

**INDIAN RIVER COMMUNITY  
FOUNDATION**

**FORM 990-EZ**

**TAX YEAR ENDED  
JUNE 30, 2021**

**PUBLIC INSPECTION COPY**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</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	<b>C</b> Name of organization <b>INDIAN RIVER COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 643968</b> City or town, state or province, country, and ZIP or foreign postal code <b>VERO BEACH, FL 32964</b> <b>F</b> Name and address of principal officer: <b>JEFFREY R. PICKERING</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>20-1729243</b> <b>E</b> Telephone number <b>772-492-1407</b> <b>G</b> Gross receipts \$ <b>33,834,795.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.IRCOMMUNITYFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>2004</b>
		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS BUILDING A BETTER COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,571,343.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,661,663.</b>	<b>5,145,596.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>453,192.</b>	<b>499,709.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,686,198.</b>	<b>15,947,325.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,148,628.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>403,915.</b>	<b>411,088.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>173,266.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,251,997.</b>	<b>1,193,895.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,804,540.</b>	<b>13,027,103.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,881,658.</b>	<b>2,920,222.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>71,889,983.</b>	<b>End of Year</b> <b>89,601,419.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>2,619,237.</b>	<b>3,954,030.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>69,270,746.</b>	<b>85,647,389.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JEFFREY R. PICKERING, PRESIDENT</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEBORAH A. CRUM, CPA</b>	Preparer's signature <b>DEBORAH A. CRUM, CPA</b>	Date <b>03/16/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00282890</b>
	Firm's name ▶ <b>REHMANN ROBSON LLC</b> Firm's address ▶ <b>5070 HIGHWAY A1A, STE 250</b> <b>VERO BEACH, FL 32963</b>	Firm's EIN ▶ <b>38-3635706</b>	Phone no. (772) <b>234-8484</b>		

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 \$ 12,184,363. including grants of \$ 11,422,120. ) (Revenue \$ ) ONE WAY WE CARRY OUT OUR MISSION IS BY GROWING, STEWARDING AND DEPLOYING PHILANTHROPIC CAPITAL TO MAKE OUR COMMUNITY BETTER. WE DO THIS THROUGH 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 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, INDIAN RIVER INDICATORS AND PUBLICATIONS LIKE OUR ANNUAL 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

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 12,184,363.

Part IV Checklist of Required Schedules

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

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

	Yes	No
<b>22</b> 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
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records 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.

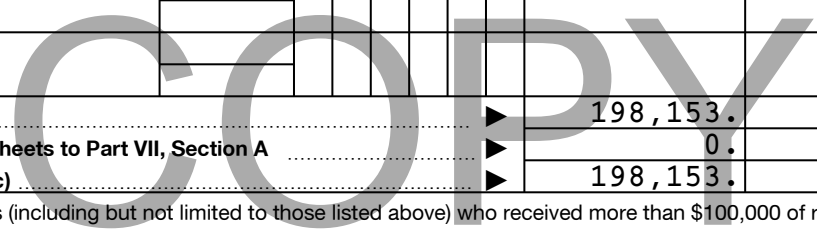
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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) JEFFREY R. PICKERING CEO/PRESIDENT	40.00			X			198,153.	0.	12,922.	
(2) REBECCA F. EMMONS CHAIRMAN	4.00	X		X			0.	0.	0.	
(3) MICHAEL A. MCMANUS JR. VICE CHAIRMAN	4.00	X		X			0.	0.	0.	
(4) DEBRA K. LOCKWOOD TREASURER	4.00	X		X			0.	0.	0.	
(5) KATHRYN B. HEALY SECRETARY	4.00	X		X			0.	0.	0.	
(6) LARRY SALUSTRO DIRECTOR	2.00	X					0.	0.	0.	
(7) PATRICIA A. BRIER DIRECTOR	2.00	X					0.	0.	0.	
(8) MATTHEW G. RUNDELS DIRECTOR	2.00	X					0.	0.	0.	
(9) DALE F. JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(10) ANTOINETTE W. HAMNER DIRECTOR	2.00	X					0.	0.	0.	
(11) SANDRA L. ROLF DIRECTOR	2.00	X					0.	0.	0.	
(12) EDWIN R. MASSEY DIRECTOR	2.00	X					0.	0.	0.	
(13) PATRICIA HEMINGWAY HALL DIRECTOR	2.00	X					0.	0.	0.	
(14) RONALD H. MCGLYNN DIRECTOR	2.00	X					0.	0.	0.	
(15) ELIZABETH M. MOULTON DIRECTOR	2.00	X					0.	0.	0.	
(16) LOUIS C. SCHACHT DIRECTOR	2.00	X					0.	0.	0.	
(17) WILLIAM F. SCHLITT 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) BRIAN M. SHAMBO DIRECTOR	2.00	X						0.	0.	0.
(19) JENNIFER M. WATSON DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								198,153.	0.	12,922.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								198,153.	0.	12,922.



