

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> DN change <input type="checkbox"/> D/U return <input type="checkbox"/> Final/terminated <input type="checkbox"/> Amended/Correction pending	C Name of organization THE ST. BERNARD PROJECT, INC.		D Employer identification number 26-2189665
	DoInQ business as SBP, INC.		E Telephone number (504) 302-9329
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2645 TOULOUSE STREET		G Gross receipts \$ 28,749,797.
	City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119		H(a) Is this a group return for subordinates? D Yes [X] No
F Name and address of principal officer: ZACK ROSENBERG SAME AS C ABOVE		H(b) If all subordinates included D Yes D No If "No," attach a 11st. (see instructions)	
J Website: WWW.SBPUSA.ORG		H(c) Group exemption number	

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SHRINKING TIME BETWEEN DISASTER AND RECOVERY BY CREATING HOUSING OPPORTUNITIES SO THAT DISASTER			
2 Check this box <input checked="" 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 16		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15		
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 332		
6 Total number of volunteers (estimate if necessary)	6 16533		
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T line 34	7b 0.		
8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,177,852.	Current Year 25,152,287.	
	9 Program service revenue (Part VIII, line 2g)	4,445,066.	3,166,092.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,995.	102,499.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 11e)	1,216,057.	304,509.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,841,970.	28,725,387.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	311,228.	506,179.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,830,156.	4,510,429.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	368,268.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,974,234.	11,227,977.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,115,618.	16,244,585.	
19 Revenue less expenses. Subtract line 18 from line 12	2,726,352.	12,480,802.	
20 Total assets (Part X, line 16)	Beginning of Current Year 18,550,737.	End of Year 30,684,067.	
	21 Total liabilities (Part X, line 26)	4,999,440.	4,646,241.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,551,297.	26,037,826.

Part III 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.

Signature of officer: ZACK ROSENBERG Date: 11/12/18
Type or print name and title: **ZACK ROSENBERG, CHIEF EXECUTIVE OFFICER**

Print/Type preparer's name: **ERNEY F. CRAFT JR. WEGMANN DAZET & CO COMPANY A.P.C.** Date: 11/5/18 Check self-employed PTIN: **P00623103**
Firm's address: **111 VETERANS BLVD., SUITE 800 METAIRIE, LA 70005** Firm's EIN: **72-0870824** Phone no.: **(504) 837-8844**

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

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click one-file for *Charities and Non-Profits*.

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Fann 990 or Fann 990-EZ	01	Fann 990-T (corporation)	07
Fann 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Fann 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DON MEAZELL

- The books are in the care of **2645 TOULOUSE STREET - NEW ORLEANS, LA 70119**
Telephone No. **504-302-9329** Fax No.
- If the organization does not have an office or place of business in the United States, check this box

• This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

90 calendar year **2017** or tax year beginning _____, and ending _____

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

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

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

Part III Statement of Program Service Accomplishments

D

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

Briefly describe the organization's mission:

SHRINKING TIME BETWEEN DISASTER AND RECOVERY BY ENSURING THAT DISASTER-IMPACTED COMMUNITIES RECOVER IN A PROMPT, EFFICIENT AND PREDICTABLE WAY,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Does No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.

Does No

If 'Yes,' describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,209,475. Including grants of \$ 501,620.) (Revenue \$ 3,166,092.)

REBUILDING PROGRAM - REBUILD HOMES FOR SENIOR CITIZENS, PEOPLE WITH DISABILITIES AND FAMILIES WITH CHILDREN WHO CANNOT AFFORD TO HAVE THEIR HOMES REBUILT BY CONTRACTORS, THE ORGANIZATION HAS CURRENTLY REBUILT APPROXIMATELY 1,426 HOMES,

4b (Code:) (Expenses \$ 1,380,577. Including grants of \$) (Revenue \$)

OPPORTUNITY HOUSING - CREATE AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES FOR RESIDENTS TARGETED BETWEEN 50% AND 80%, BUT UP TO 120%, OF ANNUAL MEDIAN INCOME, WHILE REHABILITATING BLIGHTED PROPERTIES AND STRENGTHENING NEIGHBORHOODS.

