

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

FINAL



November 6, 2021

SOUTH BEND HERITAGE FOUNDATION, INC.  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

SOUTH BEND HERITAGE FOUNDATION, INC.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

INDIANA FORM NP-20:

The Indiana Form NP-20 should be mailed as soon as possible to:

Indiana Department of Revenue  
Tax Administration  
P.O. Box 6481  
Indianapolis, Indiana 46206-6481

No payment is required.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Jonathan B. Scott

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2020

---

**Prepared For:**

SOUTH BEND HERITAGE FOUNDATION, INC.  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

---

**Prepared By:**

DAUBY O'CONNOR & ZALESKI, LLC  
501 CONGRESSIONAL BLVD #300  
CARMEL, IN 46032

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**SOUTH BEND HERITAGE FOUNDATION, INC.**

**23-7394320**

Name and title of officer or person subject to tax

**BRANDON GERLACK, CFO**  
**CFO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4,433,377.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **DAUBY O'CONNOR & ZALESKI, LLC** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35320891986**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DAUBY O'CONNOR & ZALESKI, LLC** Date

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SOUTH BEND HERITAGE FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>23-7394320</b>
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. <b>803 LINCOLNWAY WEST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTH BEND, IN 46616</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 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

**BRANDON GERLACH**

- The books are in the care of ▶ **803 LINCOLNWAY WEST - SOUTH BEND, IN 46616**  
Telephone No. ▶ **574-289-1066** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

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)

2020

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: SOUTH BEND HERITAGE FOUNDATION, INC.
D Employer identification number: 23-7394320
E Telephone number: 574-289-1066
G Gross receipts \$: 4,558,691.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: SBHERITAGE.ORG
K Form of organization: Corporation
L Year of formation: 1970
M State of legal domicile: IN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer BRANDON GERLACH, CFO. Date.
Paid: Preparer's name JONATHAN B. SCOTT, Preparer's signature, Date, Check if self-employed, PTIN P00291986.
Preparer Use Only: Firm's name DAUBY O'CONNOR & ZALESKI, LLC, Firm's EIN 35-1750664, Firm's address 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032, Phone no. (317) 848-5700.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENHANCE THE BEAUTY AND VALUE OF URBAN NEIGHBORHOODS AND EMPOWER RESIDENTS, THROUGH COLLABORATION, PHYSICAL TRANSFORMATION, ADVOCACY AND EDUCATION.

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

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

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

4a (Code: ) (Expenses \$ 3,670,409. including grants of \$ 0. ) (Revenue \$ 2,137,015. ) THE OVERLYING GOAL OF THE ORGANIZATION IS INNER CITY STABILIZATION. AS SUCH, ATTENTION IS GIVEN TO ALL ASPECTS/NEEDS IN AN AREA TO FURTHER THIS GOAL. THE ACTIVITIES INITIATE, SUPPORT AND/OR ENCOURAGE URBAN RESIDENTIAL AND COMMERCIAL REVITALIZATION THROUGH AWARENESS OF AND ATTENTION TO THE PHYSICAL CLIMATE. BECAUSE OF THE INTERRELATIONSHIP OF THESE ACTIVITIES, THEY ARE TREATED AS A UNIT FOR BOOKKEEPING PURPOSES. THESE ACTIVITIES INCLUDE SEVERAL TYPES OF REVOLVING LOANS, BUY/REHAB/SALE OF ABANDONED PROPERTIES, NEW CONSTRUCTION, REHABILITATION AND FINANCIAL COUNSELING, EDUCATIONAL PROGRAMS, HOUSE MOVES, PROVIDING AFFORDABLE HOUSING, COMMUNITY ORGANIZING AND DEVELOPING A COMMUNITY CULTURAL AND SOCIAL SERVICE CENTER. RESIDENTIAL AND COMMERCIAL FOCUS IS GIVEN TO TWO SPECIFIC INTER-CITY NEIGHBORHOODS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,670,409.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
BRANDON GERLACH - 574-289-1066
803 LINCOLNWAY WEST, SOUTH BEND, IN 46616

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

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

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

**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. See instructions for the order in which to list the persons above.

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCO MARIANI EXECUTIVE DIRECTOR	40.00			X			95,000.	0.	0.	
(2) JONATHAN WINGFIELD PRESIDENT	2.00	X		X			0.	0.	0.	
(3) KARL EDMONSON VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) TIM MEHALL CHAIR	2.00	X		X			0.	0.	0.	
(5) MARY JAN HEDMAN TREASURER	2.00	X					0.	0.	0.	
(6) MARGUERITE A. TAYLOR SECRETARY	2.00	X					0.	0.	0.	
(7) DE BRYANT EXECUTIVE COMMITTEE	2.00	X					0.	0.	0.	
(8) CHARLOTTE D. PFEIFER FORMER BOARD MEMBER	2.00	X					0.	0.	0.	
(9) CONSUELLA HOPKINS BOARD MEMBER	2.00	X					0.	0.	0.	
(10) REV. MARY L. HUBBARD BOARD MEMBER	2.00	X					0.	0.	0.	
(11) SOLOMON L. ANDERSON BOARD MEMBER	2.00	X					0.	0.	0.	
(12) LYNN COLEMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) MARGO DEMONT BOARD MEMBER	2.00	X					0.	0.	0.	
(14) REBECCA BONHAM BOARD MEMBER	2.00	X					0.	0.	0.	
(15) MATTHEW J. GRAY BOARD MEMBER	2.00	X					0.	0.	0.	
(16) PASTOR CANNETH LEE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) JO ANN G. MACKENZIE BOARD MEMBER	2.00	X					0.	0.	0.	

**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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE CRESSY III BOARD MEMBER	2.00	X					0.	0.	0.	
(19) DEBRA M. STANLEY BOARD MEMBER	2.00	X					0.	0.	0.	
(20) TOY VILLA BOARD MEMBER	2.00	X					0.	0.	0.	
(21) SUSAN R. VISSER BOARD MEMBER	2.00	X					0.	0.	0.	
(22) DEBRA WALKER BOARD MEMBER	2.00	X					0.	0.	0.	
(23) ANDRE WADDELL BOARD MEMBER	2.00	X					0.	0.	0.	
(24) WILLIAM A. WELSHEIMER, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(25) MARCIA JONES BOARD MEMBER	2.00	X					0.	0.	0.	
(26) CHARLES F. LEHMAN BOARD MEMBER	2.00	X					0.	0.	0.	
<b>1b Subtotal</b>							95,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							95,000.	0.	0.	

