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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

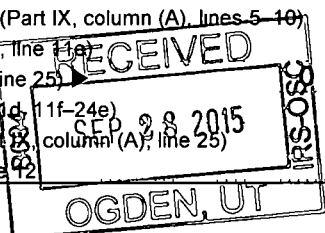
▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. BERNARD II Doing Business As ST. BERNARD MANOR II		D Employer identification number 72-1197477
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 HOWARD AVE., SUITE 100		E Telephone number 504-596-3460
	City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS LA 70113		G Gross receipts \$ 6,279,435
	F Name and address of principal officer		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 0928	
J Website ▶ N/A		L Year of formation 1979 M State of legal domicile LA	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDES HOUSING FOR ELDERLY AND DISABLED PERSONS AND FAMILIES UNDER SECTION 202 OF THE NATIONAL HOUSING ACT UNDER AN AGREEMENT WITH THE DEPARTMENT OF HUD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,096,406	6,279,412
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28	23
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,096,434	6,279,435
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11a)		0
	b Total fundraising expenses (Part IX, column (D), line 25)		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	204,102	205,714	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	204,102	205,714	
19 Revenue less expenses Subtract line 18 from line 12	2,892,332	6,073,721	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,959,569	10,737,105
	22 Net assets or fund balances Subtract line 21 from line 20	5,556,938	5,260,753
		-597,369	5,476,352



SCANNED OCT 14 2015

Part II Signature Block

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

Sign Here	Signature of officer DEACON DENNIS F. ADAMS		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM B. BEALE	Preparer's signature WILLIAM B. BEALE	Date	Check <input type="checkbox"/> if self-employed PTIN P00437323
	Firm's name ▶ MADDOX & ASSOCIATES, APC 5627 BANKERS AVE BLDG 2 BATON ROUGE, LA 70808-2610		Firm's EIN ▶ 72-1314069	Phone no 225-926-3360

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


For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2013)

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UNITED STATES OF AMERICA

State of  Louisiana

Fox McKeithen
 SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
 the annexed and following is a True and Correct copy of the
 Articles of Incorporation, Amendment and 2003 Annual Report
 of

ST. BERNARD II

A LOUISIANA corporation domiciled at NEW ORLEANS,

As shown by comparison with documents filed and recorded in
 this Office.

*In testimony whereof, I have hereunto set
 my hand and caused the Seal of my Office
 to be affixed at the City of Baton Rouge on,*

September 10, 2003

Fox McKeithen

BRI 34373778N

Secretary of State