**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,302,020.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,204,826.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		10,302,020.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,154,081.		1,154,081.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	21,878,985.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		17,887,470.			
	<b>7 c</b>	Gain or (loss)		3,991,515.			
<b>d</b>	Net gain or (loss)		3,991,515.		3,991,515.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8 a</b>					
<b>b</b>	Less: direct expenses						
<b>8 b</b>							
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9 a</b>					
<b>b</b>	Less: direct expenses						
<b>9 b</b>							
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10 a</b>					
<b>b</b>	Less: cost of goods sold						
<b>10 b</b>							
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	ADMIN FEES BILLED TO FUNDS	900099	499,709.	499,709.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		499,709.			
<b>12</b>	<b>Total revenue.</b> See instructions		15,947,325.	499,709.	0.	5,145,596.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,422,120.	11,422,120.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	230,653.	69,196.	46,131.	115,326.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	125,968.	49,419.	67,598.	8,951.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,274.	2,419.	2,320.	2,535.
<b>9</b> Other employee benefits .....	23,463.	7,805.	7,482.	8,176.
<b>10</b> Payroll taxes .....	23,730.	7,892.	7,568.	8,270.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,528.	1,764.	1,764.	
<b>c</b> Accounting .....	22,285.		22,285.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	376,032.		376,032.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,850.	5,850.		
<b>12</b> Advertising and promotion .....	1,050.	840.		210.
<b>13</b> Office expenses .....	66,721.	27,165.	14,687.	24,869.
<b>14</b> Information technology .....	1,140.	912.		228.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	37,736.	3,272.	34,464.	
<b>17</b> Travel .....	4,333.	2,167.	2,166.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	10,339.	5,176.	1,987.	3,176.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,648.		6,648.	
<b>23</b> Insurance .....	3,136.		3,136.	
<b>24</b> 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.)				
<b>a</b> <b>ADMINISTRATIVE FEES</b>	473,955.	473,955.		
<b>b</b> <b>CONTRACT SERVICE FEE</b>	88,624.	44,310.	44,314.	
<b>c</b> <b>SUBSCRIPTIONS &amp; MEMBERS</b>	40,849.	24,509.	16,340.	
<b>d</b> <b>PROJECT EXPENSES</b>	33,754.	33,754.		
<b>e</b> All other expenses	17,915.	1,838.	14,552.	1,525.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	13,027,103.	12,184,363.	669,474.	173,266.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	647,001.	<b>1</b>	225,845.
	<b>2</b> Savings and temporary cash investments .....	7,702,124.	<b>2</b>	6,030,127.
	<b>3</b> Pledges and grants receivable, net .....	302,013.	<b>3</b>	239,824.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	11,397.	<b>9</b>	5,396.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 65,750.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 54,131.	13,042.	<b>10c</b> 11,619.
	<b>11</b> Investments - publicly traded securities .....	63,203,114.	<b>11</b>	83,083,504.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,292.	<b>15</b>	5,104.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	71,889,983.	<b>16</b>	89,601,419.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,458.	<b>17</b>	15,411.
	<b>18</b> Grants payable .....	212,500.	<b>18</b>	489,421.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,388,279.	<b>25</b>	3,449,198.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,619,237.	<b>26</b>	3,954,030.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	68,270,800.	<b>27</b>	84,454,294.
	<b>28</b> Net assets with donor restrictions .....	999,946.	<b>28</b>	1,193,095.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	69,270,746.	<b>32</b>	85,647,389.
	<b>33</b> Total liabilities and net assets/fund balances .....	71,889,983.	<b>33</b>	89,601,419.

**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	15,947,325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,027,103.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,920,222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,270,746.
5	Net unrealized gains (losses) on investments	5	13,456,421.
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	85,647,389.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10305356.	16484425.	30909274.	9571343.	10302020.	77572418.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10305356.	16484425.	30909274.	9571343.	10302020.	77572418.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						26177763.
<b>6 Public support.</b> Subtract line 5 from line 4.						51394655.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	10305356.	16484425.	30909274.	9571343.	10302020.	77572418.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	513,681.	776,295.	1103717.	1352028.	1154081.	4899802.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						82472220.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.32	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	62.28	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....  ►

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

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

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

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

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

OMB No. 1545-0047

**2020**

**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 .....	137	66
2 Aggregate value of contributions to (during year) .....	7,438,359.	2,863,661.
3 Aggregate value of grants from (during year) .....	9,691,989.	1,730,131.
4 Aggregate value at end of year .....	73,265,640.	12,381,749.
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) 2020

**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	2,019,490.	1,552,834.	681,578.		
b Contributions	46,000.	449,006.	836,474.		
c Net investment earnings, gains, and losses	611,295.	57,719.	66,083.		
d Grants or scholarships					
e Other expenditures for facilities and programs	56,831.	40,069.	31,301.		
f Administrative expenses					
g End of year balance	2,619,954.	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  56.0000 %
  - b Permanent endowment  44.0000 %
  - 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                                                                                         |     | X  |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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.	14,487.	0.
d Equipment		12,626.	6,166.	6,460.
e Other		38,637.	33,478.	5,159.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,619.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	3,342,284.
(3) CRT/ANNUITY LIABILITY	106,914.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,449,198.

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	29,026,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,456,421.	
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	13,456,421.	
3	Subtract line 2e from line 1	3	15,570,226.	
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	376,032.	
b	Other (Describe in Part XIII.)	4b	1,067.	
c	Add lines 4a and 4b	4c	377,099.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,947,325.	

**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	12,650,004.
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	12,650,004.	
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	376,032.	
b	Other (Describe in Part XIII.)	4b	1,067.	
c	Add lines 4a and 4b	4c	377,099.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,027,103.	

**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 2018 THROUGH 2021, THE YEARS, WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2021. 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, 2021 OR 2020, 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 1,067.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN TAXES ON INVESTMENT 1,067.



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

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3RD CHANCE 541 EASTRIDGE DR HAILEY, ID 83333	82-5169287	3	15,000.	0.			GENERAL OPERATING
ALLIANCE TO PROTECT NANTUCKET SOUND, INC. - 4 BARNSTABLE ROAD - HYANNIS, MA 02601	10-0008105	3	15,000.	0.			GENERAL OPERATING
ALZHEIMER/PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY, INC - 2300 5TH AVE., SUITE 150 - VERO BEACH, FL 32960	59-2437723	3	36,500.	0.			GENERAL OPERATING
AMERICAN ANGLICAN COUNCIL PO BOX 2868 LOGANVILLE, GA 30052	75-2668339	3	5,000.	0.			GENERAL OPERATING
AMERICAN CANCER SOCIETY, INC PO BOX 17127 TAMPA, FL 33682	13-1788491	3	7,750.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF SHALVA ISRAEL, INC. - 315 5TH AVENUE #608 - NEW YORK, NY 10016	56-2676533	3	25,000.	0.			GENEAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **234.**
- 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) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN FRIENDS OF THE JAFFA INSTITUTE - 171-06 76TH AVENUE - FLUSHING, NY 11366	11-2697261	3	35,000.	0.			GENERAL OPERATING
AMERICAN RED CROSS PALM BEACH TREASURE COAST - 1250 NORTHPOINT PARKWAY - WEST PALM BEACH, FL 33407	53-0196605	3	10,000.	0.			GENERAL OPERATING
ANGLICAN FRONTIER MISSIONS PO BOX 18038 RICHMOND, VA 23226	62-1491171	3	7,500.	0.			GENERAL OPERATING
ANTIQUA BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606	3	10,000.	0.			GENERAL OPERATING
ARC OF INDIAN RIVER COUNTY, INC. 1375 16TH AVENUE VERO BEACH, FL 32960	59-1626205	3	8,750.	0.			GENERAL OPERATING
ATLANTIC CLASSICAL ORCHESTRA 415 AVE. A, SUITE 305 FORT PIERCE, FL 34950	65-0307858	3	5,000.	0.			GENERAL OPERATING
BALLET VERO BEACH, INC 2135 WINDWARD WAY #209 VERO BEACH, FL 32963	46-1513558	3	21,500.	0.			GENERAL OPERATING
BENZIE AREA CHRISTIAN NEIGHBORS INC - 2804 BENZIE HWY - BENZONIA, MI 49616	38-2792605	3	8,500.	0.			GENERAL OPERATING
BIG BROTHERS BIG SISTERS OF INDIAN RIVER COUNTY - 1846 18TH AVE - VERO BEACH, FL 32960	59-2455513	3	1,250.	0.			GENERAL OPERATING