4c (Code:) (Expenses \$ 622,731. Including grants of \$ 4,559.) (Revenue \$)

DISASTER RECOVERY LAB - ENSURE THAT DISASTER-IMPACTED CITIZENS AND COMMUNITIES RECOVER IN A PROMPT, EFFICIENT AND PREDICTABLE MANNER, THROUGH DISASTER RECOVERY LAB, ST, BERNARD PROJECT WORKS TO SHARE LESSONS LEARNED, PREVENT COMMON BARRIERS TO RECOVERY AND HELP COMMUNITIES UTILIZE ST, BERNARD PROJECT'S STANDARDIZED, REPEATABLE AND PROVEN-EFFECTIVE MODEL FOR RECOVERY,

4d Other program services (Describe in Schedule O.)

(Expenses \$)

Including grants of \$)

(Revenue \$)

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

Part 1v Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part I, Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
20b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, if 'No,' go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule A, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and - b1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule A, Part V, line 2	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part Statements Regarding Other IRS Filings and Tax Compliance

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

[J]

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099, Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on Line 2a, did the organization file all required federal employment tax returns? .. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the donor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11a	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ...		
13c	Enter the amount of reserves on hand ...		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response

to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.

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

IXJ

Section A. Governance, Management, and Disclosure

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governance and management.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding organizational policies.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DON MEAZELL - 504-302-9329 2645 TOULOUSE STREET, NEW ORLEANS, LA 70119

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

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

D

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

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

- List all of the organization's current officers, directors, trustees (Whether Individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former Officer, Director, or Trustee			
11) ZACK ROSENBERG CHIEF EXECUTIVE OFFICER	40.00	X	X				245,810.	0.	8,791.	
(2) JACQUELINE ALEXANDER, JD BOARD SECRETARY	1.00	X	X				0.	0.	0.	
13) JOHN SOLON, CPA BOARD MEMBER	1.00	X	X				0.	0.	0.	
14) MARY JONES BOARD MEMBER	1.00	X					0.	0.	0.	
15) ELIE KHOURY BOARD MEMBER	1.00	X					0.	0.	0.	
16) TREVOR COLHOUN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) COURTENAY LAROCHE BOARD MEMBER	1.00	X					0.	0.	0.	
18) M, CLELAND POWELL III BOARD MEMBER	1.00	X					0.	0.	0.	
19) FRANCIS BOUCHARD BOARD CHAIR	1.00	X					0.	0.	0.	
(10) PETER FORLENZA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JULIE TYSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) STEFAN WILSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ANN LIMBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(14) KEITH DALY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MIKE GOSS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) SCOTT COUVILLON BOARD MEMBER	1.00	X					0.	0.	0.	
(17) ELIZABETH MCCARTNEY CHIEF OPERATING OFFICER	40.00		X				122,665.	0.	6,451.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

D

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

			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
1	a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	16,560.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,271,494.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,864,233.				
	g Noncash contributions included in lines 1a-11:		158,956.				
	h Total. Add lines 1a-11		25,152,287.				
	Business Code						
	2 a HOMEOWNER FUNDING			1,585,480.	1,585,480.		
b SALE OF PROPERTY			1,001,300.	1,001,300.			
c PROPERTY MANAGEMENT FEES			579,312.	579,312.			
d							
All other program service revenue							
Total. Add lines 2a-2f			3,166,092.				
3	Investment income (including dividends, interest, and other similar amounts)		102,499.			102,499.	
4	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)						
	d Net rental income or (loss)						
	7	a Gross amount from sales of assets other than inventory	i Securities h Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8	a Gross income from fundraising events (not including \$ 16,560. of contributions reported on line 1c). See Part IV, line 18					
		b Less: direct expenses					
c Net income or (loss) from fundraising events			43,883.			43,883.	
9	a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10	a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or loss from sales of inventory						
Miscellaneous Revenue							
11	a OTHER INCOME	Business Code					
	b VENDOR INCENTIVES	900099	154,054.	154,054.			
	c	900099	106,572.	106,572.			
	d All other revenue						
	e Total. Add lines 11a-11d		260,626.				
12	Total revenue. See Instructions.		28,725,387.	3,426,718.	0.	146,382.	

