EXTENDED TO NOVEMBER 15, 2018

Form **990**

Depwtmenl of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs. ov/Form990 for instructions and the latest Information.

0MB No. 1646•00

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check If applioablo:
- ☐ Address change
- DNa e change
- DlnlUaJ return
- ☐ Final Return/ terml n aled
- ☐ Amend ed Return
- ☐ Appliba Uon pending

C Name of organization

THE ST. BERNARD PROJECT, INC.

DolnQ 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

D Employer Identification number

26-2189665

E Telephone number

(504)302-9329

G Gross receipts $ 28,749,797.

F Name and address of principal officer: **ZACK ROSENBURG**
SAME AS C ABOVE

H(al Is this a group return for subordinates? D **Yes [X]No**

H(b) /'le all subordi nates Incl D**Yes** D **No**
If **'No,'** attach a 11st. (see Instructions)

H(c) Group exemption number ▶

I Tax-e xempt status: LX I 501(c)(3) ☐ 501(c) ((Insert no.) LJ 4947(a)(1) or LJ 527

J Website: ▶ **WWW.SBPUSA.ORG**

K Form of oroanization: IXI Corporation t I Trust I I Association I I Othe

L Year of formation: 20**081** **M** State of legal domicile: **LA**

kfrijt:t I 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 ▶ LJ If the organization discontinued its operations or disposed of more than 25% of Its net assets.

3	Number of voting members of the governing body (Part VI, llne 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed In calendar year 2017 (Part V, line 2a)	5	332
6	Total number of volunteers (estimate if necessary)	6	16533
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net	unrelated business taxable income from Form 990-T line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,177,852.	**25,152,287.**
9	Program service revenue (Part VIII, llne 2g)	**4,445,066.**	3,166,092.
10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	2,995.	102,499.
11	Other revenue (Part VIII, column **(A),** lines 5, 6d, Sc, 9c, 10c, and 11e)	1,216,057.	304,509.
12	Total revenue • add lines 8 throuah 11 (must equal Part VIII, column (A), line 12)	17,841,970.	28,725,387.
13	Grants and similar amounts paid (Part IX, column **(A),** lines 1·3)	311,228.	506,179.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,830,156.	4,510,429.
16a	Professional fundraising fees (Part IX, column **(A),** line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 368,268.		
17	Other expenses (Part IX, column (A), lines 11a-11d , 11f-24e)	10,974,234.	11,227,977.
18	Total expenses. Add lines 13•17 (must equal Part IX, column (A), line 25)	15,115,618.	16,244,585.
19	Revenue less expenses. Subtract line 18 from line 12	2,726,352.	12,480,802.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,550,737.	30,684,067.
21	Total liabilities (Part X, line 26)	4,999,440.	4,646,241.
22	Net assets or fund balances. Subtract line 21 from line 20	13,551,297.	26,037,826.

I P,ij lJI I Signature Block

Under penalties of perjury, I declare that I have amlned 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 Date 11/12/18

ZACK ROSENBURG, CHIEF EXECUTIVE OFFICER

Type or prmt name and title

Paid Preparer Use Only

Print/Type preparer's name: **ERNEY F. CRAFT, JR.** Preparer's signature: Date: 11/5/18 Check ☐ if self-employed PTIN: P00623103

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

732001 11-28-17 LHA For Paperwor1< Reduction Act Notice, see the separate instructions. Fom, **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **8868**
(Rev. January 2017)

Department of the Treasury
!ntemal ReV8f1Ue Setvlce

Application for Automatic Extension of Time To File a Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.lrs.gov/torm8868* .

0MB No.1545·1709

Electronic filing *(e-flle).* 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 8870, 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,* click on Charities & Non-Profits, and click one-fife for *Charffies 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.	Employer Identification number (EIN) or
	THE ST. BERNARD PROJECT, **INC,**	26-2189665
Flie by the due date for filing your return. See Instructions,	Number, street, and room or suite no. If a P.O. box, see instructions. 2645 TOULOUSE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. **NEW** ORLEANS, **LA** 70119	

Enter the Return Code for the return that this applicatlon Is for (file a separate application for each return) 10111

Application Is For	Return **Code**	Application Is For	Return **Code**
Fann 990 or Fann 990-EZ	01	Fann 990-T (corooratlonl	07
Fann 990-BL	02	Form 1041-A	08
Form 4720 (individuaO	03	Form 4720 (other than individuar	09
Fann 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a\ or 408(a\ tnust'	05	Form 6069	11
Form 990-T (trust other than above\	06	Form 8870	12

- The books are In the care of ▶ **DON MEAZELL**
  2645 TOULOUSE STREET - NEW ORLEANS , LA 70119
  Telephone No ▶ **504-302-9329** **FaxNo.** ▶
- 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 ▶ D. If it is for part of the group, check this box ▶ D 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 , 2018 , to file the exempt organizatlon·return for the organization named above. The extension is for the organization's return for:

▶ 00 calendar year 2017 or
▶ D tax year beginning _____ ,and ending

2 If the tax year entered In line1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
D Change in accounting period

3a	If this applicatlon 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 navments made. Include anv nrior vear overpayment allowed as a credit.	3b	$ 0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, bv usinn EFTPS fElectronic Federal Tax Pavment Svstem\. See instructions.	3c	l 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.

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

Fom, 8868 (Rev. 1-2017)

723841 04-01-17

·!'art Ill **tatement of Program ervice Accomplishments**

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

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 prog am services during the year which were not listed on the prior Form 990 or 990-EZ? Dves OONo
If "Yes,' describe these new services on Schedule 0.

3 Did the organlzation cease conducting, or make significant changes In how it conducts, any program services?., Dves CXJNo
If 'Yes,• describe these changes on Schedule 0.

4 Describe the organization's program service accomplishments for each of Its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, If any, for each program service reported.

4a (Code, _)(E,p..,=$ 12,209,475. 1™"odlog"" "'$ 501,620,) (R.,0000$ 3,166,092,)
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 1,426 HOMES,

4b (Code:-==) (Expenses$ 1,380,577 • lncludinggrantsof$--=--=--=--) (Revenue$=====,-;==)
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: _) (Expenses $ 622,73f• lncludlng {Tants of$ 4,559•) (Revenue$
DIASTER RECOVERY LAB - ENSURE THAT DISASTER-IMPACTED CITI=z=E N=s- 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 0.)
(Expenses$ Including {1"ants of$ (Revenue$

4e Total program service expenses ▶ 14,212,783.

