

**INDIAN RIVER COMMUNITY
FOUNDATION, INC.**

FORM 990

**TAX YEAR ENDED
JUNE 30, 2020**

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIAN RIVER COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 643968 City or town, state or province, country, and ZIP or foreign postal code VERO BEACH, FL 32964	D Employer identification number 20-1729243 E Telephone number 772-492-1407
	F Name and address of principal officer: JEFFREY R. PICKERING SAME AS C ABOVE	G Gross receipts \$ 28,402,389. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.IRCOMMUNITYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004 M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE INDIAN RIVER COMMUNITY FOUNDATION'S MISSION IS BUILDING A BETTER COMMUNITY THROUGH		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	30,909,274.	9,571,343.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,805,626.	1,661,663.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,409.	453,192.
12			33,128,309.	11,686,198.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,977,202.	8,148,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	388,756.	403,915.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 155,551.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	892,630.	1,251,997.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,258,588.	9,804,540.
	19	Revenue less expenses. Subtract line 18 from line 12	21,869,721.	1,881,658.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	68,409,018.	71,889,983.
22	Net assets or fund balances. Subtract line 21 from line 20	2,219,937.	2,619,237.	
22		66,189,081.	69,270,746.	

Part II Signature Block

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

Sign Here	Signature of officer JEFFREY R. PICKERING, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DEBORAH A. CRUM, CPA	Preparer's signature DEBORAH A. CRUM, CPA
	Date 03/18/21	Check if self-employed <input type="checkbox"/> PTIN P00282890
	Firm's name ▶ REHMANN ROBSON LLC	Firm's EIN ▶ 38-3635706
	Firm's address ▶ 5070 HIGHWAY A1A, STE 250 VERO BEACH, FL 32963	Phone no. (772) 234-8484

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BUILDING A BETTER COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY.

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 \$ 8,975,171. including grants of \$ 8,148,628.) (Revenue \$) ONE WAY WE CARRY OUT OUR MISSION IS BY GROWING, STEWARDING AND DEPLOYING PHILANTHROPIC CAPITAL TO MAKE OUR COMMUNITY BETTER. WE DO THIS TROUGH TWO MAIN PRODUCTS, DONOR ADVISED FUNDS AND ENDOWMENTS, WHICH OUR CLIENTS USE TO GIVE OR LEAVE A LEGACY TO THE CHARITABLE CAUSES THEY LOVE. ANOTHER WAY WE CARRY OUT OUR MISSION IS BY DEVELOPING AND SHARING COMMUNITY KNOWLEDGE ABOUT THE LOCAL NEEDS AND NONPROFIT CHARITABLE ORGANIZATIONS, PROGRAMS AND PROJECTS THAT MERIT PHILANTHROPIC INVESTMENT. WE DO THIS USING INNOVATIVE TOOLS SUCH AS OUR ONLINE NONPROFIT SEARCH AND PUBLICATIONS LIKE OUR GUIDE TO BETTER GIVING, WHICH ARE USED BY CLIENTS AND OTHERS TO MAKE MORE INFORMED GIVING DECISIONS. INDIAN RIVER COMMUNITY FOUNDATION IS GOVERNED AND MANAGED BY ENGAGED AND INVESTED LEADERS WHO BELIEVE THAT OUR

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 8,975,171.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	20	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	20	
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8a		X	
8b		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.)

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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 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 **GREATER HORIZONS - 816-627-3408**
1055 BROADWAY SUITE 130, KANSAS CITY, MO 64105

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) REBECCA F. EMMONS CHAIRMAN	4.00	X		X			0.	0.	0.	
(2) RONALD L. EDWARDS VICE CHAIR	4.00	X		X			0.	0.	0.	
(3) DEBRA K. LOCKWOOD TREASURER	4.00	X		X			0.	0.	0.	
(4) JENNIFER M. WATSON SECRETARY	4.00	X		X			0.	0.	0.	
(5) LARRY SALUSTRO DIRECTOR	2.00	X					0.	0.	0.	
(6) PHILIP E. COVIELLO DIRECTOR	2.00	X					0.	0.	0.	
(7) MATTHEW G. RUNDELS DIRECTOR	2.00	X					0.	0.	0.	
(8) DALE F. JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(9) NEILL A. CURRIE DIRECTOR	2.00	X					0.	0.	0.	
(10) SANDRA ROLF DIRECTOR	2.00	X					0.	0.	0.	
(11) RAY OGLETHORPE DIRECTOR	2.00	X					0.	0.	0.	
(12) PATRICIA HEMINGWAY HALL DIRECTOR	2.00	X					0.	0.	0.	
(13) RICHARD G. MCDERMOTT JR DIRECTOR	2.00	X					0.	0.	0.	
(14) MICHAEL MCMANUS DIRECTOR	2.00	X					0.	0.	0.	
(15) BETH MOULTON DIRECTOR	2.00	X					0.	0.	0.	
(16) KATHRYN B. HEALY DIRECTOR	2.00	X					0.	0.	0.	
(17) LOUIS C. SCHACHT DIRECTOR	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) WILLIAM F. SCHLITT DIRECTOR	2.00	X					0.	0.	0.	
(19) BRIAN M. SHAMBO DIRECTOR	2.00	X					0.	0.	0.	
(20) ROBERT B. BURR JR. DIRECTOR	2.00	X					0.	0.	0.	
(21) JEFFREY R. PICKERING CEO/PRESIDENT	40.00			X			195,020.	0.	13,526.	
1b Subtotal							195,020.	0.	13,526.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							195,020.	0.	13,526.	

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 **1**

	Yes	No
3 Did the organization list any former 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
NONE		

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 **0**

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,571,343.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,890,758.			
	h	Total. Add lines 1a-1f		9,571,343.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,352,028.		1,352,028.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				17,025,826.			
	7 b	Less: cost or other basis and sales expenses		16,716,039.	152.		
	7 c	Gain or (loss)		309,787.	-152.		
d	Net gain or (loss)		309,635.		309,635.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMIN FEES BILLED TO FUNDS	900099	453,120.	453,120.		
		OTHER INCOME	900099	72.	72.		
		All other revenue					
		Total. Add lines 11a-11d			453,192.		
12	Total revenue. See instructions			11,686,198.	453,192.	0.	
						1,661,663.	

