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Form	99	0
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(Rev January 2020)

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)

2019

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545 0047

A	For the 2	2019 calend	lar year, or tax	year beginn	ing		, 2019, and e	nding		,
В	Check if ap		С	-	-		· · · · · ·	-	D Employer ider	ntification number
		ss change	THE BANK	RUPTCY B	AR ASSOC				65-038	5834
	\vdash	change			OF FL.				E Telephone nur	
	Initial	-	7154 N. I	UNIVERSI	TY DRIVE				305-893	1-5080
	\vdash	turn/terminated	TAMARAC,	FL 3332	1				303 07.	
	H	ded return								\$ 254.200
	⊣	ation pending	F Name and ad	dress of princips	officer =====			a H(a) Is this	G Gross receipts a group return for sub	7 10
	☐ Applica	ation pending	F Name and ad		ERIC	C SILVER	-4	1 1	• .	
_	Tay ayan	npt status:			c \all (in	and an) 404°	7(0)(1) 05	or if "No	ll subordinates includ ," attach a list (see i	instructions)
÷		<u>'</u>		X 501(c) (-	sert no.) 494	7(a)(1) or 5	27		_
<u>, , , , , , , , , , , , , , , , , , , </u>	Websit		TP://WWW.		1 1		1		exemption number	
K		organization	Corporation	Trust	Association	Other -	L Year of f	ormation	M State of	legal domicile
Pa	rtil ''	Summar	bo the erganiz	ation's missi	on or most su	anificant activitie	I ENITANCE	DDACMIC	TE OF DANK	OTTOMOSY T ALL
	' 🖺 !				on or most sig	gnificant activitie	ENHANC!	PRACTIC	L OF BANKI	RUPTCY LAW
9					- -			- -	 -	
Governance					- 					
Ϋ́	2 Ch	eck this bo	y ► I if the		n discontinue	d its operations	or disposed of	more than 2		
တ္	1		ting members				or disposed of	more than 2	3 1 3	18
•ಶ						ning body (Part	VI, line 1b)		4	0
ies	L				_	ar 2019 (Part V, I	-		5	0
Activities			of volunteers			• ,			. 6	0
Act	7a To	tal unrelate	ed business re	venue from F	Part VIII, colu	mn (C), line 12			. 7a	0.
	b Ne	t unrelated	business taxa	ible income f	from Form 99				7b	
						550	CEIVED	N I	Prior Year	Current Year
•	8 Co	ntributions	and grants (P	art VIII, line	1h)	1 KE	JL-14 LL-	78/	160,520.	197,850.
Revenue			rice revenue (F				± m. 2030	181		<u> </u>
Š	10 Inv	estment in	come (Part VI	li, column (A	i), lines 3, 4,	and Rd NOV	1. 2.7. 2020	S-0-S	271.	193.
ď						9c, 18d and 11e		75	-126,963.	-196,419.
	12 To	tal revenue	e – add lines 8	through 11	(must equal F	Part VIII column	(A), line (2)	T	33,828.	1,624.
	13 Gra	ants and si	mılar amounts	paid (Part I)	X, column (A)), lines 1-3)OG			6,000.	6,000.
	14 Be	nefits paid	to or for mem	bers (Part IX	(, column (A)	, line 4)	•			
	15 Sa	laries, othe	er compensation	on, employee	benefits (Pa	rt IX, column (A), lines 5-10)			
Ses	16 a Pro	ofessional i	fundraising fee	s (Part IX, c	olumn (A), lır	ne 11e) .				
Expenses	i		sing expenses			•		1.77	The state of the s	10 St. 10
$\overline{\Sigma}$	1		es (Part IX, co			-				
	1	-		• •	=	•		1	72,605.	64,299.
	1					column (A), line	25)		78,605.	70,299.
		venue iess	expenses. Su	ibtract line 18	s from line 12	<u>-</u>	• • • •		-44,777.	-68,675.
Assets or	20 -	tal accete d	Dark V III = 10	-\				Beginn	ing of Current Year	
eset Jolai	20 Tot		(Part X, line 16 s (Part X, line	•	••	•			199,164.	130,489.
Net A Fund E	21 10		•	•				ļ	0.	0.
			fund balances	Subtract lir	ne 21 from lin	ie 20			199,164.	130,489.
Pa	ırt.ll	Signatur	e Block							
Unde	er penalties of olete. Declar	f perjury, I decl	are that have example of the	ined this return, in	ncluding accompar	nying schedules and sta f which preparer has a	atements, and to the	best of my knowle	edge and belief, it is to	ue, correct, and
		T.	7		an information of	When preparer has a				-
		Supparti	re of officer						11/11/20 Pate	
Sig	gn	' -								
He	re		C SILVER	10				PRES	IDENT	
			·		10 1821	1 6/2	A COM			T
		1	oreparer's name		10,000		WITCH	11/6/2	Check ıf	PTIN
Pa			J. JOHNS		1 = = = = = = =	JOHNSON		11/4/20	self-employed	P01079089
	eparer	Firm's name		'AMUKAMA				· /	_	
Us	e Only	Firm's addre	ess • 1000	S. FEDE	RAL HIGH	WAY, #200			Firm's EIN ► 46	5-5394135
					ALE, FL				Phone no 954	-761-1011
Ma	y the IRS	discuss th	is return with t	he preparer	shown above	⁷ (see instructio	ns) .			X Yes No
BA	A For Pa	perwork R	eduction Act N	lotice, see th	ie separate in	structions.		TEEA0101L 01	/21/20	Form 990 (2019)