Part 1v Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes,• complete Schedule* A,.	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributorol*	2	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 I*	3		X
4	Section 501(cK3) organizations. Did the organization engage In lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes,• complete Schedule* C, *Part II* .	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined In Revenue Procedure 98-19? *If "Yes, complete Schedule* C, *Part If* .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or Investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part*	6		X
7	Did the organlzatlon 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 11.,.*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Patt Ill* .	8		X
9	Did the organization report an amount In Part X, line 21, for escrow or custodial account Uabllty, serve as a custodian for amounts not listed In Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes,• complete Schedule D, Part IV*	9		X
10	Did the organlzatlon, directly or through a related organlzation, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes,• then complete Schedule D, Parts Vl, VII, VIII, IX, or X as applicable.			
a	Did the organlzation report an amount for land, buildings, and equipment In Part X, line 10? *If 'Yes,' complete Schedule D, Patt VI*	11a	X	
b	Did the organlzatlon report an amount for Investments - other securities In Part X, line 12 that is 5% or more of Its total assets reported in Part X, line 16? *If 'Yes•, complete Schedule D, Part VII*	11b		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, 1in8 16? *If 'Yes,• complete Schedule D, Part VIII*	11c		X
d	Did the organlzatlon report an amount for other assets In Part X, line 15 that is 5% or more of its total assets reported In Part X, line 16? *If "Yes,• complete Schedule D, Part IX* .	11d	X	
e	Did the organlzatlon report an amount for other llabllities in Part X, Une 25? *If "Yes,• complete Schedule D, PartX* .	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year Include a footnote that addresses the organization's llabillty for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes,' complete Schedule D, PartX*	111	X	
12a	Did the organlzation obtain separate, independent audited financial statements for the tax year? *If "Yes,• complete Schedule D, Patts XI and XII*	12a		X
b	Was the organization Included In consolidated, independent audited financial statements for the tax year? *If 'Yes,• and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* .	121>	X	
13	Is the organization a school described in section 170(b)(1)(A)(lij? *If* "Yes,• *complete ScheduleE*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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* ,	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If* "Yes,• *complete Schedule F, Parts II and IV*	15		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 Ill and JV* .	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraislng services on Part IX, column (A), lines 6 and 11e? *If "Yes/ complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundralslng event gross Income and contributions on Part VIII, lines 1c and 8a? *If* 'Yes,' *complete Schedule* G, *Part II*	18	X	
19	Did the organization report more than $15,000 of gross Income from gaming activities on Part VIII, line 9a? *If 'Yes,• comnlete Schedule* G. *Part Ill* ..	19		X

I l'art IJf, | Checklist of Required Schedules *(continued)*

		Yes	No
20a Did the organization operate one or more hospital facilities? *If* ' Yes, *complete Schedule H*	20a		X
b If 'Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes,• complete Schedule I, Parts I and II*	21	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 2? *If* "Yes,' *complete Schedule I, Parts I and Ill*	22	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 Schedu/eJ*	23	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 fines 24b through 24d and complete Schedule K, /f 'No', go to line 25a*	24a		X
b Did the organization Invest any proceeds of tax·exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24<:		
d Did the organization act as an "on behalf of' Issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c){3), 501(c)(4), and 501(c){29) organizations. Didthe organization engage In an excess benefit transaction with a dlsquaUfled person during the year? *If "Yes,• complete Schedule L, Part I*	25a		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*	25b		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*	26		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 35% controlled entity or family member of any of these persons? *If* "Yes,• *complete Schedule L, Part Ill*	27		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*	28a		X
b A family member of a current or former officer, director, trustee, or key employee? *If 'Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29 Did the organization receive more than $25,000 In non-cash contributions? *If 'Yes,• complete Schedule M*	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes,• complete ScheduleM*	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? *If* 'Yes,• *complete Schedule N, Part I*	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f *'Yes," complete Schedule N, Part II*	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701,2 and 301J701-3? *II 'Yes," complete Schedule A, Part I* "'	33		X
34 Was the organization related to any tax-exempt or taxable entity? *If* "Yes,' *complete Schedule R, Part II, Ill, or IV, and* — bI ,	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes,• complete Schedule A, Part V, line 2* ,	35b	X	
36 Section 501(c){3) organizations. Didthe organization make any transfers to an exempt non-charitable related organization? *If 'Yes,• complete Schedule R, Part V, line 2*	36		X
37 Old 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 inconie tax purposes? *If "Yes,• complete Schedule R, Part VI*	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11band 19? Note. All Form 990 filers are r.,.,.,uired to comclete Schedule O ...	38	X	

Part Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a Enter the number reported In Box 3 of Fann 1096, Enter •0- if not applicable	1a 98			
b Enter the number of Forms W-2G 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? .		1c	X	
2a Enter the number of employees reported on Fann W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by thls return . ,..	2a 332			
b If at least one is reported on Une 2a, did the organization file all required federal employment tax returns? ..		2b	X	
Note. If the sum of lines 1a and 2a Is greater than 250, you may be required to *e-fl/e* (see Instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b If "Yes,• has it flied a Form 990·T for this year? *If 'No,' to line 3b, provide an explanation in Schedule* O		3b		
4a At any time during the calendar year, did the organization have an Interest in, or a signature or other authority over, a financial account In a foreign country {such as a bank account, securities account, or other financial account)? .		4a		X
b If "Yes,• enter the name of the foreign country: ▶				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts {FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction?., ...		5b		X
c If "':{es,• to line Sa or Sb, did the organization file Form 8886-T?		Sc		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment In excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		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 8282?		7c		X
d If 'Yes,• indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?..		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
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 facllities	10b			
11 Section 501(cX12) organizations. 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Heu of Form 1041?		12a		
b If "Yes,• enter the amount of tax-exempt Interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to Issue qualified health plans in more than one state? .		13a		
Note. See the instructions for additional information the organization must report on Schedule 0.				
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 re ort these a ments? *If* "No• *rovlde an ex lanatlon In Schedule* O . .		14b		

Governance, Management, and Disclosure *For each 'Yes' response to fines 2 through 7b below, and for* a *'No•* response *line Ba, Sb, or 1Ob below,* describe *the circumstances, processes, or changes in Schedule* O. *See Instructions.*

Check if Schedule O contains a resoonse or note to any line in this Part VI IX]

Section A. Govemin11 Body and Mana11ement

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	16		
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 0.				
b Enter the number of voting members included In line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationshlp or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ornanizatlon's mailinn address? *If* "Yes• *orovfde the names and addresses In Schedule* 0	9			X

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?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of Interest policy? *If* "No,• *go* to *line 13*	12a	X	
b Were officers, directors, or trustees, and key employees required to d!sclose annually interests that could give rise to confUcts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If* 'Yes,• *describe in Schedule* O *how this was done*	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
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?			X
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 exemnt status with resnect to such arranaements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make Its Forms 1023 (or 1024 If applicable), 990, and 990-T {Section 501(c)(3)s only) available for public Inspection. Indicate how you made these available. Check all that apply.

IXJ Own website D Another's website IXJ Upon request D Other *(explain In Schedule 0)*

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 - 504-302-9329

2645 TOULOUSE STREET, NEW ORLEANS, LA 70119

Part II 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 D

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

1a Complete this table for all persons requ'ired to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- Ust all of the organization's current officers, directors, trustees ('Nhether 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 employeesj and former such persons.

D Check this box if neither the on::1anization nor anv related ornanlzation comriensated anv current officer, director, or trustee.