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	8,148,628.	8,148,628.		
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	210,891.	63,267.	42,178.	105,446.
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	140,342.	46,530.	87,169.	6,643.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,665.	3,022.	3,559.	3,084.
9 Other employee benefits	21,068.	6,586.	7,759.	6,723.
10 Payroll taxes	21,949.	6,861.	8,083.	7,005.
11 Fees for services (nonemployees):				
a Management				
b Legal	337.		337.	
c Accounting	23,050.		23,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	329,024.		329,024.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	85,554.	85,554.		
12 Advertising and promotion	4,585.	3,668.		917.
13 Office expenses	54,085.	20,467.	16,580.	17,038.
14 Information technology	1,080.	864.		216.
15 Royalties				
16 Occupancy	36,743.	3,268.	33,475.	
17 Travel	3,962.	1,981.	1,981.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,141.	8,176.	28,882.	2,083.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,249.		11,249.	
23 Insurance	3,039.		3,039.	
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 ADMINISTRATIVE FEES	435,575.	435,575.		
b CONTRACT SERVICE FEE	86,900.	43,450.	43,450.	
c PROJECT EXPENSES	67,583.	67,583.		
d SUBSCRIPTIONS & MEMBERS	30,959.	18,575.	12,384.	
e All other expenses	39,131.	11,116.	21,619.	6,396.
25 Total functional expenses. Add lines 1 through 24e	9,804,540.	8,975,171.	673,818.	155,551.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	409,193.	1	647,001.
	2 Savings and temporary cash investments	6,504,407.	2	7,702,124.
	3 Pledges and grants receivable, net	131,744.	3	302,013.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,383.	9	11,397.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 93,690.		
	b Less: accumulated depreciation	10b 80,648.	23,812.	10c 13,042.
	11 Investments - publicly traded securities	61,304,948.	11	63,203,114.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,531.	15	11,292.
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,409,018.	16	71,889,983.	
Liabilities	17 Accounts payable and accrued expenses	16,855.	17	18,458.
	18 Grants payable	989,500.	18	212,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,213,582.	25	2,388,279.
	26 Total liabilities. Add lines 17 through 25	2,219,937.	26	2,619,237.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	65,594,121.	27	68,270,800.
	28 Net assets with donor restrictions	594,960.	28	999,946.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	66,189,081.	32	69,270,746.
33 Total liabilities and net assets/fund balances	68,409,018.	33	71,889,983.	

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	11,686,198.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,804,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,881,658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,189,081.
5	Net unrealized gains (losses) on investments	5	1,200,007.
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	69,270,746.

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 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8203113.	10305356.	16484425.	30909274.	9571343.	75473511.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8203113.	10305356.	16484425.	30909274.	9571343.	75473511.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25872059.
6 Public support. Subtract line 5 from line 4.						49601452.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8203113.	10305356.	16484425.	30909274.	9571343.	75473511.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	426,304.	513,681.	776,295.	1103717.	1352028.	4172025.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						79645536.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	62.28 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	62.07 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

COPY

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

2019

Open to Public Inspection

Name of the organization **INDIAN RIVER COMMUNITY FOUNDATION, INC.** Employer identification number **20-1729243**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	127	58
2 Aggregate value of contributions to (during year)	3,865,362.	5,705,981.
3 Aggregate value of grants from (during year)	4,752,419.	3,396,209.
4 Aggregate value at end of year	60,311,570.	11,578,413.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2019

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	1,552,834.	681,578.			
b Contributions	449,006.	836,474.			
c Net investment earnings, gains, and losses	57,719.	66,083.			
d Grants or scholarships					
e Other expenditures for facilities and programs	40,069.	31,301.			
f Administrative expenses					
g End of year balance	2,019,490.	1,552,834.			

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 54.69 %
 - b Permanent endowment 45.31 %
 - 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 |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land				
b Buildings				
c Leasehold improvements		14,487.	14,245.	242.
d Equipment		51,766.	38,966.	12,800.
e Other		27,437.	27,437.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,042.

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)		
Total. (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)		
Total. (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)	
Total. (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) FUNDS HELD FOR AGENCIES	2,301,772.
(3) CHARITABLE REMAINDER UNITRUST	86,507.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,388,279.

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	12,555,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,200,007.
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	1,200,007.
3	Subtract line 2e from line 1	3	11,355,991.
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	329,024.
b	Other (Describe in Part XIII.)	4b	1,183.
c	Add lines 4a and 4b	4c	330,207.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,686,198.

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	9,474,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,474,333.
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	329,024.
b	Other (Describe in Part XIII.)	4b	1,183.
c	Add lines 4a and 4b	4c	330,207.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,804,540.

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:

THE BETTER GIVING ENDOWMENT FUND SUPPORTS THE COMMUNITY FOUNDATION'S CHARITABLE MISSION BY PROVIDING A PERMANENT POOL OF CAPITAL AND AN ANNUAL DISTRIBUTION OF UNRESTRICTED DOLLARS FOR GRANTS TO INDIAN RIVER COUNTY CHARITIES. THE IRCF OPERATING ENDOWMENT FUND SUPPORTS THE COMMUNITY FOUNDATION'S CHARITABLE MISSION BY PROVIDING A PERMANENT POOL OF CAPITAL AND AN ANNUAL DISTRIBUTION OF UNRESTRICTED DOLLARS FOR OPERATING EXPENSES.

