

990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Incorporating  
 Mergers  
 Dissolution  
 Change of name  
 Change of address  
 Change of principal officer

**C** Name of organization  
THE ST. BERNARD PROJECT, INC.  
Doing business as SBP, INC.  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2645 TOULOUSE STREET  
City or town, state or province, country, and ZIP or foreign postal code  
NEW ORLEANS, LA 70119  
F Name and address of principal officer ZACK ROSENBERG  
SAME AS C ABOVE

**D** Employer identification number  
26-2189565

**E** Telephone number  
(504) 277-6831

**G** Gross receipts 17,892,675.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) \_\_\_\_\_  527 (insert no.)  4947(a)(1) or  527

**J** Website: WWW.SBPUSA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 2008 **M** State of legal domicile: LA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: SHRINKING TIME BETWEEN DISASTER AND RECOVERY BY CREATING HOUSING OPPORTUNITIES SO THAT DISASTER

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VII, line 1a)	3	13
<b>4</b> Number of independent voting members of the governing body (Part VII, line 1b)	4	12
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	287
<b>6</b> Total number of volunteers (estimate if necessary)	6	15844
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 24	7b	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,880,963.	12,177,852.
<b>9</b> Program service revenue (Part VIII, line 2g)	2,084,729.	4,445,066.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-35,011.	2,995.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	362,607.	1,216,057.
<b>12</b> Total revenue: add lines 8 through 11 (must equal Part VII, column (E), line 12)	18,294,288.	17,841,970.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,000.	311,228.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,803,448.	3,830,156.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
<b>16b</b> Total fundraising expenses (Part IX, column (B), line 25) ▶	333,715.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-14e)	11,114,581.	10,974,234.
<b>18</b> Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	14,118,029.	15,115,618.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,176,259.	2,726,352.
<b>20</b> Total assets (Part X, line 10)	Beginning of Current Year 15,799,118.	End of Year 18,550,737.
<b>21</b> Total liabilities (Part X, line 20)	4,965,953.	4,222,440.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,833,165.	13,551,297.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer  Title 9/27/17

**Preparer** ▶ KERNY F. CRAFT, JR. Preparer's signature  Title 9/27/17  Preparer's ID # P00623103

**Use Only** ▶ Firm's name: WEGMANN DAZET & COMPANY, A.P.C. Firm's EIN: 72-0870824

Firm's address: 111 VETERANS BLVD., SUITE 800 METAIRIE, LA 70005 Phone no. (504) 837-8844

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 9870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. <b>THE ST. BERNARD PROJECT, INC.</b>	Employer identification number (EIN) or <b>26-2189665</b>
File by the due date to file your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. <b>2645 TOULOUSE STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW ORLEANS, LA 70119</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5327	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DOH MEAZELL**

• The books are in the care of ▶ **2645 TOULOUSE STREET - NEW ORLEANS, LA 70119**  
Telephone No. ▶ **504-277-6831** Fax No. ▶ \_\_\_\_\_

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2016** or  
▶ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 9453-EO and Form 8879-EO for payment instructions.

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 

- 1 Briefly describe the organization's mission:  
**SHRINKING TIME BETWEEN DISASTER AND RECOVERY BY ENSURING THAT DISASTER-IMPACTED COMMUNITIES RECOVER IN A PROMPT, EFFICIENT AND PREDICTABLE WAY.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(28) and 501(c)(29) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expense \$ 10,154,414. including grants of \$ 311,228.) (Revenue \$ 4,445,066.)  
**REBUILDING PROGRAM - REBUILD HOMES FOR SENIOR CITIZENS, PEOPLE WITH DISABILITIES AND FAMILIES WITH CHILDREN WHO CANNOT AFFORD TO HAVE THEIR HOMES REBUILT BY CONTRACTORS. THE ORGANIZATION HAS CURRENTLY REBUILT APPROXIMATELY 1,207 HOMES.**
- 4b (Code: ) (Expense \$ 2,695,729. including grants of \$ ) (Revenue \$ )  
**OPPORTUNITY HOUSING - CREATE AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES FOR RESIDENTS TARGETED BETWEEN 50% AND 80%, BUT UP TO 120%, OF ANNUAL MEDIAN INCOME, WHILE REHABILITATING BLIGHTED PROPERTIES AND STRENGTHENING NEIGHBORHOODS.**
- 4c (Code: ) (Expense \$ 810,319. including grants of \$ ) (Revenue \$ )  
**DISASTER RECOVERY LAB - ENSURE THAT DISASTER-IMPACTED CITIZENS AND COMMUNITIES RECOVER IN A PROMPT, EFFICIENT AND PREDICTABLE MANNER, THROUGH DISASTER RECOVERY LAB, ST. BERNARD PROJECT WORKS TO SHARE LESSONS LEARNED, PREVENT COMMON BARRIERS TO RECOVERY AND HELP COMMUNITIES UTILIZE ST. BERNARD PROJECT'S STANDARDIZED, REPEATABLE AND PROVEN-EFFECTIVE MODEL FOR RECOVERY.**
- 4d Other program services (Describe in Schedule O)  
 Expense \$ 5,172. including grants of \$ (Revenue \$ )
- 4e Total program service expenses **13,665,634.**