(A) Name and Trtle	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless p«soo Is both an officer and a difector/trustee)						(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
11) ZACK ROSENBURG CHIEF EXECUTIVE OFFICER	40.00	X		X				245,810.	0.	8,791.
(2) JACQUELINE ALEXANDER, JD BOARD SECRETARY	1.00	X		X				0.	0.	0.
I3> JOHN SOLON, CPA BOARD MEMBER	1.00	X		X				0.	0.	0.
I4) MARY JONES BOARD MEMBER	1.00	X						0.	0.	0.
Is) ELIE KHOURY BOARD MEMBER	1.00	X						0.	0.	0.
I6) TREVOR COLHOUN BOARD MEMBER	1.00	X						0.	0.	0.
(7) COURTENAY LAROCHE BOARD MEMBER	1.00	X						0 •	0.	0 .
I8) M, CLELAND POWELL III BOARD MEMBER	1.00	X						0.	0.	0.
I9) FRANCIS BOUCHARD BOARD CHAIR	1.00	X						0.	0.	0.
(10) PETER FORLENZA BOARD MEMBER	1.00	X						0.	0.	0.
(11) JULIE TYSON BOARD MEMBER	1.00	X						0.	0.	0.
{12) STEFAN WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(13) ANN LIMBERG BOARD MEMBER	1.00	X						0.	0.	0.
(14) KEITH DALY BOARD MEMBER	1.00	X						0.	0.	0.
(15) MIKE GOSS BOARD MEMBER	1.00	X						0 •	0.	0.
(16) SCOTT COUVILLON BOARD MEMBER	1.00	X						0.	0.	0.
(17) ELIZABETH MCCARTNEY CHIEF OPERATING OFFICER	40.00			X				122,665.	0.	6,451.

j"Part:.YIJI Section A. Officers. Directors. Trustees. Kev Em lovees. and Hiahest Comoensated Emolovees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person Is both an officer and a director/trustee)						(D) Reportable compensation from the organization f/N-2/1099-MISC)	(E) Reportable compensation from related organizations f/N-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) SUTTON HIBBERT CHIEF FINANCIAL OFFICER	40.00			X				132,727.	0.	7,177.
(19) REESE MAY CHIEF STRATEGY AND INNOVATION OFFICE	40,00			X				162,417.	0.	6,568.
(20) ELIZABETH EGLE CHIEF DEVELOPMENT OFFICER	40.00			X				85,028.	0.	6,345.
1b Sub-total								748,647.	0.	35,332.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1cl ..								748,647.	0.	35,332.

2 Total number of Indlvlduals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4 For any Individual listed on line 1a, Is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If* 'Yes,• *complete Schedule J for such Individual* ..	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the or anization? *If* 'Yes.• com *lete Schedule J for s'uch rson* .		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the oraanizatlon. Reoort comoensation for the calendar vear endina with or within the oraanlzation's tax vear.

(A) Name and business address	(B) Description of services	(C) Compensation
H2M ARCHITECTS & ENGINEERS, 538 BROADHOLLOW ROAD 4TH FL EAST, MELVILLE, NY	I\RCHITECTURAL SERVICES	350,981.
MARCO JULIAN CONSTRUCTION LLC 3011 MARIGNY STREET, NEW ORLEANS , LA 70127	8ONSTRUCTION SERVICES	208,110.
HERCULES CONSTRUCTION 439 40TH STREET, NEW ORLEANS, LA 70124	8ONSTRUCTION SERVICES	167,760.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100 000 of comoensatlon from the oraanizatlon ._ 3

Part VIII Statement of Revenue

Check if Schedule O contains a res onse or note to an line In this Part VIII D

			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenu excluded from tax under sections 512 •514
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	16,560.				
d Related organizations	1d					
e Government grants (contributions)	1e	3,271,494,				
All other contributions, gifts, grants, and similar amounts not Included above	1f	21,864,233.				
g Noncash cootrlbutions Included In Unes 1a-11: $		158,956.				
h Total. Add lines 1a-H		▶	25,152,287.			
Program Service Revenue		**Business Code**				
2 a HOMEOWNER FUNDING		531390	1,585,480.	1,585,480,		
b SALE OF PROPERTY		531390	1,001,300,	1,001,300.		
c PROPERTY MANAGEMENT FEES		531390	579,312,	579,312,		
d						
e						
All other program service revenue						
Total. Add lines 2a-2f ...		▶	3,166,092.			
3 Investment income (Including dividends, Interest, and other similar amounts) ,,.		▶	102,499.			102,499,
4 1ncome from investment of tax-exempt bond proceeds		▶				
5 Royalties		▶				
	(i) Real	(ii) Personal				
6 a Gross rents						
b Less: rental expenses ..						
c Rental income or (loss)						
d Net rental income or (loss)						
	i Securities	h Other				
7 a Gross amount from sales of assets other than inventory						
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)		▶				
Other Revenue						
8 a Gross income from fundralsing events (not including $ 16,560. of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses,.	b					
c Net income or (loss) from fundraislng events		▶	43,883.			43,883.
9 a Gross Income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
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	b					
c Net income or loss from sales of Invento ry		▶				
Miscellaneous Revenue		**Business Code**				
11 a OTHER INCOME		900099	154,054.	154,054.		
b VENDOR INCENTIVES		900099	106,572.	106,572.		
c						
d All other revenue						
e **Total.** Add lines 11a-11d		▶	260,626,			
12 Total revenue. See Instructions.			28,725,387,	3,426,718,	0.	146,382.

FP"rt IA I Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	435,779.	435,779.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,400.	70,400.		
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	748,647.	492,696.	154,251.	101,700.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,392,009.	2,479,376.	776,233.	136,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,444.		8,444.	
10 Payroll taxes	361,329.	269,061.	77,874.	14,394.
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.)	460,420.	233,770.	164,913.	61,737.
12 Advertising and promotion	125,738.	125,431.	90.	217.
13 Office expenses	92,798.	80,141.	6,495.	6,162.
14 Information technology	13,713.	8,039.	5,674.	
15 Royalties				
16 Occupancy	451,344.	171,112.	280,232.	
17 Travel	374,759.	314,188.	39,064.	21,507.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,213.	36,624.	568.	21.
20 Interest	118,825.	104,019.	14,806.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,199.	159,199.		
23 Insurance		1,412,523.	46,473.	734.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule O.)				
a CONSTRUCTION	7,316,870.	7,237,406.	79,464.	
b MISCELLANEOUS EXPENSE	257,898.	248,554.	6,781.	2,563.
c BAD DEBT	233,898.	233,898.		
d LICENSES AND PERMITS	115,215.	95,760.	2,172.	17,283.
e All other expenses	10,357.	4,807.		5,550.
25 Total functional expenses. Add lines 1 through 24e	16,244,585.	14,212,783.	1,663,534.	368,268.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▪ ☐ if following SOP 98-2 (ASC 958-720)				