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 or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 9b, and 1Db of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	435,779.	435,779.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,400.	70,400.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...				
4 Benefits paid to or for members, ...				
5 Compensation of current officers, directors, trustees, and key employees	748,647.	492,696.	154,251.	101,700.
6 Compensation not included above, to disqualified persons (as defined under section 4958(l)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,392,009.	2,479,376.	776,233.	136,400.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,444.		8,444.	
10 Payroll taxes	361,329.	269,061.	77,874.	14,394.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Sch 0.)	460,420.	233,770.	164,913.	61,737.
12 Advertising and promotion	125,738.	125,431.	90.	217.
13 Office expenses	92,798.	80,141.	6,495.	6,162.
14 Information technology	13,713.	8,039.	5,674.	
15 Royalties				
16 Occupancy	451,344.	171,112.	280,232.	
17 Travel	374,759.	314,188.	39,064.	21,507.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,213.	36,624.	568.	21.
20 Interest	118,825.	104,019.	14,806.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,199.	159,199.		
23 Insurance		1,412,523.	46,473.	734.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule 0.)				
a CONSTRUCTION	7,316,870.	7,237,406.	79,464.	
b MISCELLANEOUS EXPENSE	257,898.	248,554.	6,781.	2,563.
c BAD DEBT	233,898.	233,898.		
d LICENSES AND PERMITS	115,215.	95,760.	2,172.	17,283.
e All other expenses	10,357.	4,807.		5,550.
25 Total functional expenses. Add lines 1 through 24e	16,244,585.	14,212,783.	1,663,534.	368,268.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
1	Cash* non-interest-bearing	3,594,853.		3,881,690.
2	Savings and temporary cash investments ,		2	6,905,086.
3	Pledges and grants receivable, net	1,092,624.	3	1,177,511.
4	Accounts receivable, net	1,570,321.	4	1,304,895.
5	Loans and other 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(n(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr), Complete Part II of Sch L ...		6	
7	Notes and loans receivable, net .	7,592,811.	7	7,363,579.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	370,794.	9	379,698.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
10b	Less: accumulated depreciation			
11	Investments* publicly traded securities		11	5,940,358.
12	Investments* other securities. See Part IV, line 11	26,192.	12	16,106.
13	Investments* program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,844,114.	15	2,320,219.
16	Total assets. Add lines 1 through 15. Must equal line 34.	18,550,737.	16	30,684,067.
17	Accounts payable and accrued expenses .	921,652.	17	796,040.
18	Grants payable		18	
19	Deferred revenue	193,750.	19	75,000.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	3,125,000.	23	3,000,000.
24	Unsecured notes and loans payable to unrelated third parties .		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	4,999,440.	26	4,646,241.
27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets ..	10,767,597.	27	11,422,034.
28	Temporarily restricted net assets	2,783,700.	28	14,615,792.
29	Permanently restricted net assets ..		29	
30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds .		30	
31	Paid-in or capital surplus, or land, building, or equipment fund ..		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	13,551,297.	33	26,037,826.
34	Total liabilities and net assets/fund balances	18,550,737.	34	30,684,067.

Part XI Reconciliation of Net Assets

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

..... **D**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,725,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,244,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,480,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,551,297.
5	Net unrealized gains (losses) on Investments	5	5,727.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule 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	26,037,826.

Part XII Financial Statements and Reporting

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

[x]

Accounting method used to prepare the Form 990: **D** Cash **00** Accrual **D** Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

D Separate basis **D** Consolidated basis **D** Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

D Separate basis **00** Consolidated basis **D** Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or select/on process during the tax year, explain in Schedule O.

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits.