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 404(a)(7) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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 7		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part 9		X
5 Is the organization a section 501(c)(6), 501(c)(29), or 501(c)(28) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part 10		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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII		X
c 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 10? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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 FRS 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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 V and IV		X
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 VI and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11a? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

## Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 11? If "Yes," complete Schedule I, Parts I and II	X	
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 21? If "Yes," complete Schedule I, Parts I and II		X
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on-behalf-of" issuer for bonds outstanding at any time during the year?		
25a 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		X
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		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 30% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
28 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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or discontinue operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	X	
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
	1a	103	
b	Enter the number of Forms 1099 included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	287	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8855-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(e).</b>		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?		X
d	If "Yes," indicate the number of Forms 8262 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8850 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1020-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4960?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(2) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(28) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		13
b	Enter the number of voting members included in line 1a, above, who are independent.		
	1b		12
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>
	9		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure that operations are consistent with the organization's exempt purposes?		
	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	
	12c	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
	16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **LA**

18 Section 5104 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**DON MEAZELL - 504-277-6831**  
**2645 TOULOUSE STREET, NEW ORLEANS, LA 70119**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAGE ROSSBERG CRISP EXECUTIVE OFFICER	40.00	X		X				245,029.	0.	1,259.
(2) JACQUELINE ALEXANDER, JD BOARD MEMBER	1.00	X		X				0.	0.	0.
(3) JOSE SOLIS, CPA BOARD CHAIR	1.00	X		X				0.	0.	0.
(4) MARY JONES BOARD MEMBER	1.00	X						0.	0.	0.
(5) ELIE KHOURY BOARD MEMBER	1.00	X						0.	0.	0.
(6) TREVOR COLLISON BOARD MEMBER	1.00	X						0.	0.	0.
(7) CORINNEE LARGOIE BOARD MEMBER	1.00	X						0.	0.	0.
(8) M. CLELAND POWELL III BOARD MEMBER	1.00	X						0.	0.	0.
(9) LATONDA NEWTON BOARD MEMBER	1.00	X						0.	0.	0.
(10) FRANK BOUCHARD BOARD MEMBER	1.00	X						0.	0.	0.
(11) PETER PULASKA BOARD MEMBER	1.00	X						0.	0.	0.
(12) JULIE TYSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) STEPHAN WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) ELIZABETH MCCARTNEY DIRECTOR OF CLIENT SERVICE	40.00			X				95,741.	0.	1,259.
(15) SUTTON STIBBE CRISP FINANCIAL OFFICER	40.00			X				121,811.	0.	0.





## Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	116,450				
	d	Related organizations					
	e	Government grants (contributions)	4,334,359				
	f	All other contributions, gifts, grants, and similar amounts not included above	8,326,403				
	g	Noncash contributions included in lines 1a-f	22,359				
	h	<b>Total. Add lines 1a-1f</b>	<b>12,377,812</b>				
	Program Service Revenue	2 a	MEMBERSHIP PROGRAMS	511391	1,845,841	1,845,841	
b		SALE OF PROPERTY	531391	1,618,400	1,618,400		
c		PROPERTY MANAGEMENT FEES	511391	992,829	992,829		
d							
e							
f		All other program service revenue					
g		<b>Total. Add lines 2a-2f</b>	<b>4,445,016</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	11,825	1,300		
			(ii) Other				
			b	Less: cost or other basis and sales expenses	10,731	0	
			c	Gain or (loss)	1,094	1,300	
	d	Net gain or (loss)		1,094		1,094	
	8 a	Gross income from fundraising events (not including \$ 116,450, of contributions reported on line 1c). See Part IV, line 1E	a	106,409			
			b	Less: direct expenses	39,878		
			c	Net income or (loss) from fundraising events		66,531	
9 a	Gross income from gaming activities. See Part IV, line 1D	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	DEVELOPER FEE	910391	639,343	639,343			
		910391	319,636	319,636			
		910391	107,743	107,743			
		910391	82,620	82,620			
		e	<b>Total. Add lines 11a-11d</b>	<b>1,149,342</b>			
12	<b>Total revenue. See instructions.</b>	<b>17,841,970</b>	<b>5,594,408</b>	<b>0</b>	<b>19,710</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(29) and 501(c)(30) 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 