PART X, LINE 2:

THE FOUNDATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2017 THROUGH 2020, THE YEARS, WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2020. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT

Part XIII Supplemental Information (continued)

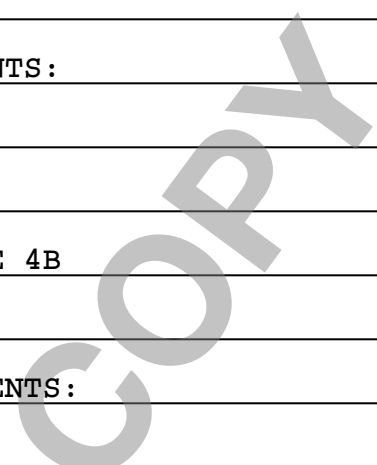
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2020 OR 2019, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN TAXES ON INVESTMENT	1,335.
LOSS ON ASSETS DISPOSAL	-152.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,183.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN TAXES ON INVESTMENT	1,335.
LOSS ON ASSETS DISPOSAL	-152.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,183.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **INDIAN RIVER COMMUNITY FOUNDATION, INC.** Employer identification number **20-1729243**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
36TH CHURCH OF CHRIST, SCIENTIST 4032 WHITSETT AVENUE STUDIO CITY, CA 91604	04-2254742	3	6,650.	0.			GENERAL OPERATING
ALLIANCE TO PROTECT NANTUCKET SOUND, INC. - 4 BARNSTABLE ROAD - HYANNIS, MA 02601	10-0008105	3	16,000.	0.			GENERAL OPERATING
ALZHEIMER/PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY, INC - 2300 5TH AVE., SUITE 150 - VERO BEACH, FL 32960	59-2437723	3	52,750.	0.			GENERAL OPERATING
AMERICAN CANCER SOCIETY, INC 3375 20TH ST., #100 VERO BEACH, FL 32960	13-1788491	3	8,150.	0.			GENERAL OPERATING
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	3	22,000.	0.			GENERAL OPERATING
AMERICAN RED CROSS PALM BEACH TREASURE COAST - 2506 17TH AVENUE - VERO BEACH, FL 32960-3322	53-0196605	3	9,000.	0.			GENERAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **190.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTIQUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606	3	11,100.	0.			GENERAL OPERATING
ARC OF INDIAN RIVER COUNTY, INC. 1375 16TH AVENUE VERO BEACH, FL 32960	59-1626205	3	20,250.	0.			GENERAL OPERATING
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457	04-2103544	3	6,000.	0.			GENERAL OPERATING
BALLET VERO BEACH, INC 2135 WINDWARD WAY #209 VERO BEACH, FL 32963	46-1513558	3	41,000.	0.			GENERAL OPERATING
BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER, & OKEECHOBEE COUNTIES - 1846 18TH AVE - VERO BEACH, FL 32960	59-2455513	3	14,850.	0.			GENERAL OPERATING
BIKE WALK INDIAN RIVER COUNTY INC P.O. BOX 1792 VERO BEACH, FL 32961	81-0947771	3	14,000.	0.			GENERAL OPERATING
BOYS AND GIRLS CLUBS 22 S ORANGE STREET FELLSMERE, FL 32948	59-3623298	3	5,500.	0.			GENERAL OPERATING
BOYS AND GIRLS CLUBS OF INDIAN RIVER COUNTY - 1729 17TH AVENUE - VERO BEACH, FL 32960	59-3623298	3	105,540.	0.			GENERAL OPERATING
BRAVO COLORADO AT VAIL - BEAVER CREEK - VAIL VALLEY MUSIC FESTIVAL - VAIL, CO 81657	84-1074065	3	5,500.	0.			GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO PHILHARMONIC ORCHESTRA SOCIETY INC. - 786 DELAWARE AVENUE - BUFFALO, NY 14209	16-0755739	3	10,000.	0.			GENERAL OPERATING
BUFFALO STATE COLLEGE FOUNDATION INC. - 1300 ELMWOOD AVENUE - BUFFALO, NY 14222	16-6037117	3	5,000.	0.			GENERAL OPERATING
CALVARY CHAPEL PORT SAINT LUCIE 5555 NW ST. JAMES DRIVE PORT SAINT LUCIE, FL 34983	20-0904790	3	27,275.	0.			GENERAL OPERATING
CAMP HAVEN 3256 US HIGHWAY 1 VERO BEACH, FL 32960	45-4235195	3	75,400.	0.			GENERAL OPERATING
CANISIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743942	3	20,000.	0.			GENERAL OPERATING
CENTENARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07840	22-1500484	3	10,000.	0.			GENERAL OPERATING
CHARITY: WATER 40 WORTH STREET NEW YORK, NY 10013	22-3936753	3	5,000.	0.			GENERAL OPERATING
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DRIVE JOHN'S ISLAND, SC 29455	57-0524957	3	132,000.	0.			GENERAL OPERATING
CHICAGO COUNCIL ON GLOBAL AFFAIRS 332 S MICHIGAN AVENUE CHICAGO, IL 60604	36-2181969	3	35,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDCARE RESOURCES OF INDIAN RIVER - 2300 5TH AVENUE, SUITE 149 - VERO BEACH, FL 32960	65-0523165	3	91,141.	0.			GENERAL OPERATING
CHILDREN'S HOME SOCIETY OF FLORIDA 650 10TH STREET VERO BEACH, FL 32960	59-3055343	3	21,000.	0.			GENERAL OPERATING
CHRIST CHURCH VERO BEACH 667 20TH ST. VERO BEACH, FL 32960		3	31,500.	0.			GENERAL OPERATING
CHRISTIAN FM - WSCF RADIO 6767 20TH STREET VERO BEACH, FL 32966	59-3028392	3	6,000.	0.			GENERAL OPERATING
CHURCH OF THE GOOD SHEPHERD PO BOX 32 CASHIERS, NC 28717		3	11,000.	0.			GENERAL OPERATING
CINCINNATI MUSEUM CENTER 1301 WESTERN AVENUE CINCINNATI, OH 45203	31-1212634	3	5,000.	0.			GENERAL OPERATING
CITY OF VERO BEACH 1053 20TH PLACE VERO BEACH, FL 32961	59-6000445	3	33,097.	0.			GENERAL OPERATING
COLD SPRING HARBOR LABORATORY 1 BUNGTON ROAD COLD SPRING HARBOR, NY 11724	11-2013303	3	5,000.	0.			GENERAL OPERATING
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205-1453	31-6044264	3	19,800.	0.			GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BOYS & GIRLS CLUB PO BOX 1612 WILMINGTON, NC 28401	56-0636247	3	42,790.	0.			GENERAL OPERATING
COMMUNITY CHURCH OF VERO BEACH 1901 23RD STREET VERO BEACH, FL 32960	13-1957221	3	86,000.	0.			GENERAL OPERATING
CONDON COMMUNITY CHURCH PO BOX 1073 CONDON, MT 59826	81-0388273	3	15,000.	0.			GENERAL OPERATING
CROSSOVER MISSION INC 1965 42ND AVE. SUITE 3 VERO BEACH, FL 32960	46-5125222	3	31,000.	0.			GENERAL OPERATING
CRYSTAL LAKE CAMPS INC 1676 CRYSTAL LAKE ROAD HUGHESVILLE, PA 17737	23-2330917	3	5,000.	0.			GENERAL OPERATING
DASIE BRIDGEWATER HOPE CENTER PO BOX 701483 WABASSO, FL 32970	02-0633089	3	8,350.	0.			GENERAL OPERATING
DIOCESE OF PALM BEACH 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33418	59-2438903	3	9,150.	0.			GENERAL OPERATING
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	3	5,000.	0.			GENERAL OPERATING
DOGS FOR LIFE INC. 1230 16TH AVENUE VERO BEACH, FL 32960	31-1800397	3	11,820.	0.			GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH SUPERIOR AREA COMMUNITY FOUNDATION - APOSTLE ISLAND COMMUNITY FUND - BAYFIELD, WI 54814	41-1429402	3	5,000.	0.			GENERAL OPERATING
ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY (EOC) - 2455 SAINT LUCIE AVENUE - VERO BEACH, FL 32960	59-1144567	3	15,000.	0.			GENERAL OPERATING
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 7046 - VERO BEACH, FL 32961	59-3118402	3	17,150.	0.			GENERAL OPERATING
ENVIRONMENTAL LEARNING CENTER 255 LIVE OAK DRIVE VERO BEACH, FL 32963	65-0064129	3	19,750.	0.			GENERAL OPERATING
ESSELSTYN FAMILY FOUNDATION INC 3 PEPPER RIDGE ROAD PEPPER PIKE, OH 44124	83-3193194	3	25,000.	0.			GENERAL OPERATING
EVERLASTING COVENANT CHURCH 17 EVERLASTING DR FAIRMONT, WV 26554	55-0747385	3	5,000.	0.			GENERAL OPERATING
FAIRFIELD COUNTY FOUNDATION 162 E. MAIN STREET LANCASTER, OH 43130	34-1623983	3	19,900.	0.			GENERAL OPERATING
FIRST UNITED METHODIST CHURCH 1750 20TH STREET VERO BEACH, FL 32960	59-0799905	3	22,542.	0.			GENERAL OPERATING
FOOD PANTRY OF INDIAN RIVER COUNTY, INC. - 2206 16TH AVENUE - VERO BEACH, FL 32960	13-4301530	3	8,000.	0.			GENERAL OPERATING

