

**Return of Organization Exempt From Income Tax**

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**THE ST. BERNARD PROJECT, INC.**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**8324 PARC PLACE**  
 City, town, or post office, state, and ZIP code  
**CHALMETTE, LA 70043**

**D** Employer identification number  
**26-2189665**

**E** Telephone number  
**504-267-5303**

**G** Gross receipts \$ **11,014,919.**

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (Insert no.)  4947(a)(1) or  527

**J** Website: **WWW.STBERNARDPROJECT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2008** **M** State of legal domicile: **LA**

**H(c)** Group exemption number ▶

**Part I Summary**

|                             |   |   |  |                            |
|-----------------------------|---|---|--|----------------------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>CREATE HOUSING OPPORTUNITIES SO THAT DISASTER SURVIVORS CAN RETURN TO THEIR HOMES AND COMMUNITIES.</b> |  |                            |
|                             | 2   | Check this box <input type="checkbox"/> 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, line 1a)   | 3  | 9                          |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)   | 4  | 6                          |
|                             | 5   | Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | 5  | 186                        |
|                             | 6   | Total number of volunteers (estimate if necessary)  | 6  | 9027                       |
|                             | 7a  | 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.                         |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)   | Prior Year<br>10,185,247.  | Current Year<br>9,939,895. |
|                             | 9   | Program service revenue (Part VIII, line 2g)  | 510,007.   | 1,035,322.                 |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0.   | 0.                         |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 32,898.  | 39,702.                    |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 10,728,152.  | 11,014,919.                |
|                             | Expenses  | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0.                         |
| 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)   | 2,438,888.   | 2,460,912.                 |
| 16a                         |   | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.   | 0.                         |
| b                           |   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>122,643.</b>   |  |                            |
| 17                          |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 6,958,327.   | 7,507,314.                 |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,397,215.  | 9,968,226.   |                            |
| 19                          | Revenue less expenses. Subtract line 18 from line 12                      | 1,330,937.  | 1,046,693.   |                            |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)  | Beginning of Current Year<br>2,594,998.                          | End of Year<br>3,589,329.  |
|                             | 21  | Total liabilities (Part X, line 26)   | 688,843.   | 636,481.                   |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20  | 1,906,155.   | 2,952,848.                 |

**Part II Signature Block**

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

**Sign Here** Signature of officer: **ZACK ROSENBERG, CHIEF EXECUTIVE OFFICER** Date: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **KERNEY F. CRAFT, JR.** Preparer's signature: *Kerney Craft* Date: **11/9/13** 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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO ENSURE THAT DISASTER-IMPACTED COMMUNITIES RECOVER IN A PROMPT, EFFICIENT AND PREDICTABLE WAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,362,558. including grants of \$ ) (Revenue \$ 308,820.) 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 BUILT APPROXIMATELY 445 HOMES AND HAS 50 UNDER CONSTRUCTION.

4b (Code: ) (Expenses \$ 277,263. including grants of \$ ) (Revenue \$ ) PROVIDE WELLNESS AND MENTAL HEALTH SERVICES TO OFFER A CLIENT-CENTERED, CULTURALLY SENSITIVE, TIMELY AND EVIDENCED-BASED CONTINUUM OF CARE. THE RANGE OF SERVICES TREATS EACH RESIDENT BASED ON THEIR NEEDS.

4c (Code: ) (Expenses \$ 395,018. including grants of \$ ) (Revenue \$ ) THE VETERANS PROGRAMS ARE FOCUSED ON ADDRESSING THREE PROBLEMS: HIGH UNEMPLOYMENT RATE AMONG MEN AND WOMEN WHO HAVE SERVED OUR COUNTRY; AFFORDABLE HOUSING CRISIS AND HIGH INSTANCE OF BLIGHTED AND VACANT PROPERTIES IN THE NEW ORLEANS AREA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,703,936. including grants of \$ ) (Revenue \$ 726,502.)

4e Total program service expenses 8,738,775.