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BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER, & OKEECHOBEE COUNTIES - 1846 18TH AVE - VERO BEACH, FL 32960	59-2455513	3	16,474.	0.			GENERAL OPERATING
BIKE WALK INDIAN RIVER COUNTY INC P.O. BOX 1792 VERO BEACH, FL 32961	81-0947771	3	5,000.	0.			GENERAL OPERATING
BOYS AND GIRLS CLUBS OF INDIAN RIVER COUNTY - 1729 17TH AVENUE - VERO BEACH, FL 32960	59-3623298	3	90,350.	0.			GENERAL OPERATING
BRAVO COLORADO AT VAIL - BEAVER CREEK - VAIL VALLEY MUSIC FESTIVAL - VAIL, CO 81657	84-1074065	3	5,000.	0.			GENERAL OPERATING
BREAD FOR THE WORLD INSTITUTE INC 425 3RD STREET SW, SUITE 1200 WASHINGTON, DC 20024	51-0175510	3	25,000.	0.			GENERAL OPERATING
BUFFALO PHILHARMONIC ORCHESTRA SOCIETY INC. - 786 DELAWARE AVENUE - BUFFALO, NY 14209	16-0755739	3	10,000.	0.			GENERAL OPERATING
BUGGY BUNCH INC. PO BOX 1154 VERO BEACH, FL 32961	27-3137533	3	63,500.	0.			GENERAL OPERATING
BURR AND BURTON ACADEMY 57 SEMINARY AVENUE MANCHESTER, VT 05254	03-0179404	3	500,000.	0.			GENERAL OPERATING
CALVARY CHAPEL PORT SAINT LUCIE 5555 NW ST. JAMES DRIVE PORT SAINT LUCIE, FL 34983	20-0904790	3	17,000.	0.			GENERAL OPERATING

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CAMP HAVEN 3256 US HIGHWAY 1 VERO BEACH, FL 32960	45-4235195	3	13,400.	0.			GENERAL OPERATING
CAMP SUSQUEHANNOCK INC 2308 TRIPP LAKE ROAD BRACKNEY, PA 18812	23-3034552	3	78,600.	0.			GENERAL OPERATING
CANISIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743942	3	10,000.	0.			GENERAL OPERATING
CARLE DEVELOPMENT FOUNDATION DBA CARLE CENTER FOR PHILANTHROPY URBANA, IL 61801	37-1159978	3	27,500.	0.			GENERAL OPERATING
CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH, INC. - PO BOX 109650 - PALM BEACH GARDENS, FL 33410	59-2470479	3	21,500.	0.			GENERAL OPERATING
CATHOLIC HIGH SCHOOL 4552 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462	54-0563003	3	25,000.	0.			GENERAL OPERATING
CATHOLICVOTE EDUCATION FUND PO BOX 2709 CHICAGO, IL 60690	20-2787890	3	5,000.	0.			GENERAL OPERATING
CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	3	10,000.	0.			GENERAL OPERATING
CHARITY WATER 40 WORTH STREET NEW YORK, NY 10013	22-3936753	3	15,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DRIVE JOHN'S ISLAND, SC 29455	57-0524957	3	17,500.	0.			GENERAL OPERATING
CHILDCARE RESOURCES OF INDIAN RIVER - 2300 5TH AVENUE, SUITE 149 - VERO BEACH, FL 32960	65-0523165	3	102,429.	0.			GENERAL OPERATING
CHILDREN'S HOME SOCIETY OF FLORIDA 650 10TH STREET VERO BEACH, FL 32960	59-3055343	3	41,000.	0.			GENERAL OPERATING
CHRIST CHURCH VERO BEACH 667 20TH ST. VERO BEACH, FL 32960	59-2166431	3	17,500.	0.			GENERAL OPERATING
CHRISTIAN FM - WSCF RADIO 9055 AMERICANA ROAD SUITE 24 VERO BEACH, FL 32966	59-3028392	3	5,000.	0.			GENERAL OPERATING
CHURCH OF THE GOOD SHEPHERD PO BOX 32 CASHIERS, NC 28717		3	17,600.	0.			GENERAL OPERATING
CINCINNATI MUSEUM CENTER 1301 WESTERN AVENUE CINCINNATI, OH 45203	31-1212634	3	5,000.	0.			GENERAL OPERATING
CISE 100 EAST EIGHTH STREET, 7TH FLOOR CINCINNATI, OH 45202	82-0977523	3	5,000.	0.			GENERAL OPERATING
CLEVELAND CLINIC FOUNDATION PO BOX 6025 ALBERT LEA, MN 56007-9832	34-0714585	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346	15-0532078	3	22,000.	0.			GENERAL OPERATING
COMMUNITY BOYS & GIRLS CLUB PO BOX 1612 WILMINGTON, NC 28401	56-0636247	3	35,000.	0.			GENERAL OPERATING
COMMUNITY CHURCH OF VERO BEACH 1901 23RD STREET VERO BEACH, FL 32960	13-1957221	3	106,800.	0.			GENERAL OPERATING
COMMUNITY TRANSFORMATION PARTNERS INC - 615 KING FISHER DR - BROWNSBURG, IN 46112	83-1559962	3	10,000.	0.			GENERAL OPERATING
CONDON COMMUNITY CHURCH PO BOX 1073 CONDON, MT 59826	81-0388273	3	5,000.	0.			GENERAL OPERATING
CROSSOVER MISSION INC 4425 US HIGHWAY 1 VERO BEACH, FL 32967	46-5125222	3	68,550.	0.			GENERAL OPERATING
DASIE BRIDGEWATER HOPE CENTER PO BOX 701483 WABASSO, FL 32970	02-0633089	3	10,250.	0.			GENERAL OPERATING
DENISON UNIVERSITY INSTITUTIONAL ADVANCEMENT GRANVILLE, OH 43023	31-4379459	3	5,000.	0.			GENERAL OPERATING
DIOCESE OF PALM BEACH 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33418	59-2438903	3	11,250.	0.			GENERAL OPERATING