PartX Balance Sheet

Check If Schedule O contains a res onse or note to an line In this Part X

		(A) Beginning of year		(B) End of year
1	Cash" non•Interest-bearlng	3,594,853.		3,881,690.
2	Savings and temporary cash investments ,		2	6,905,086.
3	Pledges and grants receivable, net	1,092,624,	3	1,177,511.
4	Accounts receivable, net	1,570,321.	4	1,304,895.
5	Loans and other recetvables 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(n(1)), persons described In section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr), Complete Part II of Sch L ,..		6	
7	Notes and loans receivable, net .	,592,811.	7	7,363,579.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	370,794.	9	379,698.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	l--"10a=.f--;::1c,,...:8;...0....:;1c,,c..;15.;2;..:.j,	0	"{
b	Less: accumulated depreciation	10b --_4_0_6 ,_2_2_7_._,_·_		4_5_9 '----4-=c.+---·-1 ,_3_9'-4 ,c...9_·;::2-=5'-'-.
11	Investments" publicly traded securities		11	5,940,358.
12	Investments· other securities. See Part IV, line 11	26' 19 2 •	12	16,106.
13	Investments• program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,844,114.	15	2,320,219.
16	Total assets. Add lines 1 throu h 15 must ual line 34	18,550,737.	16	30,684,067.
17	Accounts payable and accrued expenses .	921,652.	17	796,040.
18	Grants payable		18	
19	Deferred revenue	193,750.	19	75,000.
20	Tax-exempt bond liabilltles		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 ti of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	3,125,000.	23	3,000,000.
24	Unsecured notes and loans payable to unrelated third parties .		24	
25	Other liabilltles (including federal income tax, payables to related third parties, and other liablltles not included on lines 17-24). Complete Part X of Schedule D	759,038.	25	775,201.
26	Total liabilities. Add lines 17 throu h 25	4,999,440.	26	4,646,241.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets ..	10,767,597.	27	11,422,034.
28	Temporarily restricted net assets	2,783,700.	28	14,615,792.
29	Permanently restricted net assets ....,.....,.....,.....,, ...,		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here D and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds .		30	
31	Paid-In or capital surplus, or land, building, or equipment fund ..		31	
32	Retained earnings, endowment, accumulated Income, or other funds		32	
33	Total net assets or fund balances	13,551,297,	33	26,037,826.
34	Total liabilities and net assets/fund balances	18,550,737.	34	30,684,0 7.

Liabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any 1ne In th'IS Part XI ..... D

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,725,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,244,585,
3	Revenue less expenses. Subtract line 2 from line 1	3	12,480,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	13,551,297.
5	Net unrealized gains (losses) on Investments	5	5,727,
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 0)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (Bll	10	26,037,826.

1J art Ill Financial Statements and Reporting

Check if Schedule O contains a res onse or note to an line in this Part XII [x]

		Yes	No
	Accounting method used to prepare the Form 990: D Cash 00 Accrual D 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: D Separate basis D Consolldated basis D 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: D Separate basis 00 Consolidated basis D Both consolldated 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 select/on process during the tax year, explain in Schedule 0.	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 0MB 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 ex laln wh in Schedule O and describe an ste s taken to under o such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue &.v!ce

Public Charity Status and Public Support

Complete if the organization is a sec.tion 501(c)(3) organization or a section 4947(a'H.1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

0MB No. 1546-0047

2017

ope,i 0--Public Inspection"

Name of the organization: THE ST. BERNARD PROJECT, INC.

Employer identification number: 26-2189665

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because It is: (For lines 1 through 12, check only one box.)

1 D A church, convention of churches, or association of churches described in section 170(b)(1MA){i).

2 D A school described In **section 170{bK1KA)(li).** (Attach Schedule E(Fonn 990 or 990-EZ).)

3 D A hospital or a cooperative hospital service organization described In section 170(b)(1)(A)(iii).

4 CJ A medical research organization operated In conjunction With a hospltal described in section 170(b)(1)(A)(iii). Enter the hospltal's name, city, and state:

sD An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170{bK1KA)(iv).** (Complete Part II.)

aD A federal, state, or local government or governmental unit described In section 170(b)(1)(A)(v}.

7 [X] An organization that normally receives a substantial part of Its support from a governmental unit or from the general public described in **section 170{bK1KA)(vi).** (Complete Part II.)

aD A community trust described In **section 170{bK1KAKvi).** (Complete Part II.)

90 An agricultural research organization described In section 170(b)(1)(A)(lx) operated In conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 D An organization that normally receives: (1) more than 331/3% of Its support from contributions, membership fees, and gross receipts from activities related to Its exempt functions• subject to certain exceptions, and (2) no more than 33 1/3% of Its support from gross Investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509{aK2).** (Complete Part Ill.)

11 D An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 D An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box In lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a D Type I. A supporting organization operated, supervised, or controlled by Its supported organlzation(s), typically by giving the supported organizatlon(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b D Type II. A supporting organization supervised or controlled in connection with its supported organizatlon(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c D Type Ill functionally integrated. A supporting organization operated in connection with, and functionally integrated with, Its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d0 Type Ill non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that Is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e D Check this box if the organization received a written determination from the IRS that it is a Type I, Type 11, Type Ill functionally Integrated, or Type Ill non-functionally integrated supporting organization.

Enter the number of supported organizations ....

0 Provide the followina Information about the sunnorted oraanizatlon(s).

(ij Name of supported organization	(ii) EIN	(iiij Type oforganlzation (described oo lines 1-1O Above (see instructions)\	IILI,,;,?.rE.f .!8:\I,, Yes	No	(v) Amount of mooetary support (see instructions)	(vi) Amount of other support (see instructloos)
Total	"/	•...	'.fT,,	{ 'i,		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)						(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12824667.	16516611.	15880963.	12177852.	25152287.	82552380.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12824667.	16516611.	15880963.	12177852.	25152287.	82552380.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2709982.
6 Public Support. Subtract line 6 from line 4,						79842398.

Section B. Total Support

Calendar year (or fiscal year beginning in)	Cal 2013	(bl 2014	fcl 2015	fdl 2016	lel 2017	m Total
7 Amounts from line 4	12824667.	16516611.	15880963.	12177852.	25152287.	82552380.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					102,499.	102,499.
9 Net income from unrelated business activities, whether or not the business Is regularly carried on						
10 Other income, Do not include gain or loss from the sale of capital assets (Explain In Part VI.)	158,695.	129,031.	363,607.	1256031.	328,919.	2236283.
11 Total support. Add lines 7 through 10						84891162.
12 Gross receipts from related activities, etc. (see instructions)					12	14,234,253.

13 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 ..... D

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . 14 94.05 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 . 15 95.20 %

16a 331/3% support test - 2017. 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 ▶ ☒

b 331/3% support test- 2016. 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 ▶ ☐

17a 10% -facts-and-circumstances test - 2017. 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 . ▶ ☐

b. 10% -facts-and-circumstances test - 2016. 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 ▶ D

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . ▶ D

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

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

Section A Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished In any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on Its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts Included on lines 1, 2, and 3 received from disqualified persons						
b Amounts Included oo lines 2 and 3 receiYed from other than dlsqualttled persons that exceed the gealer of $5,000 or 1% of the amoont on line 13 for the yea.-						
c Add lines 7a and 7b						
8 Public su--ort. -						

Section B Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net Income from unrelated business activities not Included In line 1Ob, whether or not the business Is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 100, 11, and 12.)						