**Part IV 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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | X   |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-14b regarding Form 1096, W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI  X

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 1a 9   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent .....   |     |    |
|           | 1b 6   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....  |     | X  |
| <b>3</b>  | 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? .....   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body? .....  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>b</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? .....   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? .....  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? .....   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official .....   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization .....  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | 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>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |
| <b>16b</b> |  |     |    |

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
DON MEAZELL - 504-267-5303  
8324 PARC PLACE, CHALMETTE, LA 70043





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |  |
|---|---|---|----------------------|---|---|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts     | 1 a Federated campaigns   | 1a  |                      |   |   |   |  |
|   | b Membership dues   | 1b  |                      |   |   |   |  |
|   | c Fundraising events  | 1c  |                      |   |   |   |  |
|   | d Related organizations   | 1d  |                      |   |   |   |  |
|   | e Government grants (contributions)   | 1e  | 3,944,825.           |   |   |   |  |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f  | 5,995,070.           |   |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$   |   |                      |   |   |   |  |
|   | <b>h Total. Add lines 1a-1f</b>   |   |                      | 9,939,895.                                      |   |   |  |
|   | Program Service<br>Revenue  | Business Code   |                      |   |   |   |  |
| 2 a SALE OF PROPERTY  |   | 531390  | 726,502.             | 726,502.  |   |   |  |
| b HOMEOWNER FUNDING   |   | 531390  | 308,820.             | 308,820.  |   |   |  |
| c   |   |   |                      |   |   |   |  |
| d   |   |   |                      |   |   |   |  |
| e   |   |   |                      |   |   |   |  |
| f All other program service revenue                           |   |   |                      |   |   |   |  |
| <b>g Total. Add lines 2a-2f</b>                               |   |   | 1,035,322.           |   |   |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |   |                      |   |   |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds  |   |                      |   |   |   |  |
|   | 5 Royalties   |   |                      |   |   |   |  |
|   | 6 a Gross rents   | (i) Real  | (ii) Personal        |   |   |   |  |
|   |   | b Less: rental expenses                               |                      |   |   |   |  |
|   |   | c Rental income or (loss)                             |                      |   |   |   |  |
|   |   | <b>d Net rental income or (loss)</b>                  |                      |   |   |   |  |
|   | 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities  | (ii) Other           |   |   |   |  |
|   |   | b Less: cost or other basis<br>and sales expenses     |                      |   |   |   |  |
|   |   | c Gain or (loss)                                      |                      |   |   |   |  |
|   |   | <b>d Net gain or (loss)</b>                           |                      |   |   |   |  |
|   | 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a   |                      |   |   |   |  |
|   |   | b Less: direct expenses                               | b                    |   |   |   |  |
|   |   | <b>c Net income or (loss) from fundraising events</b> |                      |   |   |   |  |
|   | 9 a Gross income from gaming activities. See<br>Part IV, line 19  | a   |                      |   |   |   |  |
|   |   | b Less: direct expenses                               | b                    |   |   |   |  |
|   |   | <b>c Net income or (loss) from gaming activities</b>  |                      |   |   |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances | a   |   |                      |   |   |   |  |
|   | b Less: cost of goods sold  | b   |                      |   |   |   |  |
|   | <b>c Net income or (loss) from sales of inventory</b>   |   |                      |   |   |   |  |
| Miscellaneous Revenue   |   | Business Code   |                      |   |   |   |  |
| 11 a OTHER INCOME   | 448000  | 25,440.   | 25,440.              |   |   |   |  |
| b VENDOR INCENTIVES   | 900099  | 14,262.   | 14,262.              |   |   |   |  |
| c   |   |   |                      |   |   |   |  |
| d All other revenue   |   |   |                      |   |   |   |  |
| <b>e Total. Add lines 11a-11d</b>                             |   |   | 39,702.              |   |   |   |  |
| <b>12 Total revenue. See instructions.</b>                    |   |   | 11,014,919.          | 1,075,024.                                      | 0.                                      | 0.  |  |