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GEORGIA STATE UNIVERSITY FOUNDATION INC - PO BOX 2668 - ATLANTA, GA 30301	58-6033185	3	25,000.	0.			GENERAL OPERATING
GIFFORD FLORIDA YOUTH ORCHESTRA PO BOX 69116 VERO BEACH, FL 32969	80-0605983	3	5,000.	0.			GENERAL OPERATING
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVENUE VERO BEACH, FL 32967	43-1950911	3	177,050.	0.			GENERAL OPERATING
GLOW NC INC 4100 SUNGLOW DRIVE WILMINGTON, NC 28405	47-3629354	3	21,500.	0.			GENERAL OPERATING
GRACE FARMS FOUNDATION PO BOX 876 NEW CANAAN, CT 06840	27-1401401	3	5,000.	0.			GENERAL OPERATING
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	3	26,000.	0.			GENERAL OPERATING
GREEN TURTLE CAY FOUNDATION 1001 FANNIN ST STE 3200 HOUSTON, TX 77002	76-0490132	3	117,500.	0.			GENERAL OPERATING
GUSTAVUS ADOLPHUS COLLEGE 800 W COLLEGE AVENUE ST. PETER, MN 56082	41-0695524	3	17,000.	0.			GENERAL OPERATING
HADDASSAH 40 WALL STREET 8TH FLOOR NEW YORK, NY 10005	13-1656651	3	5,000.	0.			GENERAL OPERATING

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HAITI CLINIC, INC. 865 37TH PLACE VERO BEACH, FL 32960	26-1960750	3	6,000.	0.			GENERAL OPERATING
HEAD, HEART AND HANDS OF INDIAN RIVER CLUB - 800 CAROLINA CIRCLE SW - VERO BEACH, FL 32962	47-4311344	3	12,000.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER 1145 12TH ST VERO BEACH, FL 32960	59-2632361	3	46,400.	0.			GENERAL OPERATING
HIGHER GROUND INC PO BOX 6791 KETCHUM, ID 83340	82-0512146	3	5,000.	0.			GENERAL OPERATING
HOPE FOR FAMILIES CENTER 715 4TH PLACE VERO BEACH, FL 32962	59-3129752	3	128,950.	0.			GENERAL OPERATING
HUMANE SOCIETY OF VERO BEACH FLA 6230 77TH STREET VERO BEACH, FL 32967	59-0863199	3	22,097.	0.			GENERAL OPERATING
I AM MINISTRIES, INC. D/B/A THE SOURCE - PO BOX 2458 - VERO BEACH, FL 32961	59-3354241	3	42,100.	0.			GENERAL OPERATING
IDAHO HUMANE SOCIETY INC 1300 S. BIRD STREET BOISE, ID 83709	82-0212536	3	10,000.	0.			GENERAL OPERATING
IMPACT 100 GLOBAL ADVISORY COUNCIL 164 CARPENTER HILL ROAD TRAVERSE CITY, MI 49686-6108	47-4353630	3	10,000.	0.			GENERAL OPERATING

