEA3703L 06/02/15 Sch	nedule <b>G</b> (Forr	n 990 or 990-	EZ) 2015

Open to Publicate (h) Purpose of grant or assistance % ⊠ Schedule I (Form 990) (2015) OMB No 1545-0047 SCHOLARSHIP Employer identification number Yes Rait II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 65-0385834 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. : Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. TEEA3901L 11/04/15 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 6,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 59-0624458 501 (C) (3) 3 Enter total number of other organizations listed in the line 1 table.. Part I General Information on Grants and Assistance æ EIN THE BANKRUPTCY BAR ASSOC (1) UNIVERSITY OF MIAMI 1 (a) Name and address of organization or government CORAL GABLES, FL 33124 P. 0. BOX 248106 1---------1 1 1 1 Department of the Treasury Internal Revenue Service 1 Name of the organization SCHEDULE 1 (Form 990) 11111 

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Schedule I (Form 990) (2015) THE BANKRUPTCY BAR ASSOC.	THE BANKRUPTC	CY BAR ASSOC.			9	65-0385834	Page 2
Partill Grants and Other Assistance to Domestic Indivicant can be duplicated if additional space is needed.	r Assistance to differential spiral s	Domestic Individu ace is needed.	<b>uals.</b> Complete if th	ie organization ans	swered 'Yes' on Form !	iduals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III	
continues to force of south (a)	opactor	(h) Number of	to torong of	to tanour (b)	Lead to material (1)	and according to any acceptance	,

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
Partily ্লী Supplemental Information. Provide the informati	de the information	n required in Part I,	line 2, Part III, col	umn (b), and any othe	ion required in Part I, line 2, Part III, column (b), and any other additional information.

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization THE BANKRUPTCY BAR ASSOC.

OF THE SO. DISTR OF FL. INC

Employer identification numbe 65-0385834

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.