**Part IX 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 to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 164,439.              | 75,284.                         | 34,155.                                | 55,000.                     |
| 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  | 2,122,430.            | 1,719,440.                      | 383,420.                               | 19,570.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  | 174,043.              | 123,981.                        | 45,362.                                | 4,700.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 6,004.                |                                 | 6,004.                                 |                             |
| 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.)   | 138,840.              | 138,840.                        |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 190,944.              | 36,592.                         | 147,255.                               | 7,097.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 93,643.               | 39,627.                         | 54,016.                                |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 3,306.                | 65.                             | 3,241.                                 |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 13,077.               |                                 | 13,077.                                |                             |
| 23 Insurance  | 526,484.              | 232,117.                        | 289,518.                               | 4,849.                      |
| 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 <b>CONSTRUCTION</b>   | 3,786,816.            | 3,784,392.                      | 2,424.                                 |                             |
| b <b>IN-KIND LABOR</b>  | 2,517,438.            | 2,517,438.                      |  |                             |
| c <b>DEVELOPMENT</b>  | 87,722.               | 29,391.                         | 50,970.                                | 7,361.                      |
| d <b>AUTO</b>   | 37,608.               | 18,383.                         | 18,390.                                | 835.                        |
| e All other expenses  | 105,432.              | 23,225.                         | 58,976.                                | 23,231.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 9,968,226.            | 8,738,775.                      | 1,106,808.                             | 122,643.                    |
| 26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|                             |  | (A)<br>Beginning of year  |             | (B)<br>End of year |            |
|-----------------------------|--|---|-------------|--------------------|------------|
| Assets                      | 1  | Cash - non-interest-bearing   | 79,217.     | 1                  | 1,290,897. |
|                             | 2  | Savings and temporary cash investments  |             | 2                  |            |
|                             | 3  | Pledges and grants receivable, net  | 1,849,460.  | 3                  | 1,246,242. |
|                             | 4  | Accounts receivable, net  | 10,473.     | 4                  | 287,024.   |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |             | 5                  |            |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(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   | 90,849.     | 7                  | 336,163.   |
|                             | 8  | Inventories for sale or use   |             | 8                  |            |
|                             | 9  | Prepaid expenses and deferred charges   | 650.        | 9                  | 48,410.    |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 66,774. |                    |            |
|                             | b  | Less: accumulated depreciation  | 10b 52,811. | 10c 18,691.        | 13,963.    |
|                             | 11   | Investments - publicly traded securities  |             | 11                 |            |
|                             | 12   | Investments - other securities. See Part IV, line 11  |             | 12                 |            |
|                             | 13   | Investments - program-related. See Part IV, line 11   |             | 13                 |            |
|                             | 14   | Intangible assets   |             | 14                 |            |
|                             | 15   | Other assets. See Part IV, line 11  | 545,658.    | 15                 | 366,630.   |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,594,998.  | 16          | 3,589,329.         |            |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 449,220.    | 17                 | 336,643.   |
|                             | 18   | Grants payable  |             | 18                 |            |
|                             | 19   | Deferred revenue  |             | 19                 |            |
|                             | 20   | Tax-exempt bond liabilities   |             | 20                 |            |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |             | 21                 |            |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |             | 22                 |            |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  | 114,623.    | 23                 | 174,838.   |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  |             | 24                 |            |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 125,000.    | 25                 | 125,000.   |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 688,843.    | 26                 | 636,481.   |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |             |                    |            |
|                             | 27   | Unrestricted net assets   | 1,800,054.  | 27                 | 2,747,808. |
|                             | 28   | Temporarily restricted net assets   | 106,101.    | 28                 | 205,040.   |
|                             | 29   | Permanently restricted net assets   |             | 29                 |            |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |             |                    |            |
|                             | 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                          | <b>Total net assets or fund balances</b>   | 1,906,155.  | 33          | 2,952,848.         |            |
| 34                          | <b>Total liabilities and net assets/fund balances</b>  | 2,594,998.  | 34          | 3,589,329.         |            |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 11,014,919. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 9,968,226.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,046,693.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,906,155.  |
| 5  | Net unrealized gains (losses) on investments   | 5  |             |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,952,848.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  | X   |    |