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 **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
MANTLE CONSTRUCTION 1026 DIAMOND AVE, SOUTH BEND, IN 46628	CONSTRUCTION SERVICES	160,212.
VIC BUTCHER CONSTRUCTION 23934 EDISON ROAD, SOUTH BEND, IN 46628	CONSTRUCTION SERVICES	113,345.

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 **2**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,297,810.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	345,694.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			1,643,504.			
Program Service Revenue	<b>2 a</b> RENTAL INCOME	Business Code	531110	1,940,630.	1,940,630.		
	<b>b</b> MANAGEMENT FEES		531310	321,699.	321,699.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,262,329.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			9,290.		9,290.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		125,314.				
<b>c</b> Gain or (loss)	<b>7c</b>		-125,314.				
<b>d</b> Net gain or (loss)			-125,314.	-125,314.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> FORGIVENESS OF DEBT	Business Code	531110	415,002.		415,002.	
	<b>b</b> MISC. REVENUE		531110	228,566.		228,566.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			643,568.			
<b>12 Total revenue.</b> See instructions			4,433,377.	2,137,015.	0.	652,858.	

**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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	751,336.	751,336.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	100,294.	100,294.		
10 Payroll taxes .....	95,339.	95,339.		
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	10,046.		10,046.	
c Accounting .....	38,783.	38,783.		
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	85,970.	19,687.	66,283.	
12 Advertising and promotion .....	15,496.	15,496.		
13 Office expenses .....	75,442.	58,868.	16,574.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	942,444.	942,444.		
17 Travel .....	4,052.	1,335.	2,717.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	2,316.	2,316.		
20 Interest .....	369,287.	369,287.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	913,885.	913,885.		
23 Insurance .....	294,192.	294,192.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>ADMINISTRATIVE EXPENSE</b>	56,167.		56,167.	
b <b>SBHF MLK EXPENSES</b>	33,480.	33,480.		
c <b>SECURITY</b>	20,452.	20,452.		
d <b>BAD DEBTS</b>	10,250.	10,250.		
e All other expenses .....	2,965.	2,965.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,822,196.</b>	<b>3,670,409.</b>	<b>151,787.</b>	<b>0.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	724,290.	<b>1</b>	800,378.
	<b>2</b> Savings and temporary cash investments .....	344,282.	<b>2</b>	348,799.
	<b>3</b> Pledges and grants receivable, net .....	110,640.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....	485,157.	<b>4</b>	676,568.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,159,458.	<b>7</b>	2,940,728.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	30,332.	<b>9</b>	16,549.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,288,609.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,266,333.	<b>10c</b>	13,022,276.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	941,153.
	<b>14</b> Intangible assets .....	161,430.	<b>14</b>	139,841.
	<b>15</b> Other assets. See Part IV, line 11 .....	906,949.	<b>15</b>	363,344.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,382,777.	<b>16</b>	19,249,636.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	442,824.	<b>17</b>	248,212.
	<b>18</b> Grants payable .....	345,280.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....	34,765.	<b>19</b>	32,022.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	10,996,667.	<b>23</b>	10,667,946.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	282,820.	<b>24</b>	365,868.
	<b>25</b> 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 .....	0.	<b>25</b>	33,720.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,102,356.	<b>26</b>	11,347,768.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,209,784.	<b>27</b>	7,617,770.
	<b>28</b> Net assets with donor restrictions .....	1,070,637.	<b>28</b>	284,098.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,280,421.	<b>32</b>	7,901,868.
	<b>33</b> Total liabilities and net assets/fund balances .....	19,382,777.	<b>33</b>	19,249,636.



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,433,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,822,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	611,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,280,421.
5	Net unrealized gains (losses) on investments	5	10,266.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,901,868.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  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:  
 Separate basis  Consolidated basis  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 selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
SOUTH BEND HERITAGE FOUNDATION, INC.

**Employer identification number**  
23-7394320

**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  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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  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  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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  **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  **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  **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  **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  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.
  - f Enter the number of supported organizations .....

**g** 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) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	842,127.	2352110.	2030170.	1704013.	1643504.	8571924.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	842,127.	2352110.	2030170.	1704013.	1643504.	8571924.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						8571924.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	842,127.	2352110.	2030170.	1704013.	1643504.	8571924.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	90,579.	98,009.	106,567.	127,262.	9,290.	431,707.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		85,720.	73,722.	241,842.	643,568.	1044852.
<b>11 Total support.</b> Add lines 7 through 10						10048483.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,209,298.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	85.31	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	89.42	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

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

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



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

FINAL

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**SOUTH BEND HERITAGE FOUNDATION, INC.**

Employer identification number

**23-7394320**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization <b>SOUTH BEND HERITAGE FOUNDATION, INC.</b>	Employer identification number <b>23-7394320</b>
---	---

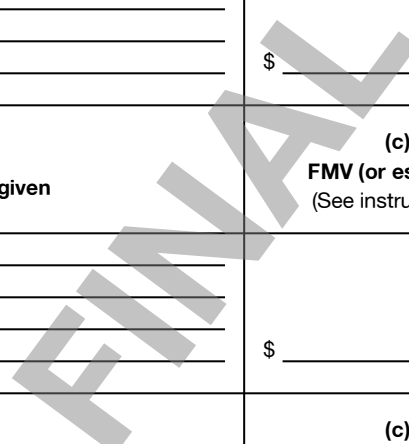
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIGHBORWORKS AMERICA 999 N CAPITAL ST NE STW #900 WASHINGTON, DC 20002	\$ 367,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO 420 MONTGOMERY ST SAN FRANCISCO, CA 94104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF ST. JOSEPH COUNTY 3517 E JEFFERSON BLVD SOUTH BEND, IN 46615	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW, FLOOR 2 WASHINGTON, DC 20416	\$ 123,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US DEPARTMENTS OF HOUSING & URBAN DEVELOPMENT 451 7TH ST SW WASHINGTON, DC 20410	\$ 846,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SOUTH BEND HERITAGE FOUNDATION, INC.</b>	Employer identification number  <b>23-7394320</b>
---	---

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

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



Name of organization  <b>SOUTH BEND HERITAGE FOUNDATION, INC.</b>	Employer identification number  <b>23-7394320</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SOUTH BEND HERITAGE FOUNDATION, INC. Employer identification number 23-7394320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	83,751.	74,575.	74,030.	74,284.	74,639.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	10,266.	9,176.	545.	-254.	-355.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	94,017.	83,751.	74,575.	74,030.	74,284.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  100 %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term 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:
- |  | Yes       | No       |
|--|-----------|----------|
| <b>(i)</b> Unrelated organizations   | <b>X</b>  |          |
| <b>(ii)</b> Related organizations  |           | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b> |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		279,007.		279,007.
<b>b</b> Buildings		27,490,339.	14,764,914.	12,725,425.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		519,263.	501,419.	17,844.
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **13,022,276.**

**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 .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED INTEREST</b>	<b>33,720.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>33,720.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,284,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,266.	
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	10,266.	
3	Subtract line 2e from line 1	3	4,273,900.	
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	159,477.	
c	Add lines 4a and 4b	4c	159,477.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,433,377.	