Do not include amounts reported on lines 6b, 7a, 8b, 9c, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	311,228.	311,228.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	462,581.	341,386.	70,136.	51,059.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(2)(B)				
7 Other salaries and wages	3,066,504.	2,416,791.	496,522.	153,191.
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	301,071.	281,383.	6,026.	13,662.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	476,567.	274,367.	131,321.	70,879.
12 Advertising and promotion	3,540.		435.	3,105.
13 Office expenses	43,129.	30,706.	10,185.	2,238.
14 Information technology	23,438.	3,462.	19,976.	
15 Royalties				
16 Occupancy	324,787.	208,899.	115,707.	101.
17 Travel	324,692.	300,011.	9,040.	15,641.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,312.	8,246.	66.	
20 Interest	24,975.	24,975.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,861.	130,861.		
23 Insurance	1,291,061.	1,117,682.	164,334.	9,045.
24 Other expenses. Exclude 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.)				
a CONSTRUCTION	7,909,999.	7,859,126.	50,873.	
b LICENSES AND PERMITS	233,684.	219,844.	3,726.	10,114.
c MISCELLANEOUS EXPENSE	96,527.	58,362.	37,842.	323.
d BAD DEBT	77,285.	76,285.		1,000.
e All other expenses	5,377.	2,020.		3,357.
25 Total functional expenses. Add lines 1 through 24e	15,115,618.	13,665,634.	1,116,269.	333,715.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,854,360.	1	3,594,853.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	946,027.	3	1,092,624.
	4	Accounts receivable, net	325,516.	4	1,570,321.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(3), persons described in section 4958(c)(2)(B), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
	7	Notes and loans receivable, net	7,656,114.	7	7,592,811.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	296,274.	9	370,794.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	707,655.	
	b	Less: accumulated depreciation	10b	248,627.	
	10c		570,650.	10c	459,028.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	27,721.	12	26,193.
	13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	3,122,456.	15	3,844,114.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,799,118.	16	18,550,737.	
Liabilities	17	Accounts payable and accrued expenses	781,527.	17	921,652.
	18	Grants payable		18	
	19	Deferred revenue		19	193,750.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, 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	3,460,479.	23	3,125,000.
	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	723,947.	25	759,038.
	26	<b>Total liabilities.</b> Add lines 17 through 25	4,965,953.	26	4,999,440.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 30 and 34.				
	27	Unrestricted net assets	8,499,965.	27	10,767,597.
	28	Temporarily restricted net assets	2,333,200.	28	2,783,700.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Placin or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	10,833,165.	33	13,551,297.	
34	<b>Total liabilities and net assets/fund balances</b>	15,799,118.	34	18,550,737.	

Form 990 (2015)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,841,970.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,115,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,726,352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,833,165.
5	Net unrealized gains (losses) on investments	5	-8,220.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,551,297.

**Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9939895.	12824667.	16516611.	15880963.	12177852.	67339988.
<b>2</b> Tax revenues levied for the organization's benefit and other paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9939895.	12824667.	16516611.	15880963.	12177852.	67339988.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1381587.
<b>6 Public support.</b> Subtract line 5 from line 4						65958401.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	9939895.	12824667.	16516611.	15880963.	12177852.	67339988.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	39,702.	158,695.	129,031.	363,607.	125,603.	1947066.
<b>11 Total support.</b> Add lines 7 through 10						69287054.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	12,103,483.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.20 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	95.72 %
<b>16a</b> 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b</b> 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a</b> 10% -facts-and-circumstances- test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b</b> 10% -facts-and-circumstances- test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2015

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

[Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.]