2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 501(c)(29) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
 Department of the Treasury
 Internal Revenue Service
 "Open to Public Inspection"

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

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

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

- 1 **D** A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 **D** A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 **D** A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 **CJ** A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- SD** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- aD** A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 **[X]** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- aD** A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 **0** An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 **D** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 **D** An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 **D** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **D** Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **D** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **D** Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **0** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e **D** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

o Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 Above (see instructions))	(iv) U.S. Federal Tax Status		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)	2013	2014	2015	2016	2017	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,282,466.7	1,651,661.1	1,588,096.3	1,217,785.2	2,515,228.7	8,255,238.0
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	1,282,466.7	1,651,661.1	1,588,096.3	1,217,785.2	2,515,228.7	8,255,238.0
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)						270,998.2
6 Public support. Subtract line 5 from line 4.						7,984,239.8

Section B. Total Support

Calendar year (or fiscal year beginning in)	Cal 2013	(b) 2014	fcl 2015	fdl 2016	lel 2017	m Total
7 Amounts from line 4	1,282,466.7	1,651,661.1	1,588,096.3	1,217,785.2	2,515,228.7	8,255,238.0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					102,499.	102,499.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	158,695.	129,031.	363,607.	125,603.1	328,919.	223,628.3
11 Total support. Add lines 7 through 10	1,441,161.7	1,780,692.1	1,951,703.3	1,343,388.3	2,844,147.7	8,489,116.2
12 Gross receipts from related activities, etc. (see instructions)					121,100.	14,234,253.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here D

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 94.05 %
 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 95.20 %

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b. 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization D

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

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

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

Section A Public Support

Calendar year (or fiscal year beginning in)	2013	2014	2015	2016	2017	Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included 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						
c Add lines 7a and 7b						
8 Public support.						

Section B Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

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

Section D. Computation of Investment Income Percentage

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

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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



Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and 8. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and U, and complete Part v.)

Section A. All Supporting Organizations

	Yes	No
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (Q) its supported organizations, (i) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (1) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations

	Yes	No
11a		
11b		
11c		

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI.

Section B. Type I Supporting Organizations

	Yes	No
1		
2		

Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

	Yes	No
1		

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

Section D. All Type III Supporting Organizations

	Yes	No
1		
2		
3		

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
2a		
2b		
3a		
3b		

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	{B} Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see Instructions)	6	
7	Other expenses (see Instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	{B} Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VII):		
2	Allocation indebtedness attributable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		(A) Prior Year	{B} Current Year
1	Adjusted net income for prior year (from Section A line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	7	

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

Section D - Distributions

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

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

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

OMB No. 1545-0047

2017

Name of the organization

THE ST, BERNARD PROJECT, INC,

Employer identification number

26-2189665

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

00 501(c)(**3**) (enter number) organization**D** 4947(a)(1) nonexempt charitable trust not treated as a private foundation**CJ** 527 political organization

Form 990-PF

D 501(c)(3) exempt private foundation**D** 4947(a)(1) nonexempt charitable trust treated as a private foundation**D** 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

General Rule

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

Special Rules

- 00**
- For an organization described in section 501(c)(3) filing 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- D**
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year
- ▶**
- \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line 1 of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE ST BERNARD PROJECT, INC	Employer identification number 26-2189665
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-- 1	TOYOTA MOTOR NORTH AMERICA, INC	\$ 2,544,594.	Person <input checked="" type="checkbox"/>
	601 LEXINGTON AVE •, 49TH FLOOR		Payroll <input type="checkbox"/>
	NEW YORK, NY 10022		Noncash <input checked="" type="checkbox"/>
(Complete Part II for noncash contributions.)			
-- 2	JEFFERIES INVESTMENT BANK	\$ 1,000,000.	Person <input checked="" type="checkbox"/>
	520 MADISON AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 10022		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions.)			
-- 3	CITY OF NEW ORLEANS	\$ 833,337.	Person <input checked="" type="checkbox"/>
	1340 POYDRAS STREET SUITE 1000		Payroll <input type="checkbox"/>
	NEW ORLEANS, LA 70112		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions.)			
-- 4	AMERICORP	\$ 1,468,569.	Person <input checked="" type="checkbox"/>
	1201 NEW YORK AVE NW		Payroll <input type="checkbox"/>
	WASHINGTON, DC 20525		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions.)			
-- 5	HOUSING TRUST FUND	\$ 756,605.	Person <input checked="" type="checkbox"/>
	25 BEAVER STREET		Payroll <input type="checkbox"/>
	NEW YORK, NY 10004		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions.)			
-- 6	BASS PRO SHOP	\$ 900,000.	Person <input checked="" type="checkbox"/>
	1935 S CAMPBELL AVE		Payroll <input type="checkbox"/>
	SPRINGFIELD, MO 65807		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions.)			