**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	3,662,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,662,719.	
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	159,477.	
c	Add lines 4a and 4b	4c	159,477.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,822,196.	

**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 V, LINE 4:**

A FUND WAS ESTABLISHED WITH THE LOCAL COMMUNITY FOUNDATION FOR THE PURPOSE OF PROVIDING SUPPORT TO SOUTH BEND HERITAGE FOUNDATION, INC. ANNUAL DISTRIBUTIONS ARE MADE FROM THE FUND AND REPORTED AS INVESTMENT INCOME THAT INCREASE UNRESTRICTED NET ASSETS.

**PART X, LINE 2:**

THE INCOME TAXES TOPIC OF THE FASB ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ASC 740 REQUIRES AN ORGANIZATION TO DISCLOSE THE NATURE OF UNCERTAIN TAX POSITIONS TAKEN, IF ANY, WHEN FILING ITS INCOME TAX RETURN UTILIZING A TWO-STEP PROCESS TO RECOGNIZE AND MEASURE ANY UNCERTAIN TAX

**Part XIII** Supplemental Information (continued)

POSITIONS TAKEN. THE ENTITY RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. NO TAX BENEFIT WILL BE RECORDED ON TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST. INTEREST AND PENALTIES ACCRUED OR INCURRED, IF ANY, AS A RESULT OF APPLYING ASC 740 WILL BE RECORDED TO INTEREST EXPENSE AND OTHER EXPENSE, RESPECTIVELY. BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS CONSOLIDATED STATEMENTS. THE ORGANIZATION'S EVALUATION WAS PERFORMED FOR ALL FEDERAL AND STATE TAX PERIODS STILL SUBJECT TO EXAMINATION. THE ORGANIZATION'S 2018 THROUGH 2020 FEDERAL AND STATE TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING AUTHORITY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

VALUATION ALLOWANCE	159,477.
---------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

VALUATION ALLOWANCE	159,477.
---------------------	----------

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SOUTH BEND HERITAGE FOUNDATION, INC.

Employer identification number

23-7394320

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

PHYSICAL TRANSFORMATION, ADVOCACY AND EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN SOUTH BEND.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND DISCUSSES  
ITS CONTENTS WITH THE BOARD BEFORE THE RETURN IS FILED.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND THE BOARD REVIEW ALL VENDOR  
RELATIONSHIPS FOR POTENTIAL CONFLICTS OF INTEREST WITH KEY EMPLOYEES AND  
BOARD MEMBERS PRIOR TO PURCHASING GOODS AND/OR SERVICES.

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

FOR EXECUTIVE MANAGEMENT, THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION  
BASED ON INDUSTRY STANDARDS AND AREA MEDIAN INCOME RANGES FOR THOSE  
POSITIONS. FOR THE EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS DETERMINES  
COMPENSATION BASED ON INDUSTRY STANDARDS AND AREA MEDIAN INCOME RANGES.

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.

FORM 990, PAGE 12, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SOUTH BEND HERITAGE FOUNDATION, INC.	Employer identification number 23-7394320
--	--

THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT. PRIOR TO THE FINALIZATION OF THE AUDIT, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOARD MEMBER FOR THEIR COMMENTS.

WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM.

FINAL

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **SOUTH BEND HERITAGE FOUNDATION, INC.** Employer identification number **23-7394320**

**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
SOUTH BEND HERITAGE PROPERTIES LLC 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	LOW INCOME HOUSING	INDIANA	987,671.	4,984,781.	
ROBERTSON'S BUILDING LLC - 35-1989077 914 LINCOLNWAY WEST SOUTH BEND, IN 46616	LOW INCOME HOUSING	INDIANA	726,937.	2,196,094.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HISTORIC RUSHTON, LP - 90-0838985, 803 LINCOLNWAY WEST, SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	HISTORIC RUSHTON GP, INC	RELATED	-14.	611,710.		X	N/A	X		.01%
SOUTH BEND PERMANENT SUPPORTIVE HOUSING, LP - 81-1841659, 803 LINCOLNWAY WEST, SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	SB PERMANENT SUPPORTIVE HOUSING, LLC	RELATED	-13.	64,196.		X	N/A	X		.01%
NEW HERITAGE HOMES SOUTHEAST LP - 45-0954326, 803 LINCOLNWAY WEST, SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	NEW HERITAGE HOMES SOUTHEAST CORP	RELATED	-24.	91,749.		X	N/A	X		.01%
SOUTH BEND MUTUAL HOMES LP - 37-1765941, 803 LINCOLNWAY WEST, SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	SBHF MH GP LLC	RELATED	-8.	115,142.		X	N/A	X		.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NEW HERITAGE HOMES SE CORP - 45-0954126 802 LINCOLNWAY WEST SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	SOUTH BEND HERITAGE FOUNDATION INC	C CORP	-20.	891.	100%		X
HISTORIC RUSHTON GP, INC. - 45-4962874 802 LINCOLNWAY WEST SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	SOUTH BEND HERITAGE FOUNDATION INC	C CORP	-14.	111,825.	100%		X
SOUTH BEND PERMANENT SUPPORTIVE HOUSING LLC - 81-1816272, 802 LINCOLNWAY WEST, SOUTH BEND, IN 46616	LOW INCOME HOUSING	IN	SOUTH BEND HERITAGE FOUNDATION INC	C CORP	-27.	802.	100%		X
SOUTH BEND MUTUAL HOMES COOPERATIVE, INC - 47-4212109, 724 WEST WASHINGTON ST, SOUTH BEND, IN 46601	LOW INCOME HOUSING	IN	SOUTH BEND HERITAGE FOUNDATION INC	C CORP	0.	0.	5.94%		X