**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) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011  | (e) 2012 | (f) Total |
|---|----------|----------|----------|-----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1713924. | 2633869. | 3566766. | 10185247. | 9939895. | 28039701. |
| 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 .....  | 1713924. | 2633869. | 3566766. | 10185247. | 9939895. | 28039701. |
| 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) ..... |          |          |          |           |          | 403,226.  |
| 6 Public support. Subtract line 5 from line 4 .....   |          |          |          |           |          | 27636475. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011  | (e) 2012 | (f) Total                           |
|--|----------|----------|----------|-----------|----------|-------------------------------------|
| 7 Amounts from line 4 .....  | 1713924. | 2633869. | 3566766. | 10185247. | 9939895. | 28039701.                           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 6,274.   | 95.      | 3,549.   |           |          | 9,918.                              |
| 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 IV.) .....   |          | 11,427.  | 22,647.  | 32,898.   | 39,702.  | 106,674.                            |
| 11 Total support. Add lines 7 through 10 .....   |          |          |          |           |          | 28156293.                           |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |           | 12       | 2,068,632.                          |
| 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 ..... |          |          |          |           |          | <input checked="" type="checkbox"/> |

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

|   |                          |   |
|---|--------------------------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....   | 14                       | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 .....   | 15                       | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  | <input type="checkbox"/> |   |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/> |   |
| 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/> |   |
| b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/> |   |
| 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 .....   | <input type="checkbox"/> |   |

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

(Complete only if you checked the box on line 9 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 .....

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

Organization type (check one):

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not 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) (2012)

|  |   |
|--|---|
| Name of organization<br><b>THE ST. BERNARD PROJECT, INC.</b> | Employer identification number<br><b>26-2189665</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | NATIONAL ASSOCIATION OF BLACK JOURNALIST<br>10227 WINCOPIN CIRCLE<br>COLUMBIA, MD 21044 | \$ 80,538.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | ADRIAN DOMINICAN GENERALATE<br>1257 SIENA HEIGHTS DR<br>ADRIAN, MI 49221-1793           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | AFR FURNITURE RENTAL<br>720 HYLTON RD<br>PENNSAUKEN, NJ 08110                           | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | AMALGAMATED, LLC<br>145 W. 30TH ST<br>NEW YORK, NY 10001                                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | ANNALYNNE MCCORD<br>2800 OLYMPIC BLVD, 2ND FLOOR<br>SANTA MONICA, CA 90404              | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | ANNENBERG FOUNDATION<br>101 W. ELM ST.<br>CONSHOHOCKEN, PA 19428                        | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
|--|---|
| Name of organization<br><b>THE ST. BERNARD PROJECT, INC.</b> | Employer identification number<br><b>26-2189665</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 7          | CAPITAL HUSTING CO, INC<br>12001 WEST CARMEN AVE.<br>MILWAUKEE, WI 53225                      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | DOW CHEMICAL CO., FOUNDATION<br>2030 DOW CENTER<br>MIDLAND, MI 48674                          | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | DRAGO'S<br>3232 N. ARNOULT RD.<br>METAIRIE, LA 70002  | \$ 57,005.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | ENTERGY<br>639 LOYOLA AVE<br>NEW ORLEANS, LA 70113  | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | EUGUNIE AND JOSEPH JONES FAMILY FOUNDATION<br>835 UNION ST., STE 333<br>NEW ORLEANS, LA 70112 | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12         | FIDELITY CHARITABLE<br>P.O. BOX 770001<br>CINCINATTI, OH 45277-0053                           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
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|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 13         | FOR KIDS FOUNDATION, INC.<br>11005 LAPALCO BLVD<br>AVONDALE, LA 70094-6201               | \$ 102,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 14         | GEORGE SHIELDS FOUNDATION<br>1050 SEVENTEENTH ST NW 700<br>WASHINGTON, DC 20036-5535     | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 15         | GLAZER'S WHOLESALE DRUG., INC.<br>14911 QUORUM DR.<br>DALLAS, TX 75254                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 16         | JOE W & DORTHY DORSETT BROWN FOUNDATION<br>320 HAMMOND HWY STE 500<br>METAIRIE, LA 70005 | \$ 175,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 17         | LOCKHEED MARTIN<br>6801 ROCKLEDGE DR.<br>BETHESDA, MD 20817-1877                         | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 18         | MID SHIP GROUP, LLC<br>145 MAIN ST.<br>PORT WASHINGTON, NY 11050-3239                    | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
|--|---|
| Name of organization<br><b>THE ST. BERNARD PROJECT, INC.</b> | Employer identification number<br><b>26-2189665</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 19         | MORGAN STANLEY<br>5950 BERKSHIRE STE 600<br>DALLAS, TX 75225                     | \$ 14,004.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 20         | NBC UNIVERSAL MEDIA, LLC<br>100 UNIVERSAL CITY PLAZA<br>UNIVERSAL CITY, CA 91608 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 21         | NETWORK FOR GOOD<br>7920 NORFOLK AVE.<br>BETHESDA, MD 20814                      | \$ 89,924.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 22         | VEOLIA TRANSPORTATION<br>2515 CANAL ST.<br>NEW ORLEANS, LA 70119                 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 23         | ROGERS COMMUNICATION<br>1125 LESLIE ST.<br>DON MILLS, ONTARIO, CANADA M3C2J6     | \$ 19,885.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 24         | RELIABLE CHURCHILL, LLC<br>7621 ENERGY PKY<br>BALTIMORE, MD 21226                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 25         | ROBERT A. BROWN<br>720 LAKEMEAD WAY<br>EMERALD HILLS, CA 94062-3923                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 26         | ROSENBERRY CHARITABLE TERM TRUST<br>30 7TH ST., STE 2000<br>ST. PAUL, MN 55101-4930 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 27         | SHIRTS ACROSS AMERICA<br>732 18TH AVE. E.<br>SEATTLE, WA 98112                      | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 28         | SISTERS OF CHARITY<br>5900 DELHI RD<br>MOUNT ST. JOSEPH, OH 45051                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 29         | SRA INTERNATIONAL CORP.<br>4300 FAIR LAKES CT.<br>FAIRFAX, VA 22033                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 30         | SUNBELT BEVERAGE CO, LLC<br>525 PROGRESS DR<br>LINTHICUM, MD 21090                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