Form 990 (2019)	THE BANKRUPTCY BAR A		65-03	385834	Page 2
	ement of Program Service			<u></u>	
		se or note to any line in this Part III			
-	ribe the organization's mission				
ENHANCE	PRACTICE OF BANKRUPT	CY LAW	- <i></i>		
	-	·	-		-
		·			
2 Did the organ	erzation undertaka any significant pro	gram services during the year which were not	listed on the prior		
Form 990 or		gram services during the year which were not	iisted on the prior	Yes 2	No No
	cribe these new services on Schedule	• O		☐ ,es [7 140
-		ke significant changes in how it conducts, a	nov program services?	Yes [X No
_	cribe these changes on Schedule O		my program corridos		<u></u>
4 Describe the	e organization's program service a	ccomplishments for each of its three larges are required to report the amount of grants	st program services, as n	neasured by exp	enses
and revenue	e, if any, for each program service	reported		ייי מייי יייי	onoco,
4 a (Code) (Expenses \$	` including grants of \$) (Revenue)
HOLD MO	NTHLY DINNER MEETINGS	TO ADVISE ALL MEMBERS OF P.	AST, PRESENT ANI	CURRENT	
		ERS AND ISSUES OF CONCERN.	·		
			·		
					-
4 b (Code	(Expenses \$	including grants of \$) (Revenue	\$)
	·				
	. 				
	. 				
	_				
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					 _
	·				
4 c (Code) (Expenses \$	including grants of \$	(Revenue	\$)
		- 		-	-
		- 			
	· 				
	· -	· 			
4 d Other progra	am services (Describe on Schedul	e O)			
(Expenses	\$ inclu) (Revenue \$)	
	m service expenses >	TETALOGO CANALA		E 0	90 (2019)
BAA		TEEA0102L 07/31/19		1 01111 3	JU (2013)

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ID3	(IVE) Checklist of Required Schedules			- 3-
ensure China	W MACHINE IT		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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part L	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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a 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	Х	-
ŧ	o 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 ь		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
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	o 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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	o 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	

Form 990 (2019) THE BANKRUPTCY BAR ASSOC 65-0385834 Page 4 Partily: Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24 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 Х 24a b 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 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 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If 'Yes,' complete Schedule L, Part III 27 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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 28a 'Yes,' complete Schedule L, Part IV Х b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 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 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38 Х Note: All Form 990 filers are required to complete Schedule O 38

Part V	Sta	te	me	nt	s R	ega	rding	Other	IRS	Filing:	s and	Tax	Con	npl	iance	Ξ
	~ .					_								-		