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IMPACT 100 OF INDIAN RIVER COUNTY INC - PO BOX 643425 - VERO BEACH, FL 32964	83-1598994	3	17,350.	0.			GENERAL OPERATING
IN TOUCH MINISTRIES, INC. PO BOX 7900 ATLANTA, GA 30357	58-1495310	3	5,000.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY HEALTHY START COALITION - 1555 INDIAN RIVER BLVD - VERO BEACH, FL 32960	65-0363222	3	6,000.	0.			GENERAL OPERATING
INDIAN RIVER HABITAT FOR HUMANITY 4568 N U.S. 1 VERO BEACH, FL 32967	65-0230079	3	35,500.	0.			GENERAL OPERATING
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE, SUITE 301 VERO BEACH, FL 32960	65-0059649	3	172,200.	0.			GENERAL OPERATING
INDIAN RIVER MEDICAL CENTER FOUNDATION, INC. - 1000 37TH PLACE, SUITE 101 - VERO BEACH, FL 32960	59-0760215	3	240,408.	0.			GENERAL OPERATING
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. - 3209 VIRGINIA AVE - FORT PIERCE, FL 34981	59-1105591	3	7,000.	0.			GENERAL OPERATING
INDIAN RIVER SYMPHONIC ASSOCIATION, INC. - PO BOX 2801 - VERO BEACH, FL 32961	65-0441009	3	8,000.	0.			GENERAL OPERATING
IRCF - HURRICANE RELIEF FUND PO BOX 643968 VERO BEACH, FL 32964	20-1729243	3	5,000.	0.			GENERAL OPERATING

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ISLAND SCHOOL 3-1875 KAUMUALII HIGHWAY LIHUE, HI 96766		3	10,000.	0.			GENERAL OPERATING
JACOBS INSTITUTE INC 875 ELLICOTT STREET, 5TH FLOOR BUFFALO, NY 14203-1070	26-3085485	3	13,500.	0.			GENERAL OPERATING
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE, INC. - 4445 N. HIGHWAY A1A - VERO BEACH, FL 32963	59-1978180	3	26,450.	0.			GENERAL OPERATING
JOHN'S ISLAND FOUNDATION, INC. 6001 HIGHWAY A1A, PMB 8323 INDIAN RIVER SHORES, FL 32963	65-0916419	3	45,100.	0.			GENERAL OPERATING
KARTEMQUIN EDUCATIONAL FILMS 1901 W WELLINGTON AVENUE CHICAGO, IL 60657	23-7430402	3	25,000.	0.			GENERAL OPERATING
KINDERGARTEN READINESS COLLABORATIVE OF INDIAN RIVER COUNTY - 1555 INDIAN RIVER BLVD - VERO BEACH, FL 32960	81-0827641	3	15,000.	0.			GENERAL OPERATING
LA POINTE COMMUNITY CLINIC INC. PO BOX 86 LA POINTE, WI 54850	20-4888963	3	5,000.	0.			GENERAL OPERATING
LAKE TOXAWAY CHARITIES PO BOX 163 LAKE TOXAWAY, NC 28747	56-1882460	3	16,400.	0.			GENERAL OPERATING
LAURA (RIDING) JACKSON FOUNDATION P.O. BOX 643786 VERO BEACH, FL 32964	59-3160354	3	21,000.	0.			GENERAL OPERATING

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LEUKEMIA & LYMPHOMA SOCIETY INC. 3230 COMMERCE PLACE, SUITE B WEST PALM BEACH, FL 33407	13-5644916	3	11,500.	0.			GENERAL OPERATING
LIFEBUILDERS OF THE TREASURE COAST INC. - 1664 SE WALTON RD. - PORT ST. LUCIE, FL 34952	27-0628451	3	7,500.	0.			GENERAL OPERATING
LITERACY SERVICES OF INDIAN RIVER COUNTY - 1600 21ST STREET - VERO BEACH, FL 32960	59-1987210	3	7,000.	0.			GENERAL OPERATING
LITTLE BIRTHDAY ANGELS INC 1275 US HIGHWAY 1, SUITE 2, PMB 131 VERO BEACH, FL 32960	47-4157223	3	16,500.	0.			GENERAL OPERATING
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	53-0196617	3	25,150.	0.			GENERAL OPERATING
MAYO CLINIC NATIONAL CORRESPONDENCE OFFICE ROCHESTER, MN 55902	41-6011702	3	5,100.	0.			GENERAL OPERATING
MCKEE BOTANICAL GARDEN 350 US HIGHWAY 1 VERO BEACH, FL 32962	65-1189895	3	55,200.	0.			GENERAL OPERATING
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - BAY HARBOR, MI 49770-2272	38-2445611	3	5,000.	0.			GENERAL OPERATING
MEN'S SECOND CHANCE LIVING PO BOX 2398 HAILEY, ID 83333	82-4647969	3	5,000.	0.			GENERAL OPERATING

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MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY, INC. - 820 37TH PLACE - VERO BEACH, FL 32960	59-1693337	3	86,383.	0.			GENERAL OPERATING
MENTAL HEALTH COLLABORATIVE OF IRC 2345 14TH AVE., SUITE 5 VERO BEACH, FL 32960	81-3960111	3	10,600.	0.			GENERAL OPERATING
MISS B'S LEARNING BEE'S INC 4736 34TH AVENUE VERO BEACH, FL 32967	46-5201707	3	5,000.	0.			GENERAL OPERATING
MISSION E4 INC 39 BURNSHIRT ROAD, SUITE N HUBBARDSTON, MA 01452	20-2383319	3	6,824.	0.			GENERAL OPERATING
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	3	20,000.	0.			GENERAL OPERATING
MOUNT ST. JOSEPH UNIVERSITY 5701 DELHI ROAD CINCINNATI, OH 45233	23-7179567	3	5,000.	0.			GENERAL OPERATING
MY VISION FOR REFUGEES INC. 217 ROSEMAN WAY WOODSTOCK, GA 30188	47-4140533	3	12,000.	0.			GENERAL OPERATING
NATIONAL AUDUBON SOCIETY, INC. 2 THIRD STREET, SUITE 480 TROY, NY 12180	13-1624102	3	7,000.	0.			GENERAL OPERATING
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203	53-0242652	3	7,560.	0.			GENERAL OPERATING