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the gross of \$250 or 1% of the amount on line 3 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Section 509(a)(2))						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part III.)						
<b>13</b> Total support. (Add lines 6, 10c, 11, and 12)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	55	55
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	50	55

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	15
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	55	55

**19a** 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

**b** 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, if historic and continuing relationship, explain.		
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 25% controlled entity with regard to a substantial contributor? If "Yes," complete Part I or Schedule L (Form 990 or 990-EZ).		
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 100(a)(1) or (2)? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(c) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VII.		
	11a	
	11b	
	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VII how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VII how providing such benefit carried out the purpose of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	1	
	2	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VII how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the 15th month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VII how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VII the role the organization's supported organizations played in this regard.		
	1	
	2	
	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VII how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VII identify those supported organizations and explain how those activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VII the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VII.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VII the role played by the organization in this regard.		
	2a	
	2b	
	3a	
	3b	

**Part V Type II Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type II non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type II supporting organization (see instructions).		

**Part V** Type B Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1. Amounts paid to supported organizations to accomplish exempt purposes	
2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3. Administrative expenses paid to accomplish exempt purposes of supported organizations	
4. Amounts paid to acquire exempt-use assets	
5. Qualified set-aside amounts (prior IRS approval required)	
6. Other distributions (describe in Part VI). See instructions.	
7. <b>Total annual distributions.</b> Add lines 1 through 6	
8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9. Distributable amount for 2016 from Section C, line 6	
10. Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2016	(III) Distributable Amount for 2016
1. Distributable amount for 2016 from Section C, line 6			
2. Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.			
3. Excess distributions carryover, if any, to 2016:			
a			
b			
c. From 2013			
d. From 2014			
e. From 2015			
f. Total of lines 3a through e			
g. Applied to underdistributions of prior years			
h. Applied to 2016 distributable amount			
i. Carryover from 2015 not applied (see instructions)			
j. Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4. Distributions for 2016 from Section D, line 7:			
a. Applied to underdistributions of prior years			
b. Applied to 2016 distributable amount			
c. Remainder. Subtract lines 4a and 4b from 4			
5. Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6. Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7. <b>Excess distributions carryover to 2017.</b> Add lines 3j and 5c			
8. Breakdown of line 7:			
a			
b. Excess from 2013			
c. Excess from 2014			
d. Excess from 2015			
e. Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 5000(1) and 1700(c)(4)(v), that checked Schedule A (Form 990 or 990-EZ), Part I, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000 or (ii) 2% of the amount on (i) Form 990, Part VIII, line 11, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOYOTA MOTOR NORTH AMERICA, INC 601 LEXINGTON AVE., 49TH FLOOR NEW YORK, NY 10022	\$ 1,368,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK DISASTER INTERFAITH SERVICES 4 WEST 43RD STREET NEW YORK, NY 10036	\$ 328,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICORP 1201 NEW YORK AVE NW WASHINGTON, DC 20525	\$ 2,565,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NEW ORLEANS REDEVELOPMENT AUTHORITY 1409 O C MALEY BLVD. NEW ORLEANS, LA 70113	\$ 491,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RICHLAND COUNTY CDBG 2020 HAMPTON STREET P.O. BOX 192 COLUMBIA, SC 29201	\$ 299,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HOUSING TRUST FUND 25 BEAVER STREET NEW YORK, NY 10004	\$ 305,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization

Employer identification number

**THE ST. BERNARD PROJECT, INC.****26-2189665**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) (other than more than \$1,000 for the year from any one contributor). Complete columns (a) through (d) and the following line entry for organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this total) **▶ 5**  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

**Part I 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)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register	2d

3 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 ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(B)(v) and section 170(e)(4)(B)(vi)?  Yes  No

9 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 115 (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.