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

•	•				
				Yes	No
1 a Enter the number reported in Box 3 of Foi	m 1096 Enter -0- if not applicable	1a	0등,평) in """	200
b Enter the number of Forms W-2G included	I in line 1a Enter -0- if not applicable	1 b	0 🔆 🗇	~ <u>}.</u>	1-11-4
c Did the organization comply with backup with (gambling) winnings to prize winners?	holding rules for reportable payments to vendor	s and reportable gaming	2); 1 c		£5°9
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Form 990 (2019) THE BANKRUPTCY BAR ASSOC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a 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	0		
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)		I.E.	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule Q	3 b		<u> </u>
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		Х
b If 'Yes,' enter the name of the foreign country▶			*
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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	-	<u> </u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	lion 6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Eulera Pa	679-791
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		经购
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		
Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		B.W.	1537634
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7 e	GF) CC+GZ	GANGE
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g 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 Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 	7 h		F-56-2005
organization have excess business holdings at any time during the year?	8	1034-1424	1 Section
9 Sponsoring organizations maintaining donor advised funds.			INSE
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		E10	
a Initiation fees and capital contributions included on Part VIII, line 12			盛
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
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)			
12 a 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 12 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	医瓷		CONTROL OF
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 which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			100
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	 	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	146	<u> </u>	<u> </u>
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year?	15		х
If 'Yes,' see instructions and file Form 4720, Schedule N	清楚	137.5	12.7
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If 'Yes,' complete Form 4720, Schedule O	建		经验
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Form 990 (2019)

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 on Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
	don', ii dovoming doug and management				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	8		ر : :
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			一 , , , ,	(
	authority to an executive committee or similar committee, explain on Schedule O			ii		,
	Enter the number of voting members included on line 1a, above, who are independent	1 b				· · ·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip wit	h any other	نينا	ا ا ما ا اعداد ا	··· ·
_	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne dired 1?	ct supervision	3		x
4	Did the organization make any significant changes to its governing documents			<u> </u>		-
	since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's	assets?	5		Х
6	Did the organization have members or stockholders?			6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint	one or more	7 a		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) me	mbers	, ,			
	stockholders, or persons other than the governing body?		•	7 b	N - F1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	during	the year by			ļ ·
=	The governing body?			8 a	1	X
	Each committee with authority to act on behalf of the governing body?			8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	not be	reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not req	juirec	d by the Internal H	Reveni	ue Co	ode.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		Х
t	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and bra	nches to ensure their	10 Ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11 a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_	EE SCHEDULE O	-	; "	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	J	EL SCHEDONE O	12 a	1	X
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could	give rise	12 b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Schedule O how this was done."	Yes,' d	escribe in	12 c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approvipersons, comparability data, and contemporaneous substantiation of the deliberation and de				, , , , , , , , , , , , , , , , , , ,	
a	The organization's CEO, Executive Director, or top management official			15 a		Х
t	Other officers or key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)					Ĺ
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrar	ngement with a	16 a	દસ્ય	X
Ł	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps	ate its to safe	eguard the	7.	· ·". :: .	1
Sac	organization's exempt status with respect to such arrangements? tion C. Disclosure		···········	16 b		
	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection Indicate how you made these available Check all that apply	 e), 990), and 990-T (Section	501(c)(3)s on	– – - ıly)
	Own website Another's website Upon request X Oth		plaın on Schedule O)		SCH.	0
19	the public during the tax year SEE SCHEDULE O			ıılable to		
20	State the name, address, and telephone number of the person who possesses the organization's bo CAROLYNE M PIEL 8845 SW 196TH TERRACE CUTLER BAY FL 331					