14 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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2016 Schedule A Part III line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from 2016 Schedule A, Part III, Line 17 18 %

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 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 8. 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.)

ection A. All Supporting Organizations

		Yes	No
	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. ff designated by class* or *purpose, describe the designation. If h/ston·c and continuing relationship, explain.*		
1			
2	Did the organization have any supported organization that does not have an IRS detemiination of status under section 5O9(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 5O1(c)(4), (5), or (6) and satisfied the public support tests under section 5O9(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 17O(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 ffs supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS detem,inatlon under sections 501(c)(3) and 5O9(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	Old 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; (iit) the authority under the organization's organizing document authorizing such action; and (iv) how the action* was *accomp/lshed (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 (Q its supported organizations, (i0 Individuals that are part of the charitable class benefited by one or more of Its supported organizations, or (110 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 35% controlled entity with regard to a ubstantial contributor? *If* ' Yes,·*complete Part I of Schedule L (Form 990 or 990-EZ),*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* 'Yes,• *complete Patt I of Schedule L (Form* 990 or *990-EZ).*		
9a	Was the organization controlled directly *or* indlrectly 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 fn section 509(a)(1) or (2))? *If* "Yes,• *provide detail in* Part VI.		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes,' *provide detail in* Part VI.		
c	Did a disqualified person (as defined in line 9a) have an ownership Interest In, or derive any personal benefit from, assets In which the supporting organization also had an interest? *If "Yes,• provide detail in* Part VI.		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type Ill 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 or. anizat/on had* excess *business ho/din s.*		

Part IV Supporting Orga anizations

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

ection B. Type I Supporting Organizations

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

ection C. Type II Supporting Organizations

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

ection D. All Type III Supporting Organizations

		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (ij a written notice describing the type and amount of support provided during the prior tax year, (iO a copy of the Form 990 that was most recently filed as of the date of notification, and (iiO copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (0 appointed or elected by the supported organizatlon(s) or {i1) serving on the governing body of a supported organization? *If "No,• explain in* Part VI *how the organization maintained* a close *and continuous working relationship with the supported organization(s).*	2		
3 By reason of the relationship described in {2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes,• *describe in* Part VI *the role the organization's supported organizations played In this re ard,*	3		

Section E. Type Ill Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used *to satisfy the Integral Part Test during the* yea('see instructions).

a D The organization satisfied the Activities Test. *Complete* line 2 *below.*

b D The organization is the parent of each of its supported organizations, *Complete* line 3 *below.*

c D The organization supported a governmental entity. *Describe in* Part VI *how you supported a government entfty* (see *in structions*)

		Yes	No
2 Activities Test Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizatlon(s) to which the organization was responsive? *If* "Yes,• *then In* Part VI identify those supported organizations and explain *how these activities directly furthered their exempt purposes, how the organization* was *responsive to those supported organizations, and how the organization detennined that these activities constituted substantfally all of* its *activities,*	2a		
b Did the activities described in {a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organlzation(s) would have been engaged In? *If* 'Yes,• *explain in* Part VI *the* reasons *tor the organization's position that its supported organizatlon(s) would have engaged in these activities but tor the organization's involvement.*	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint *or* elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its su orted or anizations? *If "Yes 'describe In* Part VI *the role la ed b the or anization* in *this re ard.*	3b		

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

1 ☐ C 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 T¹¹ne III non-functionally intearated sunnortlna oraanizatlons must comclete Sections A throuah E.

Section A "" Adjusted Net Income			(A) Prior Year	{B) Current Year (optional)
1	Net short-term caoital oaln	1		
2	Recoveries of orlor-vear distributions	2		
3	Other cross income /see instructions)	3		
4	Add lines 1 throuah 3	4		
5	Deoreclatlon and decletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of nrooerty held for production of income (see Instructions)	6		
7	Other exoenses (see Instructions)	7		
8	Adjusted Net Income (subtract lines 5 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) rior Year	{B) Current Year (optional)
1	Aggregate fair market value of all non"0Xempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Averaoe monthly value of securities	1a		
b	Averaqe monthly cash balances	1b		
c	Fair market value of other non"8xempt-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 Vil:			
2	Acaulsltion indebtedness annUcable to non-exemot-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-exemot-use assets (subtract line 4 from line 3)	5		
6	Multlolv line 5 bv .035	6		
7	Recoveries of orlor-vear distributions	7		
8	Minimum Asset Amount !add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adiusted net Income for orlor vear (from Section A line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for orior vear (from Section B line 8, Column A\	3		
4	Enter oreater of line 2 or line 3	4		
5	Income tax imoosed In orior vear	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 LJ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization see instructions .

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

ection D - Distributions

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	mounts paid to perform activity that directly furthers exempt purposes of supported ganizations, in excess of income from activity	
3	dministrative expenses paid to accomplish exempt purposes of supported organizations	
4	mounts paid to acquire exempt-use assets	
5	ualified set-aside amounts (prior IRS approval required)	
6	ther distributions (describe in **Part VI**). See instructions.	
7	**otal annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive rovide details in Part VI . See instructions.	
9	Distributable amount for 2017 from Section C line 6	
10	Line 8 amount divided b line 9 amount	

Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, If any, for years prior to 2017 (reason- ble cause required- explain in **Part VI**). See instructions.			
3 xcess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
From 2016			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2017 distributable amount			
Carryover from 2012 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistrlbutions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, ex lain In Part VI. Seeinstructions.			
6 Remaining underdlstrlbutions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule B
(Form 990, 990-EZ, or990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

0MB No. 1645.-()047

2017

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	00 501(c)(3) (enter number) organization
	D 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	CJ 527 political organization
Form 990-PF	D 501(c)(3) exempt private foundation
	D 4947(a)(1) nonexempt charitable trust treated as a private foundation
	D 501{c)(3) taxable private foundation

Check 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

D 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

00 For an organization described in section 501(c)(3) filing Fann 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (I) Fann 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

D For an organization described in section 501(c)(7), (8), or (10) filing Fann 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 educatlonal purposes, or for the prevention of cruelty to chUdren or animals. Complete Parts 1, II, and III.

D For an organizatlon described In section 501(c)(7), (8), or (10) filing Fenn 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, charltable ₁ 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 (Fann 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 Hof 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) (2017)

723451 11-0H7

Name of organization: THE ST. BERNARD PROJECT, INC.

Employer identification number: 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	$ 2,544,594.	Person [X] Payroll D Noncash [X] (Complete Part II for noncash contributions.)
-- 2	JEFFERIES INVESTMENT BANK 520 MADISON AVENUE NEW YORK, NY 10022	$ 1,000,000.	Person [X] Payroll D Noncash D (Complete Part II for noncash contributions,)
-- 3	CITY OF NEW ORLEANS 1340 POYDRAS STREET SUITE 1000 NEW ORLEANS, LA 70112	$ 833,337.	Person [X] Payroll D Noncash D (Complete Part It for noncash contributions.)
-- 4	AMERICORP 1201 NEW YORK AVE NW WASHINGTON, DC 20525	$ 1,468,569.	Person [X] Payroll D Noncash D (Complete Part II for noncash contributions.)
-- 5	HOUSING TRUST FUND 25 BEAVER STREET NEW YORK, NY 10004	$ 756,605.	Person [X] Payroll D Noncash D (Complete Part II for noncash contributions.)
-- 6	BASS PRO SHOP 1935 S CAMPBELL AVE SPRINGFIELD, MO 65807	$ 900,000.	Person [X] Payroll D Noncash D (Complete Part II for noncash contributions.)