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NAVY SEAL MUSEUM 3300 N HIGHWAY A1A FORT PIERCE, FL 34949	59-2569073	3	10,000.	0.			GENERAL OPERATING
NELSON-ATKINS MUSEUM OF ART 4525 OAK STREET KANSAS CITY, MO 64111	44-6012977	3	23,274.	0.			GENERAL OPERATING
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY ROAD WINNETKA, IL 60093	36-1558460	3	5,140.	0.			GENERAL OPERATING
OCEAN REEF CHAPEL FOUNDATION INC. PO BOX 226 ST. AUGUSTINE, FL 32085	65-0486471	3	52,500.	0.			GENERAL OPERATING
OCEAN REEF CULTURAL CENTER 200 ANCHOR DRIVE KEY LARGO, FL 33037	65-0843801	3	5,000.	0.			GENERAL OPERATING
OCEAN RESEARCH AND CONSERVATION ASSOCIATION, INC. - 1420 SEAWAY DRIVE - FORT PIERCE, FL 34949	20-0901011	3	31,000.	0.			GENERAL OPERATING
OLD VERO ICE AGE SITES COMMITTEE INC. - PO BOX 351 - VERO BEACH, FL 32961-0351	27-3101937	3	15,500.	0.			GENERAL OPERATING
ON COURSE FOUNDATION USA 6649 WESTWOOD BLVD ORLANDO, FL 32821	45-3780269	3	5,000.	0.			GENERAL OPERATING
ONE80 PLACE PO BOX 20038 CHARLESTON, SC 29413	57-0789483	3	100,000.	0.			GENERAL OPERATING

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OSBORN FOUNDATION 101 THEALL RD RYE, NY 10580	47-4600665	3	5,000.	0.			GENERAL OPERATING
PARKLAND COLLEGE FOUNDATION 2400 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7025130	3	5,000.	0.			GENERAL OPERATING
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	04-3567502	3	6,000.	0.			GENERAL OPERATING
PAWS PLACE INC P.O. BOX 67 WINNABOW, NC 28479	56-2146059	3	10,000.	0.			GENERAL OPERATING
PLACE OF HOPE, INC. 9078 ISAIAH LANE PALM BEACH GARDEN, FL 33418	65-0841384	3	5,000.	0.			GENERAL OPERATING
PRINCIPIA CORPORATION 13201 CLAYTON ROAD ST. LOUIS, MO 63131	43-0652667	3	5,000.	0.			GENERAL OPERATING
QUAIL VALLEY CHARITIES, INC. 2345 HIGHWAY A1A VERO BEACH, FL 32963	47-0866975	3	39,300.	0.			GENERAL OPERATING
RACHEL'S LAMENT PO BOX 10792 KNOXVILLE, TN 37939	62-1849433	3	6,000.	0.			GENERAL OPERATING
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	3	108,446.	0.			GENERAL OPERATING

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ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF DEVELOPMENT- GIFT OFFICE ROCHESTER, NY 14692-8865	16-0743140	3	6,000.	0.			GENERAL OPERATING
ROSWELL PARK ALLIANCE FOUNDATION 109 WASHINGTON STREET BUFFALO, NY 14203	16-1391608	3	5,000.	0.			GENERAL OPERATING
RYE PRESBYTERIAN CHURCH 882 BOSTON POST ROAD RYE, NY 10580		3	8,500.	0.			GENERAL OPERATING
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	36-2170919	3	6,460.	0.			GENERAL OPERATING
SAFESPACE 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	3	8,000.	0.			GENERAL OPERATING
SAINT EDWARD'S SCHOOL 1895 ST. EDWARD'S DRIVE VERO BEACH, FL 32963	59-1059214	3	94,500.	0.			GENERAL OPERATING
SALVATION ARMY 348 4TH AVE N, TWIN FALLS, ID 83301	13-2923701	3	10,000.	0.			GENERAL OPERATING
SALVATION ARMY OF IRC PO BOX 2864 VERO BEACH, FL 32961	22-2406433	3	23,984.	0.			GENERAL OPERATING
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	3	5,250.	0.			GENERAL OPERATING

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SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504-1827	85-0303044	3	7,900.	0.			GENERAL OPERATING
SAVE THE CHIMPS PO BOX 12220 FT. PIERCE, FL 34979	65-0789748	3	5,000.	0.			GENERAL OPERATING
SCHOLARSHIP FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 1820 - VERO BEACH, FL 32961	04-2296967	3	11,050.	0.			GENERAL OPERATING
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	3	34,750.	0.			GENERAL OPERATING
SONRISE INTERNATIONAL INC. 10448 ASHFORD CT OWASSO, OK 74055	45-3714422	3	81,007.	0.			GENERAL OPERATING
SPECIAL EQUESTRIANS OF THE TREASURE COAST - P.O. BOX 651312 - VERO BEACH, FL 32965	59-3148178	3	15,000.	0.			GENERAL OPERATING
ST. ALBAN'S EPISCOPAL CHURCH 333 S DREXEL AVENUE BEXLEY, OH 43209	13-1776448	3	11,000.	0.			GENERAL OPERATING
ST. FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN, NY 11201	11-1635105	3	15,000.	0.			GENERAL OPERATING
ST. JOHN'S UNITED CHURCH OF CHRIST PO BOX 14 LA POINTE, WI 54850	39-1419659	3	21,000.	0.			GENERAL OPERATING

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SUBSTANCE ABUSE COUNCIL OF INDIAN RIVER COUNTY INC. - 1507 20TH STREET - VERO BEACH, FL 32960	65-0202835	3	59,500.	0.			GENERAL OPERATING
SUNCOAST MENTAL HEALTH, INC. 2222 COLONIAL ROAD FORT PIERCE, FL 34950	65-0789152	3	5,000.	0.			GENERAL OPERATING
SUNDAY STRONG CORP 3780 9TH PLACE VERO BEACH, FL 32960	83-2099969	3	5,000.	0.			GENERAL OPERATING
SUNSHINE REHABILITATION CENTER OF INDIAN RIVER COUNTY INC. - 1705 17TH AVENUE - VERO BEACH, FL 32960	59-0806983	3	36,000.	0.			GENERAL OPERATING
SWAN VALLEY CONNECTIONS 6764 HIGHWAY 83 CONDON, MT 59826	81-0512368	3	7,000.	0.			GENERAL OPERATING
SWAN VALLEY EMERGENCY SERVICES 6080 HIGHWAY 83 CONDON, MT 59826	26-1215993	3	7,000.	0.			GENERAL OPERATING
T-1 TODAY INC 8216 PRINCETON GLENDALE RD PMB 200 WEST CHESTER, OH 45069	46-3704802	3	25,000.	0.			GENERAL OPERATING
TENTH CHURCH OF CHRIST, SCIENTIST, NEW YORK CITY - 171 MCDUGAL STREET - NEW YORK, NY 10011	04-2254742	3	6,400.	0.			GENERAL OPERATING
THE HAITIAN PROJECT, INC PO BOX 6891 PROVIDENCE, RI 02940	22-2700013	3	20,000.	0.			GENERAL OPERATING