TEEA0106L 07/31/19

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

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

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

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

See instructions for the order in which to list the persons above

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

				(C))					
(A) Name and title	(B) Average hours per	thar	n one s both	box, an c ector	unles officer /truste	eck moss s pers and a ee)	on l	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related
	related organiza-	ector ector	in on	74	힣	st co yee	₫			organizations
	tions	rust	12.		èe	nper				
	dotled line)	8	é		[Isate		!		
(1) MICHAEL LESSNE	2	<u> </u>								
TREASURER	0 -	Х						0.	0.	0.
(2) MARK ROHER	1_1_									
DIRECTOR	0	X					L	0.	0.	0.
(3) ALAN ROSENBERG	11				ŀ					_
DIRECTOR	0	Х						0.	0.	0.
(4) RILYN CARNAHAN	2				İ					
DIRECTOR	0	X				L		0.	0.	0.
_(5)_MORGAN_EDELBOIM	1				ļ			•		
DIRECTOR	0	X						0.	0.	0.
(6) JEFFREY_SNYDER	2						ŀ	_		
DIRECTOR	0	Х					ļ	0.	0.	0.
(7) JASON RIGOLI	2								_	_
DIRECTOR	0	Х	Ш		_		<u> </u>	0.	0.	0.
(8) MARILEE MARK	1						1	_		_
DIRECTOR	0	Х						0.	0.	0.
(9) FELIPE PLECHAC-DIAZ	2								_	_
DIRECTOR	0	X				<u> </u>	_	0.	0.	0.
(10) ERIC ROSEN	22_	١					İ			
DIRECTOR	0	X						0.	0.	0.
(11) STEVEN NEWBURGH	1	١,,							•	_
DIRECTOR	0	Х			-			0.	0.	0.
(12) JESSICA BARBAROSH	0	v			ĺ				0	•
EXEC DIRECTOR	0	X	_					0.	0.	0.
(13) HAYLEY HARRISON 1ST VICE PRES	2 - 2	l		Х				,	<u> </u>	^
(14) CARLOS SARDI	0	\vdash		^_	-			0.	0.	0.
SECRETARY	$-\frac{2}{0}$	}		Х				О.	0.	_
PECKETHKI	<u> </u>	<u> </u>	oxdot	Λ		Ц	L	<u> </u>	<u>U.</u>	0.

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TEEA0107L 07/31/19

Form 990 (2019)