1b If the organization elected, as permitted under SFAS 115 (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:

(i) Revenue included on Form 990, Part VII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included on Form 990, Part X ▶ \$ \_\_\_\_\_

2 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 115 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VII, line 1 ▶ \$ \_\_\_\_\_

b Assets included on Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition d  Loan or exchange programs  
 b  Scholarly research e  Other \_\_\_\_\_  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %  
 b Permanent endowment  \_\_\_\_\_ %  
 c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		707,655.	248,627.	459,028.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (D), line 10c.) ▶ 459,028.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, 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		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (b), line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (b), line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,475.
(2) REAL ESTATE HELD FOR SALE	1,935,197.
(3) REAL ESTATE HELD FOR RENTAL	950,503.
(4) DUE FROM SBP REAL ESTATE	956,939.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (b), line 15.)	3,844,114.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	100,000.
(3) DUE TO SBP REAL ESTATE, INC.	635,899.
(4) DUE TO TOULOUSE COMMERCIAL, INC.	23,139.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (b), line 25.)	759,038.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FRS 48 (SSC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	23,521,022.
2	Amounts included on line 1 but not on Form 990, Part VII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	5,642,073.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	39,974.	
e	Add lines 2a through 2d	2e	5,682,047.	
3	Subtract line 2e from line 1	3	17,838,975.	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,995.	
c	Add lines 4a and 4b	4c	2,995.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,841,970.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	20,802,890.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,642,073.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	48,194.	
e	Add lines 2a through 2d	2e	5,690,267.	
3	Subtract line 2e from line 1	3	15,112,623.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,995.	
c	Add lines 4a and 4b	4c	2,995.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5	15,115,618.	

**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 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.

**PART X, LINE 2:**

THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740, INCOME TAXES.

MANAGEMENT OF THE ORGANIZATION BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX

POSITIONS AND, ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITY FOR

UNRECOGNIZED TAX BENEFITS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS

SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX

AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE FILING OF THOSE RETURNS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENTS 39,974.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

GAIN ON SALE OF ASSETS	2,995.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET UNREALIZED LOSSES ON INVESTMENTS	8,220.
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FUNDRAISING EVENTS	39,974.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	48,194.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS	2,995.
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**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	NOLA FOR NOLA (event type)	(event type)	NONE (total number)	
<b>Revenue</b>				
1 Gross receipts	213,339.			213,339.
2 Less: Contributions	106,650.			106,650.
3 Gross income (line 1 minus line 2)	106,689.			106,689.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	39,974.			39,974.
10 Direct expense summary. Add lines 4 through 9 in column (d)				39,974.
11 Net income summary. Subtract line 10 from line 3, column (d)				66,715.

**Part 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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>Revenue</b>			
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



- 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 to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

- 14 Enter the name and address of the person who prepares the organization's gaming/social events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental information.** Provide the explanations required by Part I, line 26, columns (B) and (C) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization:

THE ST. BERNARD PROJECT, INC.

**Part I** General Information on Grants and Assistance

Employer identification number  
26-2189665

Yes  No

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in this United States.

**Part II** 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.

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, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIA SERVICE PROJECT INC, 6233 BELLEFOL SCARLETT 2080009 CLETT, TN 37153	42-8992183	501(c)(13)	356,600	0			HOME REPAIRS/REPLACEMENTS FOR THE ECONOMICALLY DISADVANTAGED
CONSTITUTIONAL AND MINISTRIES FOUNDATION - P.O. BOX 296 - BERLIN, OH 44608	45-3982752	501(c)(13)	61,328	0			HOME REPAIRS/REPLACEMENTS FOR THE ECONOMICALLY DISADVANTAGED

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 2

3. Enter total number of other organizations listed in the line 1 table: 0

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

Schedule I (Form 990) 2016

Part III Grants and Other Assistance to Beneficial 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Provide the information required in Part I, line 2, Part III, column (f), and any other additional information.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE ST. BERNARD PROJECT, INC.** Employer identification number: **26-2189665**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</p>		
<p><b>1b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change of control payment? <b>4a</b> <input checked="" type="checkbox"/></p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>4b</b> <input checked="" type="checkbox"/></p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? <b>4c</b> <input checked="" type="checkbox"/></p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-6.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? <b>5a</b> <input checked="" type="checkbox"/></p> <p><b>b</b> Any related organization? <b>5b</b> <input checked="" type="checkbox"/></p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? <b>6a</b> <input checked="" type="checkbox"/></p> <p><b>b</b> Any related organization? <b>6b</b> <input checked="" type="checkbox"/></p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7	<input checked="" type="checkbox"/>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-6(c)(2)? If "Yes," describe in Part III.</p>	8	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individual that isn't listed on Form 990, Part VII.