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| Name of organization<br><b>THE ST. BERNARD PROJECT, INC.</b> | Employer identification number<br><b>26-2189665</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 31         | SWS CHARITABLE FOUNDATIONS, INC.<br>1600 NW 163RD ST.<br>MIAMI, FL 33169                        | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 32         | THE BREES DREAM FOUNDATION<br>1360 CENTER STE 100 1360 EAST 9TH ST.<br>CLEVELAND, OH 44114-1782 | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 33         | THE CLUB FOUNDATION<br>1733 KING ST.<br>ALEXANDRIA, VA 22314                                    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 34         | THE FOUR POINTS FAMILY FOUNDATION<br>501 SILVERSIDE RD #123<br>WILMINGTON, DE 19809-1377        | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 35         | THE GLOVER GROUP<br>1025 F ST. NW 9TH FLOOR<br>WASHINGTON, DC 20004                             | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 36         | THE OPTIONS CLEARING CORPORATION<br>1 NORTH WACKER DR. STE 500<br>CHICAGO, IL 60606             | \$ 5,308.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 37         | THE RICHARDS GROUP<br>8750 N. CENTRAL EXPRESSWAY STE 100<br>DALLAS, TX 75231-6431       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 38         | THOMAS J. NIEDERMEYER<br>850 NEWTON ST.<br>CHESTNUT HILL, MA 02407                      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 39         | TODD GORDON & SUSAN FEDER<br>53 JAFFRAY CT.<br>IRVINGTON, NY 10533                      | \$ 11,091.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 40         | TOYOTA MOTOR NORTH AMERICA, INC.<br>601 LEXINGTON AVE. 49TH FLOOR<br>NEW YORK, NY 10022 | \$ 107,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 41         | UPS FOUNDATION<br>55 GLENLAKE PKWY<br>ATLANTA, GA 30328                                 | \$ 147,911.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 42         | VF SERVICES, INC<br>105 CORPORATE CENTER BLVD.<br>GREENSBORO, NC 27408                  | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