Page 8

Rant VIII Section A. Officers, Directors, Tru	,	Key	Εm			, an	d Highest Com	pensated Emp	loyees (continued)	
	(B)			(C) Posit				_		
(A) Name and title	Average (do not check more than one (U) (E) hours box, unless person is both an officer and a director/trustee) compensation from compensation from				compensation from	(F) Estimated amount of other				
	(list any hours	Individual or director	instit	Officer	Key 6	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related	
	for related organiza	dividual i	nstitutional trustee	۹	employee Kev employee	ST COL			organizations	
	- lions below dotted	trustee r	trus		vee	mpen				
	line)	ř	tee			Former Highest compensated				
(15) MICHAEL DUNN	2									
2ND VICE PRES (16) BRETT LIEBERMAN	5		+	<u> </u>	-	+	0.	0.	0.	
PRESIDENT	6-	1		х			0.	0.	0.	
(17) ERIC SILVER	1									
PRESIDENT ELECT	0			x	_		0.	0.	0.	
(18) ZACH SHELOMITH	5			.l		ĺ		0		
PAST PRESIDENT (19)	0		+	X	+	+	0.	0.	0.	
<u> </u>		•								
(20)		-								
(21)			_		+					
(33)			+							
(22)		$\mid \cdot \mid$								
(23)										
(24)	-			+	+					
			_		_					
(25)										
1 b Subtotal		Ļ			_ ļ		0.	0.	0.	
c Total from continuation sheets to Part VII, Secti	on A					>	0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	
2 Total number of individuals (including but not limited from the organization ► 0	to those li	isted a	above	e) wh	no rec	eived	more than \$100,00	0 of reportable comp	pensation	
Tom the organization									Yes No	
3 Did the organization list any former officer, direct	tor, truste	e, ke	y em	ploy	ee, c	r higi	nest compensated	employee		
on line 1a ⁷ If 'Yes,' compléte Schedule J for suc	h ındıvıdu	al							3 X	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportabler than \$1	le cor 50 00	mpen	isati f 'Ye	on ar	nd oth	er compensation	from		
such individual	zr tilali ψi	50,00	,0 11	, , ,	.5, 00	mpic	te ochedale o loi		4 X	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n from	m ai ile J	ny un	relate	d organization or erson	ındıvıdual	5 X	
Section B. Independent Contractors						<u>-</u> -				
1 Complete this table for your five highest compen compensation from the organization. Report compen-	sated indessation for	epend the ca	dent alenda	cont ar ye	racto ear en	rs tha iding v	it received more tl vith or within the or	nan \$100,000 of ganization's tax year	•	
(A) Name and business add	ress	-					(B) Description of		(C) Compensation	
	-									
						_				
2 Total number of independent contractors (including t	out not limi	ted to	thos	e lıs	ted al	oove)	who received more	than than		
\$100,000 of compensation from the organization	► 0									
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E STATE	in a				a resp	onse or note to an	ny line in this Part V	TH		. 🞵
	,			ı		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1	a Federated campaig	ns.		1 a			1200-100		
iran oun	ı	b Membership dues		. [٦b	67,620.				
S, E		c Fundraising events			1 c			76.00		
ar.		d Related organizatio	ภร	[1 d					
imi		e Government grants (cont			1 e					
tion S	1	 All other contributions, g similar amounts not incl 			1f	120 220				
ibu	١,	g Noncash contributions in				130,230.				
Contributions, Gifts, Grants and Other Similar, Amounts		lines 1a-1f		Ĺ	1 g					
		h Total. Add lines 1a	-1f			D	197,850.			
Program Service Revenue	2	_			}	Business Côde				
eve	2					**				· · · · · · · · · · · · · · · · · · ·
Se H		b								
۲۷ic	ľ									-
Š	ľ	"								
Jran	Ì	f All other program s	ervic	e revenue		-	<u> </u>			
Jo.		g Total. Add lines 2a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- L					
_	3	Investment income (dino divide	nds ir	nterest and	 	ENGINEER CONTRACTOR		PERMITTER STATES
	Ŭ	other similar amou	nts)	g		→	193.			193.
	4	Income from invest	men	t of tax-ex	empt	bond proceeds. ►				
	5	Royalties	r= : 1			•				
	_	_		(ı) Ke	al 	(ıí) Personal				
	-	a Gross rents.	6a							
		b Less rental expenses	6b							
			6c							
		d Net rental income of	וכ	(i) Secur	rities	(II) Other	BATHER APPRESE			ESSECTION OF THE THE THE
	7	a Gross amount from sales of assets		(1) 00001		(1) 00101				
	١.	other than inventory.	7 a			<u> </u>				
		b Less cost or other basis and sales expenses	7b							
	١,	c Gain or (loss)	7c			1				
		d Net gain or (loss)				-	ESTIMATED AND SAME PARTY PROPERTY.	1-200-200-200-200-200-200-200-200-200-20	OSSMER CHOOSE CONTROL OF THE CONTROL	BASIC STATE OF STREET PROFE
a	8:	a Gross income from fundi	raisino	n events						
Ž		(not including \$			_					
eVe		of contributions reported	on lu	ne Ic)						
œ,		See Part IV, line 18	•		8	100/00/.				
Other Revenu		b Less direct expens			81	J. 332, 130.				
8	۱ ۱	c Net income or (loss	s) fro	ım fundrai	sing e	events	-196,419.		Darth of white with the state of the state o	LEGIT ON MANUAL PLANTS AND CONTROL
	9:	a Gross income from gami	ng ac	tivities	_ ا					
	١,	See Part IV, line 19	.00		9:	1				
		b Less direct expens c Net income or (loss		m anmina)			September 1	
		•	•	nıı yanınıç	activ	lines			Privetorestruis	
	10.	 Gross sales of inventory, returns and allowances 	less		10	a				
	ı	b Less cost of goods		d	10	<u> </u>				
	ı	c Net income or (loss			f inve	ntory •	CONTRACTOR AND ADMINISTRATION OF SHARES	RACOSSI SELECIANO PARELLANDIA	CARSON AND AND ASSESSED OF THE PARTY OF THE	r_assacretiment/5-astromantico
<u>S</u>						Business Code	WEIGHT THE	W		MINISTER DESCRIPTION OF
δ a	11	a								
AE LI	11	b								
ĕ ĕ		c = = _			[
Miscellaneous Revenue										
Σ	-	e Total. Add lines 11							FEMALES	
	12	Total revenue. See	ınst	ructions			1,624.	0.	0.	193.
BAA		i				TEE	A0109L 07/31/19			Form 990 (2019)

RandIX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 6,000 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees) a Management **b** Legal c Accounting 6,000 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 4,501 Office expenses. 985 Information technology Royalties Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 20 Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a CREDIT CARD FEES 14,870 b SPONSORSHIPS _____ 14,517 C BOARD MEETINGS, SPECIAL EVENTS 9,056 d TELEPHONE 5,543 e All other expenses SEE SCH. O 8,827 70,299 Total functional expenses Add lines 1 through 24e 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 ► ☐ if following SOP 98-2 (ASC 958-720)