**Part V 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.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

FINAL

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
1	CHARLES MARTIN ANNEX	01/01/96	NC	.000		HY	15,000.				15,000.			0.	
2	LAND - 438 HARRI	01/01/96	L	.000			2,280.				2,280.			0.	
3	LAND - 910 GRAN	01/01/96	L	.000			865.				865.			0.	
4	LAND - 510 HARRI	01/01/96	L	.000			290.				290.			0.	
5	LAND - 208 S CH	01/01/10	L	.000			2,990.				2,990.			0.	
6	LAND - 209 S CH	01/01/10	L	.000			725.				725.			0.	
7	CHAPIN - LAND	01/01/10	L	.000			128,000.				128,000.			0.	
60	GEMINI COLFAX APT. REHAB	12/12/19	NC	.000		HY	1,275.				1,275.			0.	
64	HOPE AVENUE APARTMENTS	07/29/20	L	.000			85,736.				85,736.			0.	
99	CHAPIN - LAND	01/01/20	L	.000			281,903.				281,903.			0.	
100	LAND	01/01/98	L	.000			100.				100.			0.	
154	LAND	06/30/10	L	.000			62,000.				62,000.			0.	
	* 990 PAGE 10 TOTAL LAND						581,164.				581,164.	0.		0.	0.
	OTHER														
8	BUILDING AND IMPROVEMENTS	01/01/96	SL	30.00		16	266,279.				266,279.	212,227.		8,884.	221,111.
9	HVAC SYSTEM	01/01/05	SL	30.00		16	158,176.				158,176.	79,088.		5,273.	84,361.
10	2006 IMPROVEMENTS	01/01/06	SL	30.00		16	8,300.				8,300.	3,873.		277.	4,150.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	2007 IMPROVEMENTS	01/01/07	SL	30.00		16	25,715.				25,715.	11,143.		857.	12,000.
12	2009 IMPROVEMENTS	01/01/09	SL	30.00		16	38,792.				38,792.	14,224.		1,293.	15,517.
13	2010 IMPROVEMENTS	01/01/10	SL	30.00		16	43,144.				43,144.	14,381.		1,438.	15,819.
14	2011 IMPROVEMENTS	01/01/13	SL	30.00		16	49,305.				49,305.	11,505.		1,644.	13,149.
15	2012 IMPROVEMENTS	01/01/12	SL	30.00		16	22,500.				22,500.	6,000.		750.	6,750.
16	2013 IMPROVEMENTS	12/31/13	SL	30.00		16	33,581.				33,581.	6,716.		1,119.	7,835.
17	ADA WORK AT C	10/24/14	SL	30.00		16	17,747.				17,747.	3,057.		592.	3,649.
18	MARYCREST-BUILDING IMPROVEMENT	11/10/16	SL	30.00		16	58,532.				58,532.	6,178.		1,951.	8,129.
19	CHARLES MARTIN	01/01/96	SL	30.00		16	1,230,647.				1,230,647.	984,518.		28,581.	1,013,099.
20	CHARLES MARTIN	01/01/02	SL	30.00		16	27,987.				27,987.	16,792.		933.	17,725.
21	CHARLES MARTIN	01/01/08	SL	30.00		16	76,000.				76,000.	30,400.		2,533.	32,933.
22	CHARLES MARTIN	01/01/09	SL	30.00		16	59,365.				59,365.	21,767.		1,979.	23,746.
23	CHARLES MARTIN	01/01/10	SL	30.00		16	8,494.				8,494.	2,831.		283.	3,114.
24	BLUME BUILDING	01/01/13	SL	18.00		16	452,000.				452,000.	175,778.		25,111.	200,889.
25	CHAPIN WEST A	01/01/09	SL	30.00		16	84,314.				84,314.	30,915.		2,810.	33,725.
26	301-307 CHAPIN	01/01/00	SL	30.00		16	529,505.				529,505.	353,003.		17,650.	370,653.
27	CHAPIN WEST A	01/01/01	SL	30.00		16	57,255.				57,255.	36,262.		1,909.	38,171.
28	301-307 CHAPIN	01/01/04	SL	5.00		16	205,224.				205,224.	205,224.		0.	205,224.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	CHAPIN WEST A	01/01/06	SL	30.00		16	23,178.				23,178.	10,817.		773.	11,590.
30	CHAPIN WEST A	01/01/08	SL	30.00		16	112,338.				112,338.	44,935.		3,745.	48,680.
31	CHAPIN MARKET	01/01/98	SL	30.00		16	343,434.				343,434.	251,851.		11,448.	263,299.
32	CHAPIN MARKET ADDITION	01/01/09	SL	30.00		16	54,710.				54,710.	20,060.		1,824.	21,884.
33	CHAPIN II	01/01/02	SL	30.00		16	523,294.				523,294.	313,976.		17,443.	331,419.
34	CHAPIN II ADDITION	01/01/03	SL	30.00		16	385,000.				385,000.	218,167.		12,833.	231,000.
35	CHAPIN II ADDITION	01/01/04	SL	30.00		16	14,000.				14,000.	7,467.		467.	7,934.
36	SMITTY'S STUDIO-815	01/01/13	SL	21.00		16	80,000.				80,000.	26,667.		3,810.	30,477.
37	ROBERTSON'S MEMORIAL	01/01/00	SL	10.00		16	527,218.				527,218.	527,218.		0.	527,218.
38	ROBERTSON'S MEMORIAL	01/01/01	SL	10.00		16	8,722.				8,722.	8,722.		0.	8,722.
39	TCU - LWW	01/01/50	SL	30.00		16	1,022,036.				1,022,036.	1,022,036.		0.	1,022,036.
40	TCU LAND	01/01/50	SL	7.00		16	48,000.				48,000.	48,000.		0.	48,000.
41	MARY-CREST BUILDING IMPROVEMENTS	10/16/17	SL	30.00		16	7,948.				7,948.	596.		265.	861.
42	909 COLFAX	04/01/12	SL	30.00		16	25,375.				25,375.	6,555.		846.	7,401.
43	GEO THERMAL ASSET	04/01/11	SL	27.50	MM	16	290,000.				290,000.	92,273.		10,545.	102,818.
44	SBHF FURNITURE	01/01/96	SL	5.00		16	25,492.				25,492.	25,492.		0.	25,492.
45	SBHF FURNITURE	01/01/02	SL	5.00		16	54,774.				54,774.	54,774.		0.	54,774.
46	SBHF FURNITURE	01/01/07	SL	5.00		16	3,325.				3,325.	3,325.		0.	3,325.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	TRUCKS	01/01/07	SL	5.00		16	17,614.				17,614.	17,614.		0.	17,614.