Name of organization: THE ST, BERNARD PROJECT, INC.

Employer Identification number: 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
--- 7	JUSTIN J WATT FOUNDATION INC, P.O. BOX 530 PEWAUKEE, WI 53072	$ 8,500,000.	Person [X] Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP+ 4	(c) Total contributions	(d) Type of contribution
---		$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP+ 4	(c) Total contributions	(d) Type of contribution
---		$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---		$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---		$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP+ 4	(c) Total contributions	(d) Type of contribution
---		$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)

Name of organization: THE ST, BERNARD PROJECT, INC,

Employer Identification number: 26-2189665

Pad II Noncash Property (see instructions). Use duplicate copies of Part II If additional space• is needed.

(a) No. from Part I	(bl Description of noncash property given	(cl FMV (or estimate) (See instructions.)	(di Date received
--- 1	VEHICLES	$ 144,594,	12/01/17

(al No. from Part I	{b) Description of noncash property given	(cl FMV (or estimate) (See instructions.)	(di Date received
---		$	

(a) No. from Part I	(bl Description of noncash property given	(cl FMV (or estimate) (See instructions.)	{di Date received
---		$	

(al No. from Part I	(bl Description of noncash property given	(cl FMV (or estimate) (See instructions.)	(di Date received
---		$	

(a) No. from Part I	(bl Description of noncash property given	(cl FMV (or estimate) (See instructions.)	(di Date received
---		$	

(al No. from Part I	(b) Description of noncash property given	(cl FMV (or estimate) (See instructions.)	(d) Date received
---		$	

Name of organization: THE ST. BERNARD PROJECT, INC.

Employer Identification number: 26-2189665

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 or the year from any one contributor. Complete columns (a) through (e) 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 info. once.) ▶ $

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	Relationshin of transferor to transferee

(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	Relationshio of transferor to transferee

(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	Relationshio of b'ansferor to transferee

(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	Relationshlo of transferor to transferee

SCHEDULED
(Form990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete If the organization answered MYesN on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Go to www.irs. ov/Form990 for instructions and the latest information.

0MB No. 1545--0047
2017
Ope_n,t9_Public
In On

Name of the organization: THE ST. BERNARD PROJECT, INC,

Employer identification number: 26-2189665

Parft Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. complete If the

		(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 (durlng 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?. .... DYes ☐ 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 Im ermissible rlvate benefit? ..... DYes ☐ No

Part'II Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, Hne 7.

P,!:!_!E,ose(s) of conservation easements held by the organization (check all that apply).

LJ Preservation of land for public use (e.g., recreation or education)
D Preservation of a historically Important land area
D Protection of natural habitat
D Preservation of a certified historic structure
D 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 7/25/06, 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? ... DYes ☐ 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 tine 2(d) above satisfy the requirements of section 170(h)(4)(8)(1) and section 170(h)(41(B)(ii)? ..... DYes ☐ 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. _____

!'F!art IW! Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report In Its revenue statement and balance sheet works of art, hlstotical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, In Part XIII, the text of the footnote to Its financial statements that describes these Items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in Its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research In furtherance of public service, provide the following amounts relating to these items:

{i) Revenue Included on Form 990, Part VIII, line 1 ▶ $ _____
{ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 {ASC 958) relating to these Items:

a Revenue Included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

"P.;irt !t Or anizations Maintainin Collections of Art, Historical Treasures, or Other Similar AssetS(continuedJ

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 D Public exhibition
b D Scholarly research
c D Preservation for future generations
d D Loan or exchange programs
e D Other _____

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? DYes ☐ No

Pci'HJV 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 X? . ... DYes ☐ 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
Ending balance .	11

2a Did the organization Include an amount on Fann 990, Part X, llne 21, for escrow or custodial account liability? ..... LJYes LJNo

b If "Yes" exnlaln the arrannement In Part XIII. Check here if the exntanation has been nrovided on Part XIII D

FP. tt::-N I Endowment Funds. Complete if the organization answered "Yes" on Fann 990, Part tV, line 10.

	{al Current vear	lbl Prior vear	!cl Two years back	dl 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					
I 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 Pennanent 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

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

	Yes	No
3ali		
3alii		
3b		

4 Describe in Part XIII the Intended uses of the or anizatlon'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		950,503,	24,372.	926,131.
c Leasehold improvements				
d Equipment		850,649,	381,855.	468,794.
● Other ...				
Total. Add lines 1a throunh 1e. *Column (A) must AnLJaf Form 990, Part X column (B) line 10c.*				1,394,925.

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 sac:urtty)	(b) Boo k value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity Interests		
(3) other		
IA\		
181		
(Cl		
(DI		
/Fl		
/Fl		
(GI		
(HI		
Tolal.lCol.lbl must enual Form 990, Part X col. (BI line 12.I		-:;_-,. . . „'!'.3.t :: . -· c.i'.:ii ..

I!f!art VIII Investments - Program Related.

Comr-lete if the ornanIzatlon answered "Yes" on Form 990, Part IV, tine 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
(11		
121		
131		
141		
(51		
(61		
171		
181		
191		
Total. (Col. (bl must enual Form 990, Part X, col. (Bl line 13.I		

I.Part IXI 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
111 DEPOSITS	1,075.
121 REAL ESTATE HELD FOR SALE	1,245,265.
131 DUE FROM SBP REAL ESTATE	1,040,242.
141 OTHER CURRENT ASSETS	33,637.
151	
161	
171	
181	
19	
Total. *!Column lb* must *=ual Form 990 Part X col.* 181 *line 15.1* ..	2,320,219.

I Part X I Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	40,000.
(3) DUE TO SBP REAL ESTATE, INC.	702,350.
(4) **DUE TO TOULOUSE COMMERCIAL, INC.**	32,851.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. /8) line 25.)*	775,201.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided In Part XII1 00

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
2	Amounts Included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe In Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue, Add lines 3 and 4c. *(This must ""Ua! Form 990 Part I line 12.I*		5

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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe In Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total exoenses. Add li . ·3·; d' :·rrhi;· · t· iF '99(iP rti"i, '/iJ.'i...		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1band 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 NOT SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES BEYOND THREE YEARS FROM THE FILING OF THOSE RETURNS.

SCHEDULEG
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Go to *www.Jrs. v/Form990* for the latest Instructions.

0MB No. 1545-0047

2017

Open to,Public lnsp8Ction

Name of the organization: THE ST. BERNARD PROJECT, INC,

Employer identification number: 26-2189665

jPartlj Fundraising Activities. Complete If the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a D Mall solicitations
b D Internet and emall solicitations
c D Phone solicitations
d D In-person solicitations
e D Solicitation of non-government grants
f D Solicitation of government grants
g D Special fundraislng events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees llsted in Form 990, Part VII) *or* entity in connection with professional fundralslng services? D Yes ☐ No

b 1f "Yes,• list the 1o highest paid Individuals or entities (fundraisers) pursuant to agreements under which the fundraiser Is to be compensated at least $5,000 by the organization.