2 944	ta-to-fi-c	Check if Schedule O contains a response or note to any line in this Part X	•		П
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	194,164.	2	125,489.
ĺ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		5	
		Loans and other receivables from other disqualified persons (as defined under			
	6	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	6	DE 555 FOR TITTUTE APRIL 65 THE LINES THE METER
	7	Notes and loans receivable, net		7	
\$	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	· · · · · 	9	
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a G, 222.			
- 1	b	Less accumulated depreciation . 10b 6,222.		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,000.	15	5,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	199,164.	16	130,489.
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities.		20	
တ္သ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		22	
	22	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties	_	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
S		Organizations that follow FASB ASC 958, check here ► X			
ည		and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	199,164.	27	130,489.
ä	28	Net assets with donor restrictions		28	
Vet Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds	PERSONAL PROPERTY OF THE PERSON AND PROPERTY OF THE PARTY	29	Included big the Children Control of Participation Control of Salary
ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Š	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ās	32	Total net assets or fund balances	199,164.	32	120 400
de t	35	Total liabilities and net assets/fund halances	199,164.	32	130,489.

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TEEA0111L 07/31/19

Form 990 (2019)

Form	990 (2019) THE BANKRUPTCY BAR ASSOC. 65	5-0385834	Pa	age 12
Pan	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.	624.
2	Total expenses (must equal Part IX, column (A), line 25)	2		299.
3	Revenue less expenses Subtract line 2 from line 1	3	-68,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	199,	
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 on Schedule O)	9		0.
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	130,	
	₩₩ Financial Statements and Reporting		130,	107.
Fig. Co. 18				
	Check if Schedule O contains a response or note to any line in this Part XII			
	Accounting method used to prepare the Form 990 X Cash Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	wed on a		
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	ırate		
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audiencement, or compilation of its financial statements and selection of an independent accountant?	lit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O			
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	Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 01/21/20		Form 990	(2019)

Form **990** (2019)

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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

Popen to Rubite Cavillispection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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 Part II-A If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number THE BANKRUPTCY BAR ASSOC OF THE SO. DISTR OF FL. INC. 65-0385834 Range A 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 (see instructions for definition of 'political campaign activities') Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Partible 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 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes 4 a Was a correction made? Yes No b If 'Yes,' describe in Part IV Ra預製製 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 NONE Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 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 (e) Amount of political contributions received and promptly and directly delivered to a separate (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter 0political organization If none, enter 0-(1) (2)(3) (4)

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

Schedule C (Form 990 or 990-EZ) 2019

(5)

(6)

Schedule C ((Form 990 or	990-EZ) 2019 TUE	BANKBIIDTCV	PAP	JCSUC

65-0385834

Page 2

Rantill Ave Complete if section 501	the organization (h)).	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under				
address	address, EIN, expenses, and share of excess lobbying expenditures)								
(The term		ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expendit	tures to influence pul	olic opinion (grassroots lo	bbying)						
		egislative body (direct lobl							
c Total lobbying expendit	tures (add lines 1a a	nd 1b)							
d Other exempt purpose	expenditures								
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)							
f Lobbying nontaxable ar both columns	mount Enter the am	ount from the following tai	ble ın						
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable	amount is						
Not over \$500,000		20% of the amount on line 1e							
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000						
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess	over \$1,000,000						
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.							
g Grassroots nontaxable									
h Subtract line 1g from li									
i Subtract line 1f from lin	ne 1c If zero or less,	enter -0-							
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No				
(Som	ne organizations tha	1-Year Averaging Period I t made a section 501(h) el ow. See the separate inst	ection do not have to o						
 	Lobby	ving Expenditures During	4-Year Averaging Peri	od	-				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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					_				
									

Partill Ba Con (ele	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).					
<u> </u>		(;	a)	(b)		
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity		No	Amount		
	or, did the filing organization attempt to influence foreign, national, state, or local cluding any attempt to influence public opinion on a legislative matter or referendum, see of					
a Volunteers?		10.30.00				
b Paid staff or	management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advert	sements?					
d Mailings to m	embers, legislators, or the public?					
e Publications,	or published or broadcast statements?					
f Grants to oth	er organizations for lobbying purposes?					
g Direct contac	t with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demo	onstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activitie	es?					

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

b If 'Yes,' enter the amount of any tax incurred under section 4912

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Х
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 campaign activity expenditures from the prior year?	3		Х

(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al	
a Current year	2 a	
b Carryover from last year	2 b	
c 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.

Part V Supplemental Information

i Total Add lines 1c through 1i

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.