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THE JERUSALEM FOUNDATION, INC. 420 LEXINGTON AVENUE, SUITE 1645 NEW YORK, NY 10170	13-2563745	3	5,000.	0.			GENERAL OPERATING
THE LEARNING ALLIANCE PO BOX 2647 VERO BEACH, FL 32961	27-0725986	3	76,750.	0.			GENERAL OPERATING
TOWN OF LA POINTE PO BOX 270 LA POINTE, WI 54850		3	7,339.	0.			GENERAL OPERATING
TREASURE COAST COMMUNITY HEALTH, INC. - 1555 INDIAN RIVER BLVD. SUITE B-210 - VERO BEACH, FL 32960	59-3219191	3	5,000.	0.			GENERAL OPERATING
TREASURE COAST FOOD BANK, INC. 401 ANGLE ROAD FORT PIERCE, FL 34947-2528	65-0123281	3	106,000.	0.			GENERAL OPERATING
TRINITY EPISCOPAL CHURCH 2365 PINE AVENUE VERO BEACH, FL 32960		3	126,000.	0.			GENERAL OPERATING
TRUST FOR PUBLIC LAND 100 M STREET SE SUITE 700 WASHINGTON, DC 20003	23-7222333	3	5,000.	0.			GENERAL OPERATING
TRUSTEES FOR HARVARD UNIVERSITY 124 MOUNT AUBURN ST. CAMBRIDGE, MA 02138	53-0199180	3	10,000.	0.			GENERAL OPERATING
TURNING POINT USA 217 1/2 ILLINOIS STREET LEMONT, IL 60439	80-0835023	3	10,000.	0.			GENERAL OPERATING

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UNITED AGAINST POVERTY, INC 2746 U.S. HIGHWAY 1 VERO BEACH, FL 32960	11-3697936	3	312,000.	0.			GENERAL OPERATING
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145		3	6,000.	0.			GENERAL OPERATING
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	3	511,125.	0.			GENERAL OPERATING
UNIVERSITY AT BUFFALO FOUNDATION INC. - PO BOX 900 - BUFFALO, NY 14226	16-0865182	3	10,000.	0.			GENERAL OPERATING
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC. - 12424 RESEARCH PARKWAY, SUITE 250 - ORLANDO, FL 32826	59-6211832	3	7,500.	0.			GENERAL OPERATING
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604-0696	59-0974739	3	73,000.	0.			GENERAL OPERATING
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN STREET URBANA, IL 61801	37-6006007	3	5,000.	0.			GENERAL OPERATING
UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	3	15,000.	0.			GENERAL OPERATING
UP WITH PEOPLE, INC CALIFORNIA 6800 BROADWAY, UNIT 106 DENVER, CO 80221-2851	95-2563102	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAIL HEALTH SERVICES FOUNDATION PO BOX 1529 VAIL, CO 81658	74-2505662	3	12,000.	0.			GENERAL OPERATING
VAIL VALLEY FOUNDATION INC. PO BOX 6550 AVON, CO 81620	74-2215035	3	5,000.	0.			GENERAL OPERATING
VERO BEACH ART CLUB 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-2033863	3	5,000.	0.			GENERAL OPERATING
VERO BEACH CRISIS PREGNANCY CENTER 1503 24TH STREET VERO BEACH, FL 32960	59-2344840	3	20,250.	0.			GENERAL OPERATING
VERO BEACH MUSEUM OF ART, INC. 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	3	156,300.	0.			GENERAL OPERATING
VERO BEACH ROWING, INC. PO BOX 643063 VERO BEACH, FL 32964	26-2765309	3	2,142,217.	0.			GENERAL OPERATING
VERO BEACH THEATRE GUILD 2020 SAN JUAN AVE. VERO BEACH, FL 32960	59-6159056	3	12,000.	0.			GENERAL OPERATING
VERO HERITAGE INC PO BOX 303 VERO BEACH, FL 32961-0303	59-3108608	3	5,000.	0.			GENERAL OPERATING
VETERANS COUNCIL OF INDIAN RIVER COUNTY, INC. - P.O. BOX 1354 - VERO BEACH, FL 32961	59-2970832	3	28,117.	0.			GENERAL OPERATING

Schedule I (Form 990)

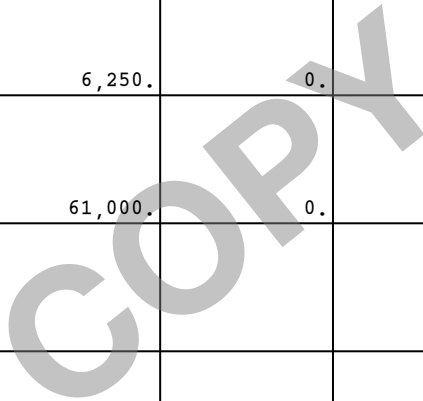
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION HOUSE PO BOX 2951 RENTON, WA 98056	91-1493474	3	10,000.	0.			GENERAL OPERATING
VNA AND HOSPICE FOUNDATION, INC 1110 35TH LANE VERO BEACH, FL 32960	59-2804739	3	62,250.	0.			GENERAL OPERATING
VOICE FOR FLORIDA KEYS CHILDREN INC - PO BOX 845 - ISLAMORADA, FL 33036	65-0305892	3	5,000.	0.			GENERAL OPERATING
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	3	5,000.	0.			GENERAL OPERATING
WESTOVER SCHOOL INC 1237 WHITTEMORE ROAD MIDDLEBURY, CT 06762	06-0646961	3	20,000.	0.			GENERAL OPERATING
WILCOX HOSPITAL FOUNDATION 3-3420 KUHIO HWY LIHUE, HI 96766	99-0204242	3	10,000.	0.			GENERAL OPERATING
WOMEN'S REFUGE OF VERO BEACH INC 1850 LEMON AVENUE VERO BEACH, FL 32960	65-0768645	3	9,750.	0.			GENERAL OPERATING
WOMEN'S SPORTS FOUNDATION 247 WEST 30TH STREET 5TH FLOOR NEW YORK, NY 10001	23-7380557	3	25,000.	0.			GENERAL OPERATING
WOOD RIVER LAND TRUST COMPANY 119 E BULLION STREET HAILEY, ID 83333	82-0474191	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