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

3 List all states in which the organization Is registered or licensed to solicit contributions or has been notified It is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

732061 09-13-17

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 NOLA FOR OLA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	84,853.			84,853.
2 Less: Contributions	16,560.			16,560.
3 Gross Income lline 1 minus line 21	68,293.			68,293.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	24,410.			24,410.
10 Direct expense summary. Add lines 4 through 9 In column (d)				24,410.
11 Net income summarv. Subtract line 10 from line 3 column (d\				43,883.

Gaming. Complete if the organization answered "Yes" on Form 990, Pa{t IV, line 19, or reported more than $15 000 on Form 990-EZ llne 6a

	(a) Bingo	(b) Pull tabs nstant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facllity costs				
5 Other direct expenses				
6 Volunteer labor	LJves % No	LJ Yes % No	LJYes % No	
7 Direct expense summary, Add lines 2 through 5 in column (d)				
8 Net aamlnt1 income summarv. Subtract line 7 from line 1 column /di				

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? LJ Yes LJ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers?,,.,..

Uves UNo.

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

Dves No

13 Indicate the percentage of gaming activity conducted In:

a The organization's facility %

b An outside facility %

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

Name ▶

Addre ss ▶

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

b If "Yes,• enter the amount of gaming revenue received by the organization ▶ $_____anthamount of gaming revenue retained by the third party ▶ $_____

CIfYes,' enter name,and address of the third party:

Name ▶

Addre ss ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $_____

Description of services provided ▶

D Director/officer D Employee D 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? ..... Dves DNo

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the or anlzation's own exem t activities durin the tax ear

P"SdflY Supplemental Information. Provide the explanations required by Part 1, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

arUV Supplemental Information *(continued)*

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.

▶ Go to www.irs._iov/Form990 for the latest information.

0MB No. 1545-0047

2017

Open to _Pub_lic
InsJ)ectio_n

Name of the organization: THE ST. BERNARD PROJECT, INC.

Employer identification number: 26-2189665

Palj-1 General Information on Grants and Assistance

1 Does the organization maintain records to substanti_ate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [Kl Yes 0No

2 Describe in Part IV the_organization's proc dures for monitoring the use of grant_funds in the United States.

Part II 1 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 rec1n1en11na1 rece1veo n1ure Uli:1.11 ;);:J,UUU. r'dll H1,i:1.11 U,:::: uLIDIIl.,CIICU II CIUUILIUJ ICII .3na,.,v "" 11,;,,:;;,..,:;;,..

1 {a) Name and address of organization or government	[bl EIN	(c} IRC section Of applicable)	{cf) Amount of cash grant	(e) Amount of non-cash assistance	TIJ Method of valuation (book, FMV, appraisal, other)	{g) Description of noncash assistance	{h} Purpose of grant or assistance
APPALACHIA SERVICE PROJECT INC. 4523 BRISTOL HIGHWAY JOJrnSON CITY, TN 37601	62-0989383	Ol(C}(3}	275,025.	0.			HoME REPAIR/BUILDING FOR 1,,.HE ECONOMICALLY DISADVANTAGED
CHRISTIAN AID MINISTRIES FOUNDATION - P.O. BOX 360 - BERLIN, OH 44610	45-3969752	Ol(C} (3)	61,228.	0.			aoME REPAIR/BUILDING FOR 1,,.HE ECONOMICALLY DISADVANTAGED
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127	Ol(C} (3)	28,500.	0.			OME REPAIR/BUILDING FOR ti'HE ECONOMICALLY PISADVANTAGED
APOSTOLIC CHRISTIAN HARVESTCALL P.O. BOX 3797 WEST LAFAYETTE, IN 47996	20-3279241	501(C} (3)	63,564.	0.			aoME REPAIR/BUILDING FOR E ECONOMICALLY bISADVANTAGED
							▶ ----

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

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

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

732101 11-01-17

.'Pal':t:.'111 **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF AND HOUSING REPAIR ASSISTANCE RELATED TO HURRICANE HARVEY	11	45,400.	O.	MV	
DISASTER RELIEF AND HOUSING REPAIR ASSISTANCE RELATED TO HURRICANE MATTHEW	12	25,000.	0 .	""	

Part IV Sunnlemental Information. Provide the information rP.<1uired in Part I line 2; Part Ill, column (bl; and anv other additional information.

SCHEDULEJ
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

Complete if the organization answered Yes to Form 990, Part IV, line 23.

Attach to Form 990.

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

0MB No. 1545-0047

201

-- Open to Public
Inspection

Name of the organization: THE ST, BERNARD PROJECT, INC.

Employer identification number: 26-2189665

Part I. Questions Regarding Compensation

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

Part'lld 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 OQ. Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Trtle		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	{E) Total of columns (B)(i)-(0)	{F) Compensation in column (8) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ZACK ROSENBURG	(i)	245,810.	0.	0.	0.	8,791.	254,601.	0.
CHIEF EXECUTIVE OFFICER	'ii'	0.	0.	0.	0.	0.	0.	0.
(2) REESE MAY	(i)	162,417.	0.	0.	0.	6,568.	168,985.	0.
CHIEF STRATEGY AND INNOVATION OFFICE	Ijj	0	0	0.	0.	0.	0.	0.
	(i)							
	fjj							
	(i)							
	(ii							
	(i)							
	iil							
	(i)							
	ll-							
	(i)							
	r-'							
	(i)							
	ff							
	(i)							
	ii							
	(i)							
	ii							
	(i)							
	'.n'							
	(i)							
	'ii							
	(i)							
	Im							
	(i)							
	ii							
	(i)							
	rr							
	(i							
	jj							

732112 10-17-17

Part III Supplemental Information

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

SCHEDULE **M**
(Form 990)

Department of the Treasury
Internal Aevll!7Ue Sefvlce

Noncash Contributions

Complete if the organizations answered NYes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.
Go to www.irs.aov/Form990 for the latest information.

0MB No, 1545-0047

2017

, open·Jo Public
l_nS1>e;c on

Name of the organization: THE ST. BERNARD PROJECT, INC.

Employer identification number: 26-2189665

I Part I I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional Interests ...				
4	Books and pubUcations .				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	144,594.	MV
7	Boats and planes .				
8	Intellectual property				
9	Securities · Publicly traded				
10	Securities • Closely held stock ..				
11	Securities• Partnership, LLC, or trust interests				
12	Securities• Miscellaneous	X	2	4,796.	
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution · Other..				
15	Real estate • Residential				
16	Real estate • Commercial				
17	Real estate · Other				
18	COiiectibies ...				
19	Food Inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (HVAC)	X	1	8,300.	MV
26	Other (FURNITURE)	X	3	800.	MV
27	Other (MISCELLANEOUS I	X	4	376.	MV
28	Other r GIFT CERTIFIC1	X	2	90.	MV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Fann 8283, Part IV, Donee Acknowledgement 1291

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the lnltlal contribution, and which isn't required to be used for exempt purposes for the entire holding period?		K
b	If "Yes," describe the arrangement In Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a	Does the organization hire or use third parties or related organizations to sollclt, process, or sell noncash contributions?		X
b	If "Yes,' describe In Part II.		
33	If the organization didn't report an amount In column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule **M (Form 990)** 2017

732141 09-07-17

'Part Supplemental Information. Provide the Information required by Part I, llnes 30b, 32b, and 33, and whether the organization is reporting ln Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional Information.