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DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	3	12,600.	0.			GENERAL OPERATING
DOGS FOR LIFE INC. 1230 16TH AVENUE VERO BEACH, FL 32960	31-1800397	3	12,000.	0.			GENERAL OPERATING
DUKE UNIVERSITY DUMC 3624 DURHAM, NC 27710	56-0532129	3	8,000.	0.			GENERAL OPERATING
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 7046 - VERO BEACH, FL 32961	59-3118402	3	20,300.	0.			GENERAL OPERATING
ELIZABETH LANE OLIVER CENTER FOR THE ARTS - 132 COAST GUARD ROAD, PO BOX 1513 - FRANKFORT, MI 49635	38-2420743	3	10,000.	0.			GENERAL OPERATING
ENSWORTH SCHOOL 211 ENSWORTH AVENUE NASHVILLE, TN 37205	62-0598316	3	5,000.	0.			GENERAL OPERATING
ENVIRONMENTAL LEARNING CENTER 255 LIVE OAK DRIVE VERO BEACH, FL 32963	65-0064129	3	34,200.	0.			GENERAL OPERATING
FAIRMONT STATE FOUNDATION, INC. 1300 LOCUST AVE FAIRMONT, WV 26554	55-6023559	3	250,000.	0.			GENERAL OPERATING
FEED THE LAMBS ENRICHMENT PROGRAM, INC. - 1615 18TH AVE., S.W. - VERO BEACH, FL 32962	14-1908965	3	15,000.	0.			GENERAL OPERATING

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FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	3	25,000.	0.			GENERAL OPERATING
FIRST UNITED METHODIST CHURCH 1750 20TH STREET VERO BEACH, FL 32960	59-0799905	3	44,554.	0.			GENERAL OPERATING
FLORIDA KEYS HEALTHY START COALITION INC. - PO BOX 6166 - KEY WEST, FL 33041	65-0051482	3	5,000.	0.			GENERAL OPERATING
FLORIDA SHERIFFS YOUTH RANCHES INC. - PO BOX 2000 - BOYS RANCH, FL 32064	23-7303117	3	5,000.	0.			GENERAL OPERATING
FOOD PANTRY OF INDIAN RIVER COUNTY, INC. - 2206 16TH AVENUE - VERO BEACH, FL 32960	13-4301530	3	5,500.	0.			GENERAL OPERATING
FRIEND-IN-DEED 1 COPLEY PLAZA SPRINGFIELD, IL 62701	23-7049600	3	30,000.	0.			GENERAL OPERATING
FRIENDS OF POINT BETSIE LIGHTHOUSE INC. - PO BOX 601 - FRANKFORT, MI 49635	37-1451508	3	6,500.	0.			GENERAL OPERATING
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVENUE VERO BEACH, FL 32967	43-1950911	3	94,387.	0.			GENERAL OPERATING
GIRLS ON THE RUN OF THE TREASURE COAST, INC. - PO BOX 114 - VERO BEACH, FL 32961	45-2563350	3	5,000.	0.			GENERAL OPERATING

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GRAND ISLE COMMUNITY DEVELOPMENT TEAM INC - PO BOX 944 - GRAND ISLE, LA 70358	02-0678895	3	10,000.	0.			GENERAL OPERATING
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	3	8,500.	0.			GENERAL OPERATING
GREEN TURTLE CAY FOUNDATION 1001 FANNIN ST STE 3200 HOUSTON, TX 77002	76-0490132	3	85,000.	0.			GENERAL OPERATING
GREENWICH HOSPITAL GREENWICH HOSPITAL FOUNDATION COS COB, CT 06807	06-0646659	3	5,000.	0.			GENERAL OPERATING
GROVE CITY COLLEGE 100 CAMPUS DR GROVE CITY, PA 16127	25-1065148	3	5,000.	0.			GENERAL OPERATING
GUSTAVUS ADOLPHUS COLLEGE 800 W COLLEGE AVENUE ST. PETER, MN 56082	41-0695524	3	17,500.	0.			GENERAL OPERATING
HABITAT FOR HUMANITY VAIL VALLEY PO BOX 4149 AVON, CO 81620	91-1914868	3	10,000.	0.			GENERAL OPERATING
HAILEY ICE PARK INC PO BOX 4616 HAILEY, ID 83333	82-0518345	3	10,000.	0.			GENERAL OPERATING
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALL, OH 44022	04-3804600	3	5,000.	0.			GENERAL OPERATING

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HEART OF WES BARR FOUNDATION PO BOX 482 CHATHAM, IL 62629	85-0498320	3	10,000.	0.			GENERAL OPERATING
HELLENIC COLLEGE AND HOLY CROSS GREEK ORTHODOX SCHOOL OF THEOLOGY - 50 GODDARD AVE - BROOKLINE, MA 02445	04-2218946	3	25,000.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER 1145 12TH STREET VERO BEACH, FL 32960	59-2632361	3	21,000.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER FOUNDATION, INC. - PO BOX 1742 - VERO BEACH, FL 32967	65-0411920	3	6,537.	0.			GENERAL OPERATING
HIGHER GROUND SUN VALLEY 160 7TH STREET W, SUITE 2C KETCHUM, ID 83340	82-0512146	3	25,500.	0.			GENERAL OPERATING
HIGHLANDS-CASHIERS HOSPITAL FOUNDATION - PO BOX 742 - HIGHLANDS, NC 28741	56-1165833	3	11,000.	0.			GENERAL OPERATING
HOFFMAN INSTITUTE FOUNDATION 1299 4TH ST PH 600 SAN RAFAEL, CA 94901	33-0627187	3	10,000.	0.			GENERAL OPERATING
HOLY CROSS CATHOLIC CHURCH 500 IRIS LANE VERO BEACH, FL 32963	53-0196617	3	11,200.	0.			GENERAL OPERATING
HOMELESS CHILDRENS FOUNDATION OF INDIAN RIVER COUNTY INC. - 6001 HWY AIA - PMB 8071 - VERO BEACH, FL 32963	47-3060566	3	10,350.	0.			GENERAL OPERATING