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|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 43         | WOMPUS, INC.<br>3299 K. STREET NW, STE 500<br>WASHINGTON, DC 20007 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 44         | ZURICH FOUNDATION<br>MYTHENQUAI 2<br>ZURICH, SWITZERLAND           | \$ 11,959.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 45         | JOHN J. AMORE<br>7920 NORFOLK AVE.<br>BETHESDA, MD 20814           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 46         | RICHARD LAPCHICK<br>7920 NORFOLK AVE.<br>BETHESDA, MD 20814        | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |

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| Name of organization<br><b>THE ST. BERNARD PROJECT, INC.</b> | Employer identification number<br><b>26-2189665</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... (includes table for 2a-2d), 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report...; b If the organization elected, as permitted under SFAS 116 (ASC 958), to report... (includes sub-sections i and ii); 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages in 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:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 66,774.                         | 52,811.                      | 13,963.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 13,963.        |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) DEPOSITS  | 1,575.         |
| (2) REAL ESTATE HELD FOR SALE   | 365,055.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |
|   | 366,630.       |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| 1. (1) Federal income taxes   |                |
| (2) RECOVERABLE GRANT   | 125,000.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |
|   | 125,000.       |

2. FIN 48 (ASC 740) Footnote. 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 XIII

| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |    |             |
|---|---|----|-------------|
| 1   | Total revenue, gains, and other support per audited financial statements        | 1  | 11,014,919. |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a   | Net unrealized gains 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 | 0.          |
| 3   | Subtract line 2e from line 1  | 3  | 11,014,919. |
| 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 | 0.          |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 11,014,919. |

| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |            |
|--|--|----|------------|
| 1  | Total expenses and losses per audited financial statements                       | 1  | 9,968,226. |
| 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 | 0.         |
| 3  | Subtract line 2e from line 1   | 3  | 9,968,226. |
| 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 | 0.         |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 9,968,226. |

**Part XIII Supplemental Information**

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

**PART X, LINE 2: THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY OF 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 NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX LIMITATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number  
26-2189665

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

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.

EXPENSES \$ 1,429,746. INCLUDING GRANTS OF \$ 0. REVENUE \$ 726,502.

REBUILD JOPLIN - WORK DILIGENTLY TO REBUILD HOMES IN JOPLIN, MISSOURI

WHERE AN ESTIMATED 7,500 HOMES WERE DAMAGED BY THE EF5 TORNADO THAT HIT

IN MAY 2011.

EXPENSES \$ 1,166,716. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ENSURE THAT DISASTER-IMPACTED CITIZENS AND COMMUNITIES RECOVER IN A

PROMPT, EFFICIENT AND PREDICTABLE MANNER. THROUGH DISASTER RECOVERY

LAB, ST. BERNARD PROJECT WORKS TO SHARE LESSONS LEARNED, PREVENT COMMON

BARRIERS TO RECOVERY AND HELP COMMUNITIES UTILIZE ST. BERNARD PROJECT'S

STANDARDIZED, REPEATABLE AND PROVEN-EFFECTIVE MODEL FOR RECOVERY.

EXPENSES \$ 107,474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

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 WWW.STBERNARDPROJECT.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.

**Depreciation and Amortization 990**  
 (Including Information on Listed Property)

**2012**

Attachment  
 Sequence No. 179

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **THE ST. BERNARD PROJECT, INC.**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **26-2189665**

**Part I 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                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 13,077. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

| (a) Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 20a Class life |                                      |  |                     |                | S/L        |                            |
| b 12-year      |                                      |  | 12 yrs.             |                | S/L        |                            |
| c 40-year      | /                                    |  | 40 yrs.             | MM             | S/L        |                            |

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

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28   | 21 |         |
| 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 | 13,077. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

Part V Listed Property (Include automobiles, certain other vehicles, 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 No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/Investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: %

27 Property used 50% or less in a qualified business use: S/L

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use availability.

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 are not more than 5% owners or related persons.

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policy statements and vehicle use by employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2012 tax year:

43 Amortization of costs that began before your 2012 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44