SCHEDULEO
(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 Form 990 or 990-EZ

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

0MB No. 1545-0047

2017

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 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 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

Name of the organization: THE ST. BERNARD PROJECT, INC.

Employer identification number: 26-2189665

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.

SCHEDULER (Form990)

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.

Go to WW\'!'_.irs.gov/Form990_ for instructions and the latest information.

0MBNo. 1545-0047

2017

·openIO"PIIb'liC. Ins_eection

Name of the organization: THE ST. BERNARD PROJECT, INC.

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	(fl Direct controlling entity

;p rt 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 Qf section 501(c)(3))	(fl Direct controlling entity	Sectlon(12(bX13) controlled entity? Yes	No
TOULOUSE COMMERCIAL, INC. - 32-0463838 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	CREATE HOUSING OPPORTUNITIES SO THAT DISASTER SURVIVORS CAN	lr..ourSIANA	isOl(C) (3)	WINE 12A, I	l'HE ST. BERNARD PROJECT, INC.	X	
SBP REAL ESTATE, INC. - 46-4273745 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	CREATE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME RESIDENTS.	LOUISIANA	SOl(C) (3)	WINE 7	•IA		X

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

132161 09.11-11 LHA

::part1·11 **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part JV, 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) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income ifelated, unrelated, exc udea from tax under sections 512-514)	(f) Share of total income	(g) Share of end-0f-year assets	(h) Disproportionate allocations? Yes	No	0) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	rn !General or managing partner? "e•	No	(k) Percentage ownership
				-								

-.,,f,V **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Fonn 990, Part JV, 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) Legal domicile (state or foreign country)	(d) Direct controlling entity	(el Type of entity (C corp, S corp, or trust}	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	rU Se on 512(bX13l controlled entity? Yes	No

·- 8rf'y) Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IVof this schedule.

		Yes	No
1During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts 11-IV? 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 IOan guarantees by related organization(s)	1e	X	
f Dividends from related organization{s)	11		X
g Sale of assets to related organization(s)	1	X	
h Purchase of assets from related organization(s)		X	
Exchange of assets with related organization(s)			X
Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
Performance of services or membership or fundraising solicitations for related organization(s)	11	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)	!2.	X	
p Reimbursement paid to related organization(s) for expenses	1 p	X	
q Reimbursement paid by related organization(s) for expenses ..	1a	X	
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization{s'	s		

2 If the answer to anv of the above is "Yes," see the instructions for information on who must comolete this line, includinn covered relationshios and t...

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
111TOULOUSE COMMERCIAL, INC.	D	7,000,000.	IFMV
(21T0ULOUSE COMMERCIAL, INC.	E	32,851.	l'MV
!31 TOULOUSE COMMERCIAL, INC.	K	249,097.	l'MV
!4l TOULOUSE COMMERCIAL, INC.	C	150,000.	l'MV
151			
161			

;:p;irt·VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

732164 09-11-17

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

Foon **4562**

DepNtment of the Treastlry
Intooial Revenue &n>ice (99)

Depreciation and Amortization

(Including Information on Listed Property) 990

▶ Attach to your tax return.

-.,. Go to www.irs.nov/Form4562 for Instructions and the latest information.

0MB No. 1646--0172

2017

Attachmeot
Sequence No, 179

Name(s) shown on return	Business or activity to which this form relates	Idel'ltlfylng number
THE ST. BERNARD PROJECT, INC.	IFORM 990 PAGE 10	26-2189665

HPart 11 Election 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	510,000.
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	2,030,000.
4	Reduction in limitation. Subtract line 3 from llne 2. If zero or less, enter -0·	4	
5	Dollar llmltatlon for tax *yeat*. subtract line 4 from Hne 1. If zero or less, ooter -0-. If married filing separately, see !nstruotlons .	5	

6 (a)Descrlptlon of property	(b) Cost (business use only)	{c) Elected cost

7	Listed property. Enter the amount from line 29	I 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	Canyover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income llmltation. Enter the smaller of business income (not less than zero) or llne 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... ▶	12	
13	Can-vover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	I 13	

Note· Don't use Part II or Part Ill below for listed property Instead, use Part V

r Pattin I 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 168(0(1) election	15	
16	Other denreclation lincludinn ACRS\	16	134,610.

I Pa'rtJII I MACRS Depreciation {Don't include Usted property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	·0·.	17
18	tfyou !W'e electlng to [J"OUP any assets placed In service during the tax year Into one or more general asset accounts, check here		

Section B • Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classifloatlon of property	(b) Month and year placed In service	(c) Basis fQ" depreclatlon (bu$lness/lnwstmeot use only - soo Instructloos)	(d) Recovery poiod	{e) Convootion	(f) Method	(g) Depreciatlon deductlon
19a 3-year property	i '\?\					
b 5-year property						
C 7-year property						
d 10-year property	,,·					
e 15-year property	;J					
f 20-year property	·1.)					
a 25-year property			25 yrs,		SIL	
h Residential rental property	/		27.5 yrs.	MM	SIL	
	/		27,5 yrs,	MM	SIL	
i Nonresidential real property	/		39 vrs.	MM	SIL	
	/			MM	SIL	

Section C - Assets Placed In Service During 2017 Tax Year Using the Alternative Deprec1at1on System

20a Class life	"t.				SIL	
b 12-vear			12 yrs,		SIL	
C 40-vear	I		40 yrs.	MM	SIL	

1,:Part IVll Summary (See instructions,)

21	Listed property. Enter amount from Une 28	21	24,589.
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	159,199.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to sectlon 263A costs	23	l'if}ti,·•.

P.Bf'f.V Listed Property (Include automobUes, 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 (a) through (c) 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 T TNo 24b If "Yes,• Is the evidence written? | X | 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 fOI' depreciation (business/Investment use ooly)	(I) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service durlng the tax year and used more than 50% In a aualified business use 125								
26 Property used more than 50% In a quahfied business use:								
		%						
		%						
SEE STATEMENT 1		%					24,589.1	
27 Property used 50% or less In a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				SIL-		
28 Add amounts in column (h), llnes 25 through 27. Enter here and on 1ine 21, page 1 28							24,589.	
29 Add amounts in column (i), line 26. Enter here and on line 7. oaae 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 o 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		(I) Vehicle	
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 durlng the year, Add lines 30 through 32 ..												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 recelved?		
41 Do you meet the requirements concerning qualified automobile demonstration use? ..... Note: If vour answer to 37 38 39 40 or 41 is "Yes." don't comnlete Section B for the covered vehicles.		

I'l artNI | Amortization

(a) Description of costs	Date amorttzaUon benlns	(c) Amortizable amount	(d) Godo =Uoo	(e) Amortildon period or nercentane	(f) Amottlzatloo for this yei:w-
42 Amortization of costs that begins during your 2017 tax year:					
43 Amortization of costs that began before your 2017 tax year					II--"43::+ -------
44 Total. Add amounts In column If\. Seetheinstructlons 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
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	3,177.	
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							24,589.	

(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(0) WAS VEH, AVAIL,? y N	(p) > 5% OWNER? y N	(Q) ANOTHER VEH, AVAILABLE? y N