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HOPE FOR FAMILIES CENTER 715 4TH PLACE VERO BEACH, FL 32962	59-3129752	3	50,650.	0.			GENERAL OPERATING
HUMANE SOCIETY OF VERO BEACH & INDIAN RIVER COUNTY - 6230 77TH STREET - VERO BEACH, FL 32967	59-0863199	3	135,034.	0.			GENERAL OPERATING
I AM MINISTRIES, INC. D/B/A THE SOURCE - PO BOX 2458 - VERO BEACH, FL 32961	59-3354241	3	31,150.	0.			GENERAL OPERATING
IMPACT 100 GLOBAL ADVISORY COUNCIL 164 CARPENTER HILL ROAD TRAVERSE CITY, MI 49686-6108	47-4353630	3	5,000.	0.			GENERAL OPERATING
IMPACT 100 OF INDIAN RIVER COUNTY INC - PO BOX 643425 - VERO BEACH, FL 32964	83-1598994	3	24,550.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY HEALTHY START COALITION - 1555 INDIAN RIVER BLVD - VERO BEACH, FL 32960	65-0363222	3	29,000.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY MEDICAL SOCIETY FOUNDATION - DBA: WE CARE FOUNDATION OF INDIAN RIVER - VERO BEACH, FL 32961	45-3189180	3	8,500.	0.			GENERAL OPERATING
INDIAN RIVER HABITAT FOR HUMANITY 4568 N U.S. 1 VERO BEACH, FL 32967	65-0230079	3	27,000.	0.			GENERAL OPERATING
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE, SUITE 301 VERO BEACH, FL 32960	65-0059649	3	388,500.	0.			GENERAL OPERATING

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INDIAN RIVER MEDICAL CENTER FOUNDATION, INC. - 1000 37TH PLACE, SUITE 101 - VERO BEACH, FL 32960	59-0760215	3	393,868.	0.			GENERAL OPERATING
INDIAN RIVER NEIGHBORHOOD ASSOCIATION - PO BOX 643868 - VERO BEACH, FL 32964	20-2631557	3	10,500.	0.			GENERAL OPERATING
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. - AKA IRSC FOUNDATION - FORT PIERCE, FL 34981	59-1105591	3	74,087.	0.			GENERAL OPERATING
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	3	5,000.	0.			GENERAL OPERATING
IRONMAN FOUNDATION INC. 3407 W. DR. MARTIN LUTHER KING JR. TAMPA, FL 33607	65-1172979	3	5,000.	0.			GENERAL OPERATING
ISLAND SCHOOL 3-1875 KAUMUALII HIGHWAY LIHUE, HI 96766	99-0171474	3	10,000.	0.			GENERAL OPERATING
JACOBS INSTITUTE INC 875 ELLICOTT STREET, 5TH FLOOR BUFFALO, NY 14203-1070	26-3085485	3	10,000.	0.			GENERAL OPERATING
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FORT PIERCE, FL 34947	53-0196617	3	5,000.	0.			GENERAL OPERATING
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE, INC. - 4445 N. HIGHWAY A1A - VERO BEACH, FL 32963	59-1978180	3	53,500.	0.			GENERAL OPERATING

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JOHN'S ISLAND FOUNDATION, INC. 6001 HIGHWAY A1A, PMB 8323 VERO BEACH, FL 32963	65-0916419	3	70,500.	0.			GENERAL OPERATING
KASHI CHURCH FOUNDATION INC 11155 ROSELAND RD. SEBASTIAN, FL 32958	59-1850384	3	5,000.	0.			GENERAL OPERATING
KASKASKIA COLLEGE FOUNDATION PO BOX 489 CENTRALIA, IL 62801	37-1138260	3	5,000.	0.			GENERAL OPERATING
KINDERGARTEN READINESS COLLABORATIVE OF INDIAN RIVER COUNTY - 1555 INDIAN RIVER BLVD - VERO BEACH, FL 32960	81-0827641	3	10,000.	0.			GENERAL OPERATING
LA POINTE COMMUNITY CLINIC INC. PO BOX 86 LA POINTE, WI 54850	20-4888963	3	5,000.	0.			GENERAL OPERATING
LAKE SUPERIOR BIG TOP CHAUTAUQUA, LTD. - PO BOX 455 - WASHBURN, WI 54891	39-1548887	3	5,000.	0.			GENERAL OPERATING
LAKE TOXAWAY CHARITIES PO BOX 163 LAKE TOXAWAY, NC 28747	56-1882460	3	50,000.	0.			GENERAL OPERATING
LAKES REGION CONSERVATION TRUST PO BOX 766 CENTER HARBOR, NH 03226	02-0347918	3	6,000.	0.			GENERAL OPERATING
LANDFALL FOUNDATION INC 1924 PEMBROKE JONES DRIVE WILMINGTON, NC 28405	56-1939554	3	25,000.	0.			GENERAL OPERATING