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---	7 JUSTIN J WATT FOUNDATION INC, P.O. BOX 530 PEWAUKEE, WI 53072	\$ 8,500,000.	Person <input checked="" type="checkbox"/> [X] Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)
---		\$ _____	Person <input type="checkbox"/> D Payroll <input type="checkbox"/> D Noncash <input type="checkbox"/> D (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
---	VEHICLES	\$ 144,594,	12/01/17
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	
---		\$ _____	

Name of organization

Employer identification number

THE ST. BERNARD PROJECT, INC.

26-2189665

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULED (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2017

Open to Public In On

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

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

Form for Conservation Easements including checkboxes for types of easements, a table for tracking easements by date, and questions about monitoring and expenses.

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

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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

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

- by:
 - (i) unrelated organizations .
 - (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Description of property	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.			(d) Book value
	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	
1a Land				
b Buildings		950,503	24,372	926,131
c Leasehold improvements		850,649	381,855	468,794
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X column (b), line 10c.)				1,394,925

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990 Part IV line 11b See Form 990 Part X line 12

(a) Description of security or category (including name of 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		
IA)		
181		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column b) must equal Form 990, Part X col. (B) line 12.1		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(11)		
121		
131		
141		
(51)		
(61)		
171		
181		
191		
Total. (Column b) must equal Form 990, Part X, col. (B) line 13.1		

Part IX Other Assets.

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

(a) Description	(b) Book value
111 DEPOSITS	1,075.
121 REAL ESTATE HELD FOR SALE	1,245,265.
131 DUE FROM SBP REAL ESTATE	1,040,242.
141 OTHER CURRENT ASSETS	33,637.
151	
161	
171	
181	
191	
Total. (Column b) must equal Form 990 Part X col. 181 line 15.1	2,320,219.

Part X Other Liabilities.

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

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

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c.			5

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

MANAGEMENT OF THE ORGANIZATION BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX

POSITIONS AND, ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITY FOR

UNRECOGNIZED TAX BENEFITS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NOT

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

AUTHORITIES BEYOND THREE YEARS FROM THE FILING OF THOSE RETURNS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ line 6a

	(a) Bingo	(b) Pull tabs instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue .				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	LJ Yes <input type="checkbox"/> No	LJ Yes <input type="checkbox"/> No	LJ Yes <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1 column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 Is the organization licensed to conduct gaming activities in each of these states? **LJ** Yes **LJ** No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **U**ves **U**NO

b If "Yes," explain: _____

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Attach to Form 990.

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [K] Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 from the organization during the year.

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

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

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

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

201

▶ For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

-- Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part 1. Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(cK3), 501(cK4), and 501(cK29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6c?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

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

Part I Types of Property

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

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		K
31		X
32a		X
33		..

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.

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

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

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

SURVIVORS CAN RETURN TO THEIR HOMES AND COMMUNITIES.

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

A DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS.

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

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

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

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

THE BOARD CHAIRMAN UTILIZED CHARITY NAVIGATOR TO COMPARE CEO AND OFFICER COMPENSATION AMONG ORGANIZATIONS MOST CLOSELY RESEMBLING THE ST. BERNARD PROJECT. A COMPARATIVE COMPENSATION REPORT ALONG WITH A TARGET SALARY WAS PRESENTED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HELD A MEETING, CONSIDERED THE INFORMATION AND RECENT PERFORMANCE TO DECIDE UPON THE APPROPRIATE AMOUNT OF COMPENSATION FOR THE CEO AND OFFICERS.

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

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

Name of the organization

THE ST. BERNARD PROJECT, INC.