**Note:** The sum of columns (ii)(i)-(ii)(v) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (i) and (ii) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation					(C) Retirement and other deferred compensation	(D) Non-taxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Salary deferral	(v) Other				
(i) TACE ROSENBERG CHIEF EXECUTIVE OFFICER	0.	245,029.	0.	0.	0.	0.	1,259.	246,288.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.	0.	0.
(iii)									
(iv)									
(v)									
(vi)									
(vii)									
(viii)									
(ix)									
(x)									
(xi)									
(xii)									
(xiii)									
(xiv)									
(xv)									
(xvi)									
(xvii)									
(xviii)									
(xix)									
(xx)									
(xxi)									
(xxii)									
(xxiii)									
(xxiv)									
(xxv)									
(xxvi)									
(xxvii)									
(xxviii)									
(xxix)									
(xxx)									
(xxxi)									
(xxxii)									
(xxxiii)									
(xxxiv)									
(xxxv)									
(xxxvi)									
(xxxvii)									
(xxxviii)									
(xxxix)									
(xl)									

**Part II** Supplemental Information

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

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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 Forms 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public  
Inspection

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURVIVORS CAN RETURN TO THEIR HOMES AND COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VETERANS PROGRAM - FOCUSED ON ADDRESSING THREE PROBLEMS: HIGH  
UNEMPLOYMENT RATE AMONG MEN AND WOMEN WHO HAVE SERVED OUR COUNTRY;  
AFFORDABLE HOUSING CRISIS AND HIGH INSTANCE OF BLIGHTED AND VACANT  
PROPERTIES IN THE NEW ORLEANS AREA.

EXPENSES \$ 5,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS. THE BOARD  
MEMBERS HAVE SUFFICIENT TIME TO REVIEW AND ENTER FEEDBACK. IF THE FORM 990  
IS REVISED, A FINAL COPY IS SENT TO THE BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE  
BOARD. THE BOARD REVIEWS ANY REPORTS OF POTENTIAL CONFLICTS AND DECIDES ON  
APPROPRIATE CORRECTIVE MEASURES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CHAIRMAN UTILIZED CHARITY NAVIGATOR TO COMPARE CEO AND OFFICER  
COMPENSATION AMONG ORGANIZATIONS MOST CLOSELY RESEMBLING THE ST. BERNARD  
PROJECT. A COMPARATIVE COMPENSATION REPORT ALONG WITH A TARGET SALARY WAS



Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

PRESENTED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HELD A MEETING, CONSIDERED THE INFORMATION AND RECENT PERFORMANCE TO DECIDE UPON THE APPROPRIATE AMOUNT OF COMPENSATION FOR THE CEO AND OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. A COPY OF THE FINANCIAL STATEMENTS CAN BE FOUND ON THE ORGANIZATION'S WEBSITE AT WWW.SBPUSA.ORG.

FORM 990, PART XII, LINE 2C:

THE PROCESS USED BY THE COMMITTEE THAT ASSUMES OVERSIGHT OF THE AUDIT HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

OMB NO. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE ST. BERNARD PROJECT, INC.

▶ Information about Schedules R, Form 990, and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
26-2189665

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 507(c)(2))	(f) Direct controlling entity	(g) Section 513(b) related entity?	
						Yes	No
TOSLATER COMMERCIAL, INC., - 31-3453819 2545 TOSLATER STREET NEW ORLEANS, LA 70119	CREATES SCOUTING OPPORTUNITIES BY TRAMP DISBURSED PROVIDING CMS	LOUISIANA	501(C)(13)	STATE LA, I PROJECT, INC.	STATE OF LOUISIANA PROJECT, INC.		X
STP 88AS SERVICE, INC., - 45-4217145 2545 TOSLATER STREET NEW ORLEANS, LA 70119	CREATES APPLICABLE HOUSING FOR LOW TO MODERATE INCOME RESIDENTS.	LOUISIANA	501(C)(13)	STATE I	N/A		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Treatable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legit services provided to a partner	(d) Direct controlling entity	(e) Proportionate income (total, control, included in the other sections 112-511)	(f) Share of total income	(g) Share of end-of-year assets	(h) Expenses included?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Year/No	(j) Share of percentage ownership
							Yes	No		

Part IV Identification of Related Organizations Treatable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legit services provided to a partner	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Share of percentage ownership	
								Yes	No

## Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 35.

Note: Complete line 1 if any entry is listed in Parts I, II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-V?