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LAURA (RIDING) JACKSON FOUNDATION 1914 14TH AVE VERO BEACH, FL 32960	59-3160354	3	96,000.	0.			GENERAL OPERATING
LEUKEMIA & LYMPHOMA SOCIETY INC. 3230 COMMERCE PLACE, SUITE B WEST PALM BEACH, FL 33407	13-5644916	3	18,500.	0.			GENERAL OPERATING
LIFEBUILDERS OF THE TREASURE COAST INC. - 216 SOUTH 2ND STREET - FORT PIERCE, FL 34950	27-0628451	3	10,000.	0.			GENERAL OPERATING
LITERACY SERVICES OF INDIAN RIVER COUNTY - 1600 21ST STREET - VERO BEACH, FL 32960	59-1987210	3	8,300.	0.			GENERAL OPERATING
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	53-0196617	3	10,150.	0.			GENERAL OPERATING
MAYO CLINIC NATIONAL CORRESPONDENCE OFFICE ROCHESTER, MN 55902	41-6011702	3	8,500.	0.			GENERAL OPERATING
MCKEE BOTANICAL GARDEN 350 US HIGHWAY 1 VERO BEACH, FL 32962	65-1189895	3	78,000.	0.			GENERAL OPERATING
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - BAY HARBOR, MI 49770-2272	38-2445611	3	7,000.	0.			GENERAL OPERATING
MEG FOUNDATION 10169 E 28TH AVE DENVER,, CO 80238	82-3010153	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MEN'S SECOND CHANCE LIVING PO BOX 2398 HAILEY, ID 83333	82-4647969	3	10,000.	0.			GENERAL OPERATING
MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY, INC. - 820 37TH PLACE - VERO BEACH, FL 32960	59-1693337	3	96,850.	0.			GENERAL OPERATING
MENTAL HEALTH COLLABORATIVE OF IRC 2345 14TH AVE., SUITE 5 VERO BEACH, FL 32960	81-3960111	3	6,614.	0.			GENERAL OPERATING
METROPOLITAN OPERA GUILD 70 LINCOLN CENTER PLAZA, 6TH FLOOR NEW YORK, NY 10023	13-1681983	3	5,500.	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
MONMOUTH MEDICAL CENTER FOUNDATION INC - 300 2ND AVE - LONG BRANCH, NJ 07740	22-2456079	3	5,000.	0.			GENERAL OPERATING
MONTANA LAND RELIANCE 470 ELECTRIC AVENUE BIGFORK, MT 59911	81-0369262	3	10,000.	0.			GENERAL OPERATING
MOUNT ST. JOSEPH UNIVERSITY 5701 DELHI ROAD CINCINNATI, OH 45233	23-7179567	3	15,000.	0.			GENERAL OPERATING
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS D TRAVERSE CITY, MI 49684	38-2642724	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MY VISION FOR REFUGEES INC. 217 ROSEMAN WAY WOODSTOCK, GA 30188	47-4140533	3	11,200.	0.			GENERAL OPERATING
NATIONAL MULTIPLE SCLEROSIS SOCIETY - PO BOX 4527 - NEW YORK, NY 10163	13-5661935	3	10,000.	0.			GENERAL OPERATING
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203	53-0242652	3	8,560.	0.			GENERAL OPERATING
NEW HOPE C.O.R.P.S. INC 1020 N KROME AVE HOMESTEAD, FL 33030	65-0440678	3	5,000.	0.			GENERAL OPERATING
NEXT GENERATION VETERANS INC PO BOX 650795 VERO BEACH, FL 32965-0795	82-4557985	3	25,000.	0.			GENERAL OPERATING
NEXT LEVEL PRODUCTION AND PROMOTIONS - 1545 46TH AVE - VERO BEACH, FL 32966	56-2475445	3	10,000.	0.			GENERAL OPERATING
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY ROAD WINNETKA, IL 60093	36-1558460	3	21,020.	0.			GENERAL OPERATING
NORWALK HIGH SCHOOL ATHLETIC BOOSTERS INC - PO BOX 67 - NORWALK, OH 44857	34-1354358	3	10,000.	0.			GENERAL OPERATING
OCEAN REEF CHAPEL FOUNDATION INC. PO BOX 226 ST. AUGUSTINE, FL 32085	65-0486471	3	50,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OCEAN REEF COMMUNITY FOUNDATION INC. - 35 OCEAN REEF DRIVE SUITE 148 - KEY LARGO, FL 33037	65-0509255	3	500,000.	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. - AKA ORCA - FORT PIERCE, FL 34948	20-0901011	3	18,500.	0.			GENERAL OPERATING
OPERATION HOPE OF GREATER FLORIDA 12285 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3614249	3	5,500.	0.			GENERAL OPERATING
OSBORN FOUNDATION 101 THEALL RD RYE, NY 10580	47-4600665	3	5,500.	0.			GENERAL OPERATING
PARKLAND COLLEGE FOUNDATION 2400 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7025130	3	5,000.	0.			GENERAL OPERATING
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE FRANKFORT, MI 49635	38-1415623	3	7,500.	0.			GENERAL OPERATING
PIERONE RESEARCH INSTITUTE- A WHOLE FAMILY HEALTH CTR INITIATIVE - 829 18TH ST - VERO BEACH, FL 32960	84-4131341	3	7,500.	0.			GENERAL OPERATING
PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PROJECT MAIN STREET INC 244 5TH AVE NEW YORK, NY 10001	20-4534598	3	5,000.	0.			GENERAL OPERATING
QUAIL VALLEY CHARITIES, INC. 2345 HIGHWAY A1A VERO BEACH, FL 32963	47-0866975	3	36,726.	0.			GENERAL OPERATING
RAYMOND JAMES CHARITABLE ENDOWMENT FUND - PO BOX 23559 - ST. PETERSBURG, FL 33742-3559	59-3652538	3	391,147.	0.			GENERAL OPERATING
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W. MAIN STREET - IMMOKALEE, FL 34142	59-1221966	3	16,000.	0.			GENERAL OPERATING
REFORMED CHURCH NURSERY SCHOOL 6 KRAFT AVE BRONXVILLE, NY 10708		3	5,000.	0.			GENERAL OPERATING
RIVERFUND INC. 11155 ROSELAND RD. UNIT 16 SEBASTIAN, FL 32958	59-3212877	3	5,000.	0.			GENERAL OPERATING
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	3	1,151,682.	0.			GENERAL OPERATING
ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF DEVELOPMENT- GIFT OFFICE ROCHESTER, NY 14692-8865	16-0743140	3	6,000.	0.			GENERAL OPERATING
ROSEMONT COLLEGE OF THE HOLY CHILD JESUS - 1400 MONTGOMERY AVE - BRYN MAWR, PA 19010	23-1365966	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RUMSON PARENT TEACHER ORGANIZATION INC - 60 FORREST AVE - RUMSON, NJ 07760	20-8569722	3	5,000.	0.			GENERAL OPERATING
RYE PRESBYTERIAN CHURCH 882 BOSTON POST ROAD RYE, NY 10580	13-1740299	3	12,000.	0.			GENERAL OPERATING
SAFESPACE 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	3	65,000.	0.			GENERAL OPERATING
SAINT EDWARD'S SCHOOL 1895 ST. EDWARD'S DRIVE VERO BEACH, FL 32963	59-1059214	3	338,500.	0.			GENERAL OPERATING
SALVATION ARMY OF IRC PO BOX 2864 VERO BEACH, FL 32961	22-2406433	3	32,982.	0.			GENERAL OPERATING
SAMARITAN CENTER VERO BEACH 3650 41ST STREET VERO BEACH, FL 32967	53-0196617	3	8,750.	0.			GENERAL OPERATING
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	3	15,500.	0.			GENERAL OPERATING
SCHOLARSHIP FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 1820 - VERO BEACH, FL 32961	04-2296967	3	23,750.	0.			GENERAL OPERATING
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	3	100,850.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SHINING LIGHT GARDEN FOUNDATION 6865 33RD AVENUE VERO BEACH, FL 32967	27-2848106	3	5,500.	0.			GENERAL OPERATING
SONRISE INTERNATIONAL INC 10448 ASHFORD CT OWASSO, OK 74055	45-3714422	3	30,000.	0.			GENERAL OPERATING
SOUL RYEDERS INC 1091 BOSTON POST ROAD RYE, NY 10580	47-3803900	3	8,500.	0.			GENERAL OPERATING
SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION INC. - 100 HOSPITAL DRIVE - BENNINGTON, VT 05201	45-3362785	3	20,000.	0.			GENERAL OPERATING
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	3	10,000.	0.			GENERAL OPERATING
SPECIAL EQUESTRIANS OF THE TREASURE COAST - P.O. BOX 651312 - VERO BEACH, FL 32965	59-3148178	3	9,650.	0.			GENERAL OPERATING
ST. BONAVENTURE UNIVERSITY 3261 W STATE RD SAINT BONAVENTURE, NY 14778	16-0743150	3	20,000.	0.			GENERAL OPERATING
ST. CATHERINE ACADEMY 2250 WILLIAMSBRIDGE ROAD BRONX, NY 10469	95-1855672	3	5,000.	0.			GENERAL OPERATING
ST. FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN, NY 11201	11-1635105	3	15,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	3	18,700.	0.			GENERAL OPERATING
ST. MARTIN DE PORRES HOUSE OF HOPE 6423 S WOODLAWN AVENUE CHICAGO, IL 60637	36-3332673	3	7,500.	0.			GENERAL OPERATING
ST. PETER'S PREP 144 GRAND ST JERSEY CITY, NJ 07302	22-1527060	3	20,000.	0.			GENERAL OPERATING
ST. PETERSBURG COLLEGE FOUNDATION INC. - PO BOX 13489 - ST. PETERSBURG, FL 33733	59-1954362	3	6,200.	0.			GENERAL OPERATING
STEADMAN PHILIPPON RESEARCH INSTITUTE - 181 W MEADOW DRIVE, SUITE 1000 - VAIL, CO 81657	88-0245022	3	10,000.	0.			GENERAL OPERATING
STELLAS SHELTER FUND INC PO BOX 1048 KETCHUM, ID 83340	82-3213304	3	15,000.	0.			GENERAL OPERATING
SUBSTANCE ABUSE COUNCIL OF INDIAN RIVER COUNTY INC. - 1507 20TH STREET - VERO BEACH, FL 32960	65-0202835	3	55,000.	0.			GENERAL OPERATING
SUN VALLEY SUMMER SYMPHONY INC PO BOX 1914 SUN VALLEY, ID 83353	82-0397940	3	5,000.	0.			GENERAL OPERATING
SUNDAY STRONG CORP 3780 9TH PLACE VERO BEACH, FL 32960	83-2099969	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SUNSHINE REHABILITATION CENTER OF INDIAN RIVER COUNTY INC. - 1705 17TH AVENUE - VERO BEACH, FL 32960	59-0806983	3	32,500.	0.			GENERAL OPERATING
SWIFTSURE RANCH THERAPEUTIC EQUESTRIAN CENTER - 114 CALYPSO LANE - BELLEVUE, ID 83313	82-0461587	3	10,000.	0.			GENERAL OPERATING
T-1 TODAY INC 8216 PRINCETON GLENDALE RD PMB 200 WEST CHESTER, OH 45069	46-3704802	3	5,000.	0.			GENERAL OPERATING
TEEN CHALLENGE BOYS RANCH 801 154TH AVE VERO BEACH, FL 32966	71-0551941	3	10,000.	0.			GENERAL OPERATING
TEMPLE UNIVERSITY - LEWIS KATZ SCHOOL OF MEDICINE - INSTITUTIONAL ADVANCEMENT - PHILADELPHIA, PA 19182-7651	23-1365971	3	10,000.	0.			GENERAL OPERATING
THE HOPE FOR FAMILIES CENTER 715 4TH PLACE VERO BEACH, FL 32962	59-3129752	3	50,000.	0.			GENERAL OPERATING
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	207,867.	0.			GENERAL OPERATING
THE PROTESTANT CONGREGATION OF OCEAN REEF INC - 31 OCEAN REEF DRIVE, C 101-248 - KEY LARGO, FL 33037	65-1002109	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THIRD CHURCH OF CHRIST SCIENTIST 583 PARK AVENUE NEW YORK, NY 10065	13-1832955	3	48,500.	0.			GENERAL OPERATING
TIMELINE THEATRE COMPANY 615 W WELLINGTON AVENUE CHICAGO, IL 60657	36-4197407	3	10,000.	0.			GENERAL OPERATING
TOWER CITY CHURCH 11220 PERRIN BEITEL RD SAN ANTONIO, TX 78217		3	5,000.	0.			GENERAL OPERATING
TREASURE COAST COMMUNITY HEALTH, INC. - 1555 INDIAN RIVER BLVD. SUITE B-210 - VERO BEACH, FL 32960	59-3219191	3	30,700.	0.			GENERAL OPERATING
TREASURE COAST FOOD BANK, INC. AKA TCFB FORT PIERCE, FL 34947-2528	65-0123281	3	16,900.	0.			GENERAL OPERATING
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	3	1,500,000.	0.			GENERAL OPERATING
TRINITY EPISCOPAL CHURCH 2365 PINE AVENUE VERO BEACH, FL 32960	59-0774209	3	36,000.	0.			GENERAL OPERATING
TRUST FOR PUBLIC LAND 100 M STREET SE SUITE 700 WASHINGTON, DC 20003	23-7222333	3	5,050.	0.			GENERAL OPERATING
TRUSTEES FOR HARVARD UNIVERSITY 124 MOUNT AUBURN ST. CAMBRIDGE, MA 02138	53-0199180	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TYKES & TEENS INC. 1555 INDIAN RIVER BLVD VERO BEACH, FL 32960	65-0570899	3	55,000.	0.			GENERAL OPERATING
UNITE THE WORLD WITH AFRICA FOUNDATION INC - 49 WHITNEY STREET - WESTPORT, CT 06880	47-2329890	3	11,000.	0.			GENERAL OPERATING
UNITED AGAINST POVERTY, INC 1400 27TH ST VERO BEACH, FL 32960	11-3697936	3	182,600.	0.			GENERAL OPERATING
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145		3	5,000.	0.			GENERAL OPERATING
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	3	300,500.	0.			GENERAL OPERATING
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC. - 12424 RESEARCH PARKWAY, SUITE 250 - ORLANDO, FL 32826	59-6211832	3	5,000.	0.			GENERAL OPERATING
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604-0696	59-0974739	3	121,500.	0.			GENERAL OPERATING
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN STREET URBANA, IL 61801	37-6006007	3	5,000.	0.			GENERAL OPERATING
VAIL VALLEY FOUNDATION INC. PO BOX 6550 AVON, CO 81620	74-2215035	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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VERO BEACH CRISIS PREGNANCY CENTER 1503 24TH STREET VERO BEACH, FL 32960	59-2344840	3	5,000.	0.			GENERAL OPERATING
VERO BEACH LIFEGUARD ASSOCIATION 1351 WHITE HERON LANE VERO BEACH, FL 32963	45-2946869	3	6,500.	0.			GENERAL OPERATING
VERO BEACH MUSEUM OF ART, INC. 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	3	218,175.	0.			GENERAL OPERATING
VERO BEACH OPERA, INC. PO BOX 6912 VERO BEACH, FL 32961	59-2883286	3	76,897.	0.			GENERAL OPERATING
VERO BEACH ROWING, INC. PO BOX 643063 VERO BEACH, FL 32964	26-2765309	3	99,553.	0.			GENERAL OPERATING
VETERANS COUNCIL OF INDIAN RIVER COUNTY, INC. - P.O. BOX 1354 - VERO BEACH, FL 32961	59-2970832	3	38,500.	0.			GENERAL OPERATING
VISION HOUSE PO BOX 2951 RENTON, WA 98056	91-1493474	3	5,000.	0.			GENERAL OPERATING
VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC. - 1110 35TH LANE - VERO BEACH, FL 32960	59-2804739	3	6,000.	0.			GENERAL OPERATING
VNA AND HOSPICE FOUNDATION, INC 1110 35TH LANE VERO BEACH, FL 32960	59-2804739	3	81,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOICE FOR FLORIDA KEYS CHILDREN INC - PO BOX 845 - ISLAMORADA, FL 33036	65-0305892	3	5,000.	0.			GENERAL OPERATING
WALK THRU THE BIBLE MINISTRIES 5550 TRIANGLE PARKWAY, SUITE 250 PEACHTREE CORNERS, GA 30092	93-0669857	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	6,000.	0.			GENERAL OPERATING
WHALE TRUST PO BOX 243 MAKAWAO, HI 96768	91-2144632	3	11,500.	0.			GENERAL OPERATING
WHOLE FAMILY HEALTH CENTER INC. 981 37TH PLACE VERO BEACH, FL 32960	65-0715258	3	74,100.	0.			GENERAL OPERATING
WILCOX HOSPITAL FOUNDATION 3-3420 KUHIO HWY LIHUE, HI 96766	99-0204242	3	5,000.	0.			GENERAL OPERATING
WILLIAM AND MARY ATHLETIC EDUCATION FOUNDATION - PO BOX 399 - WILLIAMSBURG, VA 23187	54-6056480	3	5,000.	0.			GENERAL OPERATING
WOOD RIVER LAND TRUST COMPANY 119 E BULLION STREET HAILEY, ID 83333	82-0474191	3	10,000.	0.			GENERAL OPERATING