48	LINCOLNWAY CORRIDOR PROPERTY (NEW ROOF UNIT)	10/22/15	SL	30.00		16	4,890.				4,890.	679.		163.	842.
49	505 BROADWAY	10/01/12	SL	39.50		16	268,691.				268,691.	49,317.		6,802.	56,119.
50	MARY CREST RAMP ASSEMBLY	09/14/17	SL	5.00		16	2,657.				2,657.	1,240.		531.	1,771.
51	NEW WINDOWS DAYCARE	09/26/17	SL	27.50	MM	16	5,433.				5,433.	445.		198.	643.
52	LED PARKING LOT LIGHTS	01/07/18	SL	15.00		16	4,930.				4,930.	657.		329.	986.
53	ROOF TOP UNIT (RTU)	11/12/18	ADS	30.00	MM	17	13,820.				13,820.	518.		461.	979.
54	2ND PAYMENT OF MARYCREST HVAC UNIT	06/27/18	ADS	30.00	MM	17	7,498.				7,498.	386.		250.	636.
55	MARYCREST EMERGENCY PARAPET STABILIZATION W	07/31/18	ADS	30.00	MM	17	3,962.				3,962.	193.		132.	325.
56	MARYCREST T&M MASONRY	05/31/18	ADS	30.00	MM	17	3,962.				3,962.	215.		132.	347.
57	MITEL PHONE SYSTEM	01/31/18	SL	7.00		16	10,968.				10,968.	3,003.		1,567.	4,570.
58	SIGN	07/31/18	SL	5.00		16	1,563.				1,563.	443.		313.	756.
59	EXTERIOR LIGHT	01/17/18	SL	15.00		16	1,216.				1,216.	155.		81.	236.
61	HVAC SYSTEM	07/12/19	ADS	30.00	MM	17	7,212.				7,212.	110.		240.	350.
62	HEAT EXCHANGER	10/25/18	ADS	30.00	MM	17	2,395.				2,395.	96.		80.	176.
63	301-307 CHAPIN	06/01/19	SL	30.00		16	290,750.				290,750.	5,653.		9,692.	15,345.
65	STAIR UPGRADES	04/09/20	ADS	30.00	MM	20C	4,000.				4,000.			94.	94.
66	DOOR KNOBS/LOCKS	06/16/20	ADS	30.00	MM	20C	1,053.				1,053.			19.	19.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
67	SMOKE DETECTORS	06/26/20	ADS	30.00	MM20C	299.				299.			5.	5.
68	HOUSE DOCTOR RENOVATIONS	12/01/20	ADS	30.00	MM20C	81,341.				81,341.			113.	113.
69	CLOUD BROS	08/12/20	ADS	9.00	MC20A	1,820.				1,820.			76.	76.
70	U.S. 31 SUPPLY, INC.	08/24/20	ADS	30.00	MM20C	1,982.				1,982.			25.	25.
71	HOUSE OF ANDALA - RESTORATION	09/01/20	ADS	30.00	MM20C	180.				180.			2.	2.
72	DOMINIACK PLUMBING & MECHANICAL	09/01/20	ADS	30.00	MM20C	710.				710.			7.	7.
73	LINCOLN PLUMBING & DRAIN	09/17/20	ADS	30.00	MM20C	2,465.				2,465.			24.	24.
74	DOMINIACK PLUMBING & MECHANICAL	12/01/20	ADS	30.00	MM20C	705.				705.			1.	1.
75	PLUMBING LINES	12/01/20	ADS	30.00	MM20C	7,560.				7,560.			11.	11.
76	U.S. 31 SUPPLY, INC.	12/01/20	ADS	30.00	MM20C	462.				462.			1.	1.
77	838 COLFAX	12/31/20	ADS	30.00	MM20C	90,047.				90,047.			125.	125.
78	225 TAYLOR	12/31/20	ADS	30.00	MM20C	85,000.				85,000.			118.	118.
79	LAUNDRY ROOM WORK	02/12/20	ADS	30.00	MM20C	750.				750.			22.	22.
80	GAS METERS IN BASEMENT	03/03/20	ADS	30.00	MM20C	5,394.				5,394.			142.	142.
81	UNIT TURNS 624 A & C	01/01/20	ADS	30.00	MM20C	6,200.				6,200.			198.	198.
82	GEMINI COLFAX EAST FENCE	10/12/20	ADS	20.00	MC20A	3,000.				3,000.			19.	19.
83	A/C/E PLUMBING FOR GAS METERS	10/12/20	ADS	30.00	MM20C	472.				472.			3.	3.
84	STUDIO THERMOSTATS & AIR HANDLER	11/20/20	ADS	30.00	MM20C	248.				248.			1.	1.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
85	GEMINI BUILDING	01/01/20	ADS	30.00	MM	200	2,319,965.				2,319,965.			79,418.	79,418.
86	RENTAL - 130 LAUREL	01/01/04	SL	30.00		16	127,687.				127,687.	68,099.		4,690.	72,789.
87	RENTAL - 702 LASALLE/ 227 SCOTT	01/01/04	SL	30.00		16	166,340.				166,340.	88,715.		5,545.	94,260.
88	RENTAL - 623 LASALLE	01/01/05	SL	30.00		16	181,986.				181,986.	90,993.		6,066.	97,059.
89	909 COLFAX	01/01/05	SL	30.00		16	314,081.				314,081.	157,041.		10,469.	167,510.
90	RENTAL - 1146 WASHINGTON	01/01/07	SL	30.00		16	110,440.				110,440.	47,857.		3,681.	51,538.
91	RENTAL - 1031 WASHINGTON-OSBORNE	01/01/08	SL	30.00		16	537,553.				537,553.	215,021.		17,918.	232,939.
92	RENTAL - 1010 JEFFERSON	01/01/09	SL	30.00		16	119,340.				119,340.	43,758.		3,978.	47,736.
93	RENTAL - 917 COLFAX	01/01/12	SL	30.00		16	295,680.				295,680.	78,848.		9,856.	88,704.
94	RENTAL - 301-307 CHAPIN	02/04/15	SL	30.00		16	237,794.				237,794.	38,972.		7,926.	46,898.
95	RENTAL - 905-907 LINCOLNWAY WEST DUPLEX	06/30/16	SL	30.00		16	135,855.				135,855.	15,850.		4,529.	20,379.
96	A/C UNIT	08/08/18	SL	10.00		16	2,905.				2,905.	412.		290.	702.
97	TWO GAS HOT WATER HEATERS	09/25/19	SL	10.00		16	4,500.				4,500.	113.		450.	563.
98	TWO WATER HEATERS	12/03/19	SL	10.00		16	1,048.				1,048.	9.		105.	114.
101	CARPET FOR APT. 202	09/15/08	200DB	7.00	HY	17	1,377.				1,377.	1,377.		0.	1,377.
102	CARPET IN APT. 414	09/15/08	200DB	7.00	HY	17	1,447.				1,447.	1,447.		0.	1,447.
103	CARPET FOR APT. 216	10/11/08	200DB	7.00	HY	17	1,339.				1,339.	1,339.		0.	1,339.
104	CARPET FOR APT. 613	12/05/08	200DB	7.00	HY	17	2,530.				2,530.	2,530.		0.	2,530.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	NEW AWNING AND CABLE	03/09/09	200DB	7.00	HY17	1,594.				1,594.	1,594.		0.	1,594.