Employer identification number

26-2189665

WWW.SBPUSA.ORG.

FORM 990, PART XII, LINE 2C:

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

Related Organizations and Unrelated Partnerships

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

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

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

Employer identification number
26-2189665

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status of section 501(c)(3))	(f) Direct controlling entity	Section 12(b)(13) controlled entity?	
						Yes	No
TOULOUSE COMMERCIAL, INC. - 32-0463838 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	CREATE HOUSING OPPORTUNITIES SO THAT DISASTER SURVIVORS CAN	LOUISIANA	501(C) (3)	WINE 12A, I	THE ST. BERNARD PROJECT, INC.	X	
SBP REAL ESTATE, INC. - 46-4273745 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	CREATE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME RESIDENTS.	LOUISIANA	501(C) (3)	WINE 7			X

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

SEE PART VII FOR CONTINUATIONS

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts 11-IV? a			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity _____	1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s) _____	1b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s) _____	1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s) _____	1d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or IOan guarantees by related organization(s) _____	1e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s) _____	1f	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s) _____	1g	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Purchase of assets from related organization(s) _____	1h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exchange of assets with related organization(s) _____	1i	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lease of facilities, equipment, or other assets to related organization(s) _____	1j	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s) _____	1k	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance of services or membership or fundraising solicitations for related organization(s) _____	1l	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s) _____	1m	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) _____	1n	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s) _____	1o	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses _____	1p	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses .. _____	1q	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s) _____	1r	<input type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s) _____	1s	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TOULOUSE COMMERCIAL, INC.

EIN: 32-0463838

2645 TOULOUSE STREET

NEW ORLEANS, LA 70119

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

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

SBP REAL ESTATE, INC.

EIN: 46-4273745

2645 TOULOUSE STREET

NEW ORLEANS, LA 70119

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

DIRECT CONTROLLING ENTITY: N/A

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

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

Table with 5 rows for Section 179 election. Line 1: 510,000. Line 3: 2,030,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-7.

Table with 12 rows for Section 179 calculation. Line 8: Total elected cost. Line 13: Carryover to 2018.

Table with 3 rows for Section 179 calculation. Line 14: Special depreciation allowance. Line 16: 134,610.

Part II MACRS Depreciation (Don't include Listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions. Line 17: 0. Line 18: Electing to group assets.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows a-c.

Table with 3 rows for Part VII Summary. Line 21: 24,589. Line 22: 159,199. Line 23: Portion of basis attributable to section 263A costs.

P. Bff.V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (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? ¹				Yes ¹	No	24b If "Yes," Is the evidence written? ¹ X				Yes ¹	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use									125			
26 Property used more than 50% in a qualified business use:												
		%										
		%										
		%										
SEE STATEMENT 1										24,589.1		
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28	24,589.		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29			

Section B - Information on Use of Vehicles

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

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

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

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

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

Part II Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Goodwill	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year:					
43 Amortization of costs that began before your 2017 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					
					43

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

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH, AVAIL,? y N	(p) > 5% OWNER? y N	(Q) ANOTHER VEH, AVAILABLE? y N		
2012 CHEVROLET MALIBU	01/09/14	100.00	14,660.	14,660.	5.0	S/L MQ	2,932.	
2011 FORD FUSION	01/09/14	100,00	13,250.	13,250.	5.0	S/L MQ	2,650.	
2012 CHEVROLET MALIBU	06/24/14	100.00	15,885.	15,885.	5.0	S/L MQ	3,177.	
VEHICLE	02/04/14	100.00	3,500,	3,500.	5.0	S/L MQ	700.	
VAN	04/28/14	100.00	4,791.	4,791.	5.0	S/L MQ	958.	
2008 DODGE RAM TRUCK	02/27/14	100.00	37,575.	37,575,	5,0	S/L MQ	7,515.	
2008 DODGE RAM TRUCK	07/26/14	100.00	33,285,	33,285.	5,0	S/L MQ	6,657.	
TOTALS TO FORM 4562, PART V, LINE 26							24,589.	