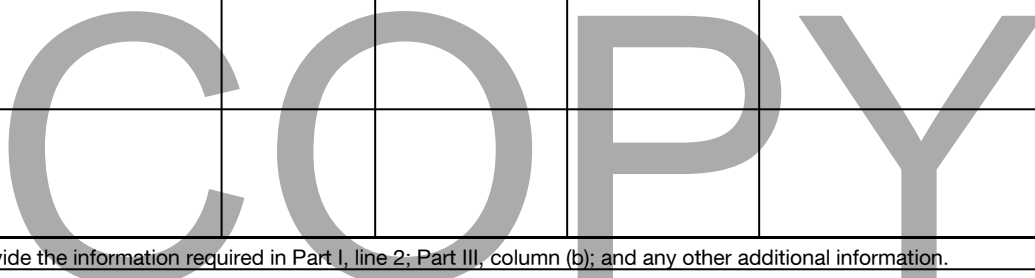
Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YEAR UP, INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	3	10,000.	0.			GENERAL OPERATING
YOUTH GUIDANCE MENTORING ACADEMY 1028 20TH PLACE VERO BEACH, FL 32960	65-0017325	3	57,500.	0.			GENERAL OPERATING
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 612 - VERO BEACH, FL 32961	27-0952942	3	15,750.	0.			GENERAL OPERATING
COPY							