106	(2) GAS UNITS - 612/613	07/01/09	200DB	7.00	HY17	920.				920.	920.		0.	920.
107	DISHWASHER - 417	07/01/09	200DB	7.00	HY17	447.				447.	447.		0.	447.
108	(2) A/C CONDENSORS	07/01/09	200DB	7.00	HY17	2,610.				2,610.	2,610.		0.	2,610.
109	BASEMENT ELECTRICAL	03/26/13	SL	39.00	MM16	5,500.				5,500.	952.		141.	1,093.
110	RESIDENTIAL REAL PROPERTY	01/01/98	SL	27.50	MM16	6,962,966.				6,962,966.	5,559,780.		253,199.	5,812,979.
111	COMMERCIAL REAL PROPERTY	01/01/98	SL	39.00	MM17	402,135.				402,135.	226,416.		10,311.	236,727.
112	RESIDENTIAL REAL PROPERTY	01/01/00	SL	27.50	MM16	7,515.				7,515.	5,454.		273.	5,727.
113	COMMERCIAL REAL PROPERTY	01/01/00	SL	39.00	MM17	434.				434.	222.		11.	233.
114	COMMERCIAL REAL PROPERTY	09/01/01	SL	39.00	MM17	236.				236.	111.		6.	117.
115	RESIDENTIAL REAL PROPERTY	09/01/01	SL	27.50	MM16	4,093.				4,093.	2,723.		149.	2,872.
116	CARPET	07/15/05	SL	20.00	16	5,077.				5,077.	3,681.		254.	3,935.
117	FURNACE	07/15/05	200DB	7.00	HY17	3,352.				3,352.	3,352.		0.	3,352.
118	AUTOMATIC DOORS	02/27/06	SL	20.00	HY17	1,601.				1,601.	1,080.		80.	1,160.
119	IMPROVEMENTS	05/16/06	SL	20.00	HY17	3,375.				3,375.	2,278.		169.	2,447.
120	IMPROVEMENTS	05/26/06	SL	20.00	HY17	54,606.				54,606.	36,859.		2,730.	39,589.
121	VAULT	07/14/06	SL	20.00	HY17	139.				139.	94.		7.	101.
122	VAULT	07/20/06	SL	20.00	HY17	1,149.				1,149.	776.		57.	833.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
123	NEW CARPET	07/01/06	SL	20.00		HY17	1,516.				1,516.	1,023.		76.	1,099.
124	5TH FLOOR FURNACE	08/14/06	SL	20.00		HY17	1,833.				1,833.	1,237.		92.	1,329.
125	IMPROVEMENTS	08/22/06	SL	20.00		HY17	16,746.				16,746.	11,304.		837.	12,141.
126	SECURITY CAMERAS	11/10/06	SL	20.00		HY17	2,665.				2,665.	1,799.		133.	1,932.
127	TILE/FACTORY TILE OUTLET	01/10/07	SL	20.00		HY17	1,892.				1,892.	1,183.		95.	1,278.
128	CARPET FOR COMMUNITY	06/01/08	SL	20.00		16	2,239.				2,239.	1,297.		112.	1,409.
129	SCANNER FOR FRONT DOOR	11/15/08	SL	20.00		16	1,175.				1,175.	656.		59.	715.
130	CARPET AND INSTALLATION	09/09/09	200DB	7.00		HY17	1,377.				1,377.	1,377.		0.	1,377.
131	CARPET REPLACED WITH PAD	10/09/09	200DB	7.00		HY17	902.				902.	902.		0.	902.
132	CARPET REPLACED - 205	11/09/09	200DB	7.00		HY17	670.				670.	670.		0.	670.
133	BUILDING RENOVATIONS	02/01/12	SL	27.50		MM16	660,316.				660,316.	189,090.		24,011.	213,101.
134	REHABILITATION CREDIT	05/01/11	NC	.000		HY	23,416.				23,416.			0.	
135	INSTALL EFIS ON NORTHSIDE	07/01/13	SL	27.50		MM16	74,900.				74,900.	17,704.		2,724.	20,428.
136	FRONT ENCLOSURE INSTALLED TO	11/30/16	SL	27.50		MM16	5,721.				5,721.	641.		208.	849.
137	REPLACING STEEL OUTER DOOR TO	05/20/16	SL	27.50		MM16	1,090.				1,090.	142.		40.	182.
138	ENTRANCE DOOR INSTALLED TO LOBBY	12/14/16	SL	27.50		MM16	1,404.				1,404.	157.		51.	208.
139	CARPET INSTALLATION - 9 OFFICES	10/10/16	SL	7.00		16	14,349.				14,349.	6,662.		2,050.	8,712.
140	SOUTH ELEVATOR DRIVE REPLACEMENT	10/28/16	SL	27.50		MM16	31,143.				31,143.	3,586.		1,132.	4,718.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	NORTH ELEVATOR DRIVE UPGRADE	05/02/18	SL	27.50	MM16	26,446.				26,446.	1,603.		962.	2,565.
142	AC CONDENSOR	07/05/13	SL	39.00	MM16	8,550.				8,550.	1,425.		219.	1,644.
143	APPLIANCES	06/30/98	200DB	7.00	HY17	83,712.				83,712.	83,712.		0.	83,712.
144	WATER HEATER	02/24/06	200DB	7.00	HY17	337.				337.	337.		0.	337.
145	APPLIANCES	05/17/06	200DB	7.00	HY17	791.				791.	791.		0.	791.
146	APPLIANCES	09/08/06	200DB	7.00	HY17	302.				302.	302.		0.	302.
147	CAMERA UPGRADE	01/01/07	200DB	7.00	HY17	1,034.				1,034.	1,034.		0.	1,034.
148	PEERLESS HORIZON FIRE	04/18/07	200DB	7.00	HY17	4,991.				4,991.	4,991.		0.	4,991.
149	MISC. MIDWEST SALES	05/03/07	200DB	7.00	HY17	653.				653.	653.		0.	653.
150	REFRIGERATOR & 3 ALARM	10/01/09	200DB	7.00	HY17	489.				489.	489.		0.	489.
151	HOT WATER HEATER/TANK	08/01/16	SL	7.00	16	4,571.				4,571.	2,231.		653.	2,884.
152	SCOOTER HUSKY CARPET CLEAN	07/24/17	SL	7.00	16	1,541.				1,541.	532.		220.	752.
153	DEFERRED LOAN FEES	05/01/11	461	420M	HY43	82,491.				82,491.	20,426.		2,357.	22,783.
155	110, 112 S. WALNUT - A	11/16/10	SL	27.50	MM16	140,419.				140,419.	43,070.		5,539.	48,609.
156	107, 109 S. MAPLE - A	04/01/10	SL	27.50	MM16	140,419.				140,419.	49,359.		5,106.	54,465.
157	1204, 1202 W. WASHINGTON - D	12/02/10	SL	27.50	MM16	178,898.				178,898.	58,799.		6,505.	65,304.
158	1210, 1208, 1206 W. WASHINGTON - AC	12/02/10	SL	27.50	MM16	212,720.				212,720.	69,916.		7,735.	77,651.