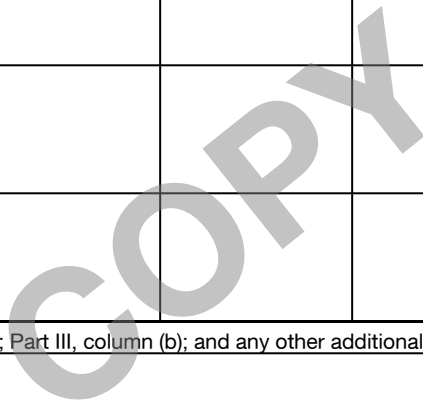
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION, INTERNATIONAL 34834 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98063	95-3202116	3	30,000.	0.			GENERAL OPERATING
YOUTH FOR CHRIST INDIAN RIVER COUNTY - P.O. BOX 651455 - VERO BEACH, FL 32965	14-1856035	3	7,000.	0.			GENERAL OPERATING
YOUTH GUIDANCE MENTORING ACADEMY 1028 20TH PLACE VERO BEACH, FL 32960	65-0017325	3	6,250.	0.			GENERAL OPERATING
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 612 - VERO BEACH, FL 32961	27-0952942	3	61,000.	0.			GENERAL OPERATING



Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

UPON APPROVAL BY THE BOARD OF DIRECTORS, THE GRANTEE ORGANIZATIONS ARE NOTIFIED IN WRITING AND REQUIRED TO SIGN A LETTER OF AGREEMENT OUTLINING THE GRANT EXPECTATIONS BASED ON THE PROPOSAL SUBMITTED AND THE REPORTING REQUIREMENTS. THE NONPROFIT ORGANIZATION IS REQUIRED, BY SIGNING THE LETTER OF AGREEMENT, TO RETURN FUNDS THAT ARE NOT EXPENDED AS OUTLINED IN THE GRANT PROPOSAL OR WITHIN THE TIMEFRAME OUTLINED IN THE GRANT PROPOSAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **INDIAN RIVER COMMUNITY FOUNDATION, INC.**
 Employer identification number: **20-1729243**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

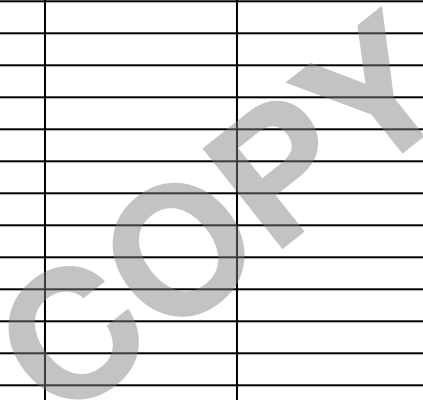
Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY R. PICKERING CEO/PRESIDENT	(i)	169,032.	25,988.	0.	6,416.	7,110.	208,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

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

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **INDIAN RIVER COMMUNITY FOUNDATION, INC.** Employer identification number **20-1729243**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	38	3,890,758.	PUBLIC STOCK EXCHANG
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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

DONOR-DRIVEN PHILANTHROPY.

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

ORGANIZATION AND THE GENEROUS PEOPLE WE SERVE CAN HELP BUILD A MORE
HEALTHY, PROSPEROUS COMMUNITY. IN DOING SO, WE COMMIT OUR BEST EFFORTS
TO DEMONSTRATE THE VALUES OF KNOWLEDGE AND CORE KNOW-HOW, SERVICE
EXCELLENCE AND DIVERSITY, EQUITY AND INCLUSION IN ALL THAT WE DO.
TOGETHER WITH OUR CLIENTS, IN THE FISCAL YEAR ENDING JUNE 30, 2020,
INDIAN RIVER COMMUNITY FOUNDATION AWARDED GRANTS TOTALING \$8,148,628
FROM 185 CHARITABLE GIVING ACCOUNTS TO IRS 501 (C)3 PUBLIC CHARITIES IN
INDIAN RIVER COUNTY AND ACROSS THE UNITED STATES. ON JUNE 30, 2020, A
TOTAL OF 70 INDIVIDUALS WERE RECOGNIZED AS PART OF THE ALMA LEE LOY
LEGACY SOCIETY FOR MAKING A PLANNED GIFT FROM THEIR ESTATE TO INDIAN
RIVER COMMUNITY FOUNDATION. TOGETHER, WE ARE PART OF SOMETHING
BETTER.

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

THE BOARD RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO SUBMISSION OF
THE RETURN.

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

EACH MEMBER IS REQUIRED TO IMMEDIATELY DISCLOSE ANY ACTUAL OR PERCEIVED
CONFLICT AND MUST ENSURE THEY HAVE NO DISCUSSION OR INVOLVEMENT IN THESE
MATTERS. WHEN VOTING ON A MATTER WHERE ACTUAL OR PERCEIVED CONFLICT
EXISTS, THAT MEMBER MUST ABSTAIN FROM VOTING.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization INDIAN RIVER COMMUNITY FOUNDATION, INC.	Employer identification number 20-1729243
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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE SHALL CONSIST OF THE MEMBERS OF THE EXECUTIVE COMMITTEE EXCEPT FOR THE PRESIDENT OF THE CORPORATION, AND THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE SHALL DESIGNATE ONE OF SUCH COMMITTEE MEMBERS AS CHAIR. THE EXECUTIVE COMPENSATION COMMITTEE SHALL ESTABLISH REASONABLE COMPENSATION ON AN ANNUAL BASIS FOR THE PRESIDENT AND ANY OTHER KEY MANAGEMENT PERSONNEL OF THE CORPORATION, AND SHALL PROVIDE THE INFORMATION TO THE FINANCE/AUDIT COMMITTEE TO INCLUDE IN THE CORPORATION'S ANNUAL BUDGET FOR APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE; FORM 1023 IS AVAILABLE UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.