OMB No 1545-0047

Open to Publi Inspection

Schedule D (Form 990) 2019

TEEA3301L 8/22/19

Department of the Treasury Internal Revenue Service

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

Name of the organization THE BANKRUPTCY BAR ASSOC. OF THE SO. DISTR OF FL. INC. 65-0385834 Pantia 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) 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? l No 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? No Partill 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 (for example, 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 a Total number of conservation easements 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 7/25/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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. and enforcement of the conservation easements it holds? 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) and section 170(h)(4)(B)(ii)? 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. Parting 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 FASB 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 FASB 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 Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB 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.

Schedule D (Form 990) 2019 THE BANK				65-038	
Pai和iik Organizations Maintaining	g Collections	of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accellitems (check all that apply)	ession, and other	records, check a	any of the following that n	nake significant use of its	collection
a Public exhibition		d 🗌 Loan	or exchange program		
b Scholarly research		e Other			
c Preservation for future generations	S				
4 Provide a description of the organization' Part XIII	s collections and	explain how the	y further the organization	's exempt purpose in	
5 During the year, did the organization s to be sold to raise funds rather than to	be maintained	as part of the	organization's collection	ارا	Yes No
Escrow and Custodial Arr line 9, or reported an amo	angements. unt on Form	Complete if 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, on Form 990, Part X?	custodian or oth	ner intermediary	for contributions or oth	er assets not included	☐ Yes ☐ No
b If 'Yes,' explain the arrangement in Pa	art XIII and com	nlete the follow	ıng table		
bit 103, explain the divarigement in 10		piete the follow	ing table		Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2 a Did the organization include an amour	nt on Form 990.	Part X, line 21,	for escrow or custodia	I account liability?	Yes No
b If 'Yes,' explain the arrangement in Pa				•	H.
Pant Vai Endowment Funds. Comp	lete if the or	ganization ar	nswered 'Yes' on Fo	orm 990, Part IV, li	ne 10.
(6	a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
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 percentage of the	he current vear	end balance (lii	ne 1g. column (a)) held	as	
a Board designated or quasi-endowment	-	ૄ			
b Permanent endowment ►	- %				
c Term endowment ►	%				
The percentages on lines 2a, 2b, and 2c	- should equal 100)%			
3 a Are there endowment funds not in the po- organization by:	ssession of the c	rganization that	are held and administered	d for the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the related o	roanizations lis	ted as required	on Schedule R?		3b
4 Describe in Part XIII the intended uses	-	•			
Rant VI Land, Buildings, and Equi					
Complete if the organization	•	'Yes' on For	m 990, Part IV, line	e 11a See Form 99	90, Part X, line 10.
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	-	<u> </u>			
h Buildings				D. MATTER PROPERTY OF SPECIAL CONTRACTOR	

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 Buildings				
c Leasehold improvements				<u>-</u>
d Equipment		6,222.	6,222.	0.
e Other				
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c)	>	0.

BAA

Schedule D (Form 990) 2019

Rant VIII Investments - Other Securities.	IV I	N/A
		0, 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) (1) (1)		
Total. (Column (b) must equal Form 940, Part X, column (B) line 12.)		
Partaviii Investments - Program Related.		N/A
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		,
(2)		
(4)		
(5)		
(6)	·	
(7)		
(8)		
(9)		
(10)		THE PROPERTY SHAPE SHAPE SHAPE IN COMMITTEE SHAPE
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Partixxx Other Assets.	N/A	这里是是不是是不是是不是不是一个人的,但是是不是一个人的人们是是一个人们是一个人们是一个人们的人们是一个人们的人们是一个人们是一个人们们们们们们们们们们们们们
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15
(a) Desc	cription	(b) Book value
<u>(1)</u> <u>(2)</u>		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
	 .	
(9)		
) line 15)	-
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Rant X Other Liabilities.		<u> </u>
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' on Fo. (a) Descrip		<u> </u>
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (1) Federal income taxes	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo. 1. (a) Descrip (1) Federal income taxes (2)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete If the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo. 1. (a) Descrip (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	rm 990, Part IV, line 1	le or 11f See Form 990, Part X, line 25.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Complete If the organization answered 'Yes' on Fo. (a) Descrip (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	rm 990, Part IV, line 1 tion of liability	1e or 11f See Form 990, Part X, line 25. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Complete if the organization answered 'Yes' on Fo. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, column (B) line 25)	rm 990, Part IV, line 1 tion of liability	1e or 11f See Form 990, Part X, line 25. (b) Book value

Schedule D (Form 990) 2019 THE BANKRUPTCY BAR ASSOC.		65-0385834	Page 4
Panxis Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990	0, 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	_ 2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
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	4 a		
b Other (Describe in Part XIII) .	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	
Panewill Reconciliation of Expenses per Audited Financial States	ments With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990), Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
RankXIII 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 4, Part X, 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) 2019

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, line 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.