159	1214, 1212 W. WASHINGTON - B1	06/14/10	SL	27.50	MM16	158,822.				158,822.	54,921.		5,775.	60,696.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
160	1218, 1216 W. WASHINGTON - D	01/15/12	SL	27.50	MM16	178,898.				178,898.	58,273.		6,505.	64,778.
161	1222, 1220 W. WASHINGTON - D	07/30/10	SL	27.50	MM16	178,898.				178,898.	61,353.		6,505.	67,858.
162	1228, 1226, 1224 W. WASHINGTON - AC	12/13/10	SL	27.50	MM16	212,720.				212,720.	69,916.		7,735.	77,651.
163	1234, 1232, 1230 W. WASHINGTON - AC	09/14/10	SL	27.50	MM16	212,720.				212,720.	71,737.		7,735.	79,472.
164	1238, 1236 W. WASHINGTON - D	05/24/10	SL	27.50	MM16	178,898.				178,898.	62,374.		6,505.	68,879.
165	1242, 1240 W. WASHINGTON - D	07/06/10	SL	27.50	MM16	178,898.				178,898.	61,353.		6,505.	67,858.
166	1246, 1244 W. WASHINGTON - B1	10/01/10	SL	27.50	MM16	158,822.				158,822.	53,107.		5,775.	58,882.
167	1252, 1250, 1248 W. WASHINGTON - AC	07/26/10	SL	27.50	MM16	212,720.				212,720.	72,952.		7,735.	80,687.
168	1256, 1254 W. WASHINGTON - D	03/22/10	SL	27.50	MM16	178,898.				178,898.	63,396.		6,505.	69,901.
169	106, 108 S. WALNUT - A	12/01/10	SL	27.50	MM16	140,419.				140,419.	46,152.		5,106.	51,258.
170	111, 113 S. MAPLE - A	05/24/10	SL	27.50	MM16	140,419.				140,419.	48,958.		5,106.	54,064.
171	1211, 1209 W. WASHINGTON - D	10/28/10	SL	27.50	MM16	178,898.				178,898.	59,821.		6,505.	66,326.
172	1215, 1213 W. WASHINGTON - B2	11/15/10	SL	27.50	MM16	167,522.				167,522.	55,538.		6,092.	61,630.
173	1219, 1217 W. WASHINGTON - D	06/14/10	SL	27.50	MM16	178,898.				178,898.	61,864.		6,505.	68,369.
174	1223, 1221 W. WASHINGTON - D	04/12/10	SL	27.50	MM16	178,898.				178,898.	62,885.		6,505.	69,390.
175	1229, 1227, 1225 W. WASHINGTON - AC	07/30/10	SL	27.50	MM16	212,720.				212,720.	72,952.		7,735.	80,687.
176	1235, 1233, 1231 W. WASHINGTON - AC	10/01/10	SL	27.50	MM16	212,720.				212,720.	71,130.		7,735.	78,865.
177	1239, 1237 W. WASHINGTON - D	05/03/10	SL	27.50	MM16	178,898.				178,898.	62,374.		6,505.	68,879.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
178	1243, 1241 W. WASHINGTON - D	07/30/10	SL	27.50		MM16	178,898.				178,898.	61,353.		6,505.	67,858.
179	1247, 1245 W. WASHINGTON - B1	11/15/10	SL	27.50		MM16	158,822.				158,822.	52,654.		5,775.	58,429.
180	1253, 1245 W. WASHINGTON - B1	08/03/10	SL	27.50		MM16	212,720.				212,720.	72,344.		7,735.	80,079.
181	1257, 1255 W. WASHINGTON - D	03/30/10	SL	27.50		MM16	178,898.				178,898.	63,396.		6,505.	69,901.
182	110, 112 N. WALNUT - A	12/01/10	SL	27.50		MM16	140,419.				140,419.	46,152.		5,106.	51,258.
183	114, 116 N. WALNUT - A	01/15/12	SL	27.50		MM16	140,419.				140,419.	45,527.		5,106.	50,633.
184	118 N. WALNUT	01/15/12	SL	27.50		MM16	233,327.				233,327.	75,649.		8,485.	84,134.
185	902 W. COLFAX	06/02/10	SL	27.50		MM16	102,749.				102,749.	35,531.		3,736.	39,267.
186	906 W. COLFAX	08/30/10	SL	27.50		MM16	243,727.				243,727.	82,890.		8,863.	91,753.
187	910-912 W. COLFAX	10/28/10	SL	27.50		MM16	225,909.				225,909.	75,541.		8,215.	83,756.
188	136 LAPORTE	04/21/10	SL	27.50		MM16	174,967.				174,967.	61,503.		6,362.	67,865.
189	146 LAPORTE	08/26/10	SL	27.50		MM16	122,351.				122,351.	41,610.		4,449.	46,059.
190	130-132 LAPORTE	11/16/10	SL	27.50		MM16	303,508.				303,508.	100,621.		11,037.	111,658.
191	128 LAPORTE	10/25/10	SL	27.50		MM16	182,412.				182,412.	60,995.		6,633.	67,628.
192	SBHF 1ST QTR 2010	03/31/10	200DB	5.00		HY17	3,570.				3,570.	3,570.		0.	3,570.
193	SBHF 2ND QTR 2010	06/30/10	200DB	5.00		HY17	15,173.				15,173.	15,173.		0.	15,173.
194	SBHF 3RD QTR 2010	09/30/10	200DB	5.00		HY17	19,635.				19,635.	19,635.		0.	19,635.
195	SBHF 4TH QTR 2010	12/31/10	200DB	5.00		HY17	29,453.				29,453.	29,453.		0.	29,453.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
196	SBHF - 1ST QTR 2012	03/31/12	200DB	5.00		HY17	4,463.				4,463.	4,463.		0.	4,463.
197	SBHF REMAINING APPLIANCES	12/31/10	200DB	5.00		HY17	4,991.				4,991.	4,991.		0.	4,991.
198	DEBT ISSUANCE COSTS	02/15/10	461	180M		HY43	288,473.				288,473.	187,107.		19,232.	206,339.
	* 990 PAGE 10 TOTAL OTHER						28098859.				28098859.	14581581.		913,885.	15495466.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						28680023.				28680023.	14581581.		913,885.	15495466.
CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						25698731.			0.	25698731.	14581581.			15415042.
	ACQUISITIONS						2,981,292.			0.	2,981,292.	0.			80,424.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						28680023.			0.	28680023.	14581581.			15495466.
	ENDING ACCUM DEPR											15495466.			
	ENDING BOOK VALUE											13184557.			