	Yes	No
a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b. Gift, grant, or capital contribution to related organization(s)	1b	X
c. Gift, grant, or capital contribution from related organization(s)	1c	X
d. Loans or loan guarantees to or for related organization(s)	1d	X
e. Loans or loan guarantees by related organization(s)	1e	X
f. Dividends from related organization(s)	1f	X
g. Sale of assets to related organization(s)	1g	X
h. Purchase of assets from related organization(s)	1h	X
i. Exchange of assets with related organization(s)	1i	X
j. Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k. Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l. Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m. Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o. Sharing of paid employees with related organization(s)	1o	X
p. Reimbursement paid to related organization(s) for expenses	1p	X
q. Reimbursement paid by related organization(s) for expenses	1q	X
r. Other transfer of cash or property to related organization(s)	1r	X
s. Other transfer of cash or property from related organization(s)	1s	X

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(i) Name of related organization	(ii) Transaction Type (a-i)	(iii) Amount involved	(iv) Method of determining amount involved
10 TOULOUSE COMMERCIAL, INC.	D	7,000,000.FMY	
20 TOULOUSE COMMERCIAL, INC.	E	23,139.FMY	
30 TOULOUSE COMMERCIAL, INC.	K	201,276.FMY	
40 TOULOUSE COMMERCIAL, INC.	L	639,343.FMY	
50			
60			



**Part VII** Supplemental information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II. IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:****NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

TOULOUSE COMMERCIAL, INC.

EIN: 32-0463838

2645 TOULOUSE STREET

NEW ORLEANS, LA 70119

PRIMARY ACTIVITY: CREATE HOUSING OPPORTUNITIES SO THAT DISASTER SURVIVORS  
CAN RETURN HOME.

DIRECT CONTROLLING ENTITY: THE ST. BERNARD PROJECT, INC.

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SBP REAL ESTATE, INC.

EIN: 46-4273745

2645 TOULOUSE STREET

NEW ORLEANS, LA 70119

PRIMARY ACTIVITY: CREATE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME  
RESIDENTS.

DIRECT CONTROLLING ENTITY: N/A

THE ST. BERNARD PROJECT, INC.

FORM 990 PAGE 10

26-2189665

**Part I** Elects To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0	4	
5	Cost available for use. Subtract line 4 from line 1. If zero or less, enter 0. If marital filing separately, see instructions	5	
6	(a) Description of property	(b) Ded. business use only	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part I or Part II below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 1680(i) election	15	
16	Other depreciation (including ACRS)	16	106,399.

**Part III** MACRS Depreciation (Don't include listed property.) (See instructions.)

<b>Section A</b>			
17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year, do you use a more general asset account (check box) <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MSA	S/L	
		/	27.5 yrs.	MSA	S/L	
i	Nonresidential real property	/	39 yrs.	MSA	S/L	
		/		MSA	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year	/	12 yrs.		S/L	
c	40-year	/	40 yrs.	MSA	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 29	21	24,462.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	130,861.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** Listed Property (includes automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (d) through (g) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
SEE STATEMENT 1							24,462.	
27 Property used 50% or less in a qualified business use:								
		%				SL		
		%				SL		
		%				SL		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	24,462.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI** Amortization

(a) Description of costs	(b) Date amortization began	(c) Amortizable amount	(d) Cost method	(e) Rate (table cost or percentage)	(f) Amortization for the year
42 Amortization of costs that begins during your 2018 tax year					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44



## FORM 4562 TOTALS LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.?	(P) > 5% OWNER?	(Q) ANOTHER VEH. AVAILABLE?		
				Y	N	Y	N	Y
2012 CHEVROLET MALIBU	01/09/14	100.00	14,660.	14,660.	5.0	S/L MQ	2,932.	
2011 FORD FUSION	01/09/14	100.00	13,250.	13,250.	5.0	S/L MQ	2,650.	
2012 CHEVROLET MALIBU	06/24/14	100.00	15,885.	15,885.	5.0	S/L MQ	3,050.	
VEHICLE	02/04/14	100.00	3,500.	3,500.	5.0	S/L MQ	700.	
VAN	04/28/14	100.00	4,791.	4,791.	5.0	S/L MQ	958.	
2008 DODGE RAM TRUCK	02/27/14	100.00	37,575.	37,575.	5.0	S/L MQ	7,515.	
2008 DODGE RAM TRUCK	07/26/14	100.00	33,285.	33,285.	5.0	S/L MQ	6,657.	
TOTALS TO FORM 4562, PART V, LINE 26							24,462.	