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization THE BANKRUPTCY BAR ASSOC Employer identification number 65-0385834 OF THE SO. DISTR OF FL. INC. Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. 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 Ь Special fundraising events c Phone solicitations In-person solicitations 2 a Did the organization have a 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 X No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes 3 6 7 10 0. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2019 THE BANKRUPTCY BAR ASSOC. 65-0385834 Page 2 Baill 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. (d) Total events (add column (a) (a) Event #1 (b) Event #2 (c) Other events SPEC. DINNERS ANNUAL RETREAT VIEW FROM THE through column (c)) (event type) (total number) (event type) 1 Gross receipts 20,500 13,300. 156,337. 122,537 2 Less Contributions Gross income (line 1 minus line 2) 122,537 20,500 13,300 156,337. 4 Cash prizes Noncash prizes DIRECT EXPENSES Rent/facility costs Food and beverages Entertainment Other direct expenses 292,496. 22,445. 37,815 352,756. 10 Direct expense summary Add lines 4 through 9 in column (d) 352,756. Net income summary Subtract line 10 from line 3, column (d) -196,419.Partill 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. (d) Total gaming (add column (a) through column (c)) (b) Pull tabs/instant bingo/progressive bingo REVENUE (a) Bingo (c) Other gaming Gross revenue 2 Cash prizes EXPENSE DIRECT Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, 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? ÌΝο Yes 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 08/19/19

Schedule G (Form 990 or 990-EZ) 2019

BAA

Sch	edule G (Form 990 or 990-E2) 2019 THE BANKRUPTCY BAR ASSOC.	65-0385	834	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	to	Yes	No
13	Indicate the percentage of gaming activity conducted in			
;	a The organization's facility	13 a		%%
ı	b An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ds		
	Name •		- 	
	Address •		 -	
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization \(^\xi \) \(^\xi \)	enue? I the amour	Yes	No
,	of gaming revenue retained by the third party \(\) \\$ c If 'Yes,' enter name and address of the third party			
	Name •	- -	. – – – -	
	Address ►		_ 	¹
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?	;	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	_	_
	organization's own exempt activities during the tax year ► \$			
<u>Ra</u>	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (any additi	iii) and (onal	v);
BAA	A TEFA3703I 08/19/19 Schedi	ule G (Form	990 or 99	0-EZ) 2019

SCHEDULE I

Department of the Treasury internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545 0047

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

% ⊠

Yes

65-0385834

Employer identification number

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Battilla General Information on Grants and Assistance the selection criteria used to award the grants or assistance? THE BANKRUPTCY BAR ASSOC. OF THE SO. DISTR OF FL.

[記述] Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 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.	nce to Domestic for any recipient	Organizations a	and Domestic Govenore than \$5,000. F	ernments. Comple	te if the organizat	space is needed	es' on d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MIAMI - P. O. BOX 248106 - CORAL GABLES, FL 33124	59-0624458		6,000.	0.			SCHOLARSHIP
(2)							
(3)							
(4)							
(5)							
(9)							
(9)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	(3) and government or	rganizations listed 1 table	in the line 1 table			A A	1 0

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

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

Schedule I (Form 990) (2019) THE BANKRUPTCY BAR ASSOC.

[Ranning] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
m					
4					
r.					
ယ					
7					
Bankin Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	ו required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

BAA

SCHEDULE 0 (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.

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

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.

FORM 990, PART IX, LINE 24E **OTHER EXPENSES**

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
COPY/POSTAGE/PRINTING DINNER MEETING EXPENSES MEETINGS & PROGRAMS MISCELLANEOUS WEBSITE	497. 3,675. 398. 1,048. 3,209. TOTAL \$ 8,827.	<u>\$ 0.</u>	\$ 0.	<u>\$ 0.</u>