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**SOUTH BEND HERITAGE FOUNDATION, INC.**

**FORM 990 PAGE 10**

**23-7394320**

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

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	795,973.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	15,899.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life	4,820.	VARIABLES	MQ	S/L	95.	
b	12-year		12 yrs.		S/L		
c	30-year	01 /20	2,608,833.	30 yrs.	MM	S/L	80,329.
d	40-year	/	40 yrs.	MM	S/L		

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	892,296.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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.

Table with 2 columns: Question, Yes No. Includes rows 37-41.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

**FOR THE YEAR ENDING**

December 31, 2020

---

**Prepared For:**

SOUTH BEND HERITAGE FOUNDATION, INC.  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

---

**Prepared By:**

DAUBY O'CONNOR & ZALESKI, LLC  
501 CONGRESSIONAL BLVD #300  
CARMEL, IN 46032

---

**Amount of Tax:**

No payment is required.

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return To:**

Indiana Department of Revenue  
Tax Administration  
P.O. Box 6481  
Indianapolis, Indiana 46206-6481

---

**Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

---

**Special Instructions:**

The report should be signed and dated by an authorized individual(s).



**NP-20**

State Form 51062  
(R11 / 8-20)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year**

Beginning    and Ending

Place "X" in box if: Change of Address  Amended Report  Final Report:  Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED

Name of Organization

Telephone Number

Address

County

Indiana Taxpayer Identification Number

City

State

ZIP Code

Federal Employer Identification Number

Printed Name of Person to Contact

Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Indicate number of years your organization has been in continuous existence: 50
2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

\_\_\_\_\_  
Signature of Officer or Trustee

CFO  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person(s) to Contact

574 289 1066  
\_\_\_\_\_  
Daytime Telephone Number



2542011019

SEE FEDERAL RETURN, PAGE 2, PART III FOR ORGANIZATIONS EXEMPT PURPOSE.

FINAL

NAME AND ADDRESS	TITLE
MARCO MARIANI 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	EXECUTIVE DIRECTOR
JONATHAN WINGFIELD 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	PRESIDENT
KARL EDMONSON 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	VICE PRESIDENT
TIM MEHALL 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	CHAIR
MARY JAN HEDMAN 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	TREASURER
MARGUERITE A. TAYLOR 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	SECRETARY
DE BRYANT 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	EXECUTIVE COMMITTEE
CHARLOTTE D. PFEIFER 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	FORMER BOARD MEMBER
CONSUELLA HOPKINS 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	BOARD MEMBER
REV. MARY L. HUBBARD 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	BOARD MEMBER
SOLOMON L. ANDERSON 803 LINCOLNWAY WEST SOUTH BEND, IN 46616	BOARD MEMBER

LYNN COLEMAN  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

MARGO DEMONT  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

REBECCA BONHAM  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

MATTHEW J. GRAY  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

PASTOR CANNETH LEE  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

JO ANN G. MACKENZIE  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

GEORGE CRESSY III  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

DEBRA M. STANLEY  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

TOY VILLA  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

SUSAN R. VISSER  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

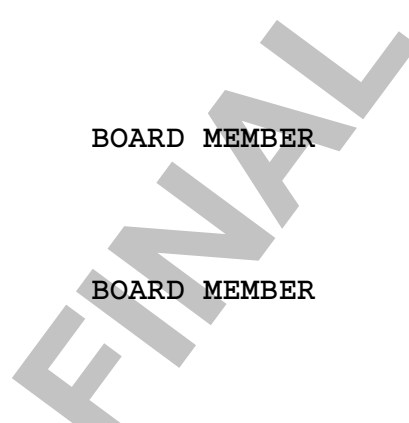
BOARD MEMBER

DEBRA WALKER  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

ANDRE WADDELL  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER



WILLIAM A. WELSHEIMER, JR.  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

MARCIA JONES  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

CHARLES F. LEHMAN  
803 LINCOLNWAY WEST  
SOUTH BEND, IN 46616

BOARD MEMBER

FINAL