**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

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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 .....

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

**3** Indicate which, if any, of the following the 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 .....

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

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

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

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

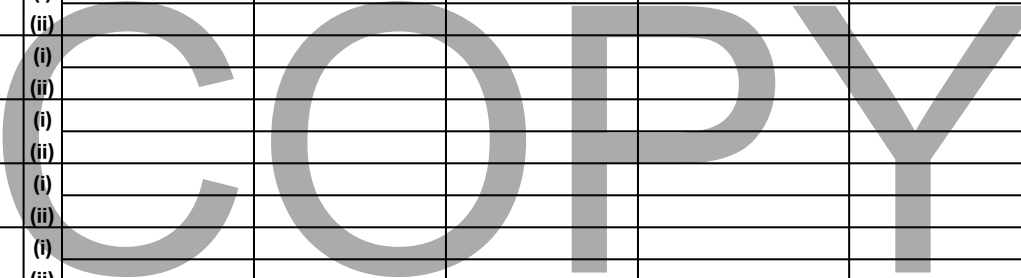
Schedule J (Form 990) 2020

**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)	180,915.	17,238.	0.	4,710.	8,212.	211,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

**2020**

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](http://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	44	6,204,826.	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 ( )				

COPY

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

	Yes	No
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.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

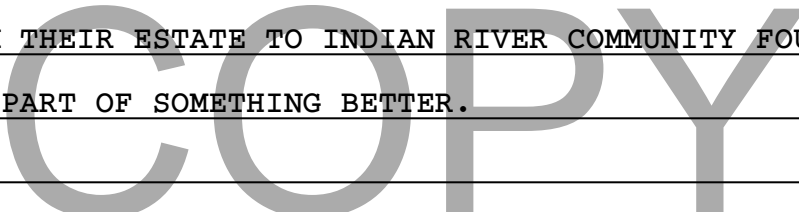
Employer identification number

20-1729243

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

BELIEVE THAT OUR 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 OUR WORK.

TOGETHER WITH OUR CLIENTS, IN THE FISCAL YEAR ENDING JUNE 30, 2021,  
INDIAN RIVER COMMUNITY FOUNDATION AWARDED GRANTS TOTALING \$11,422,120  
FROM 203 CHARITABLE GIVING ACCOUNTS TO CHARITIES IN INDIAN RIVER COUNTY  
AND AROUND THE WORLD. ON JUNE 30, 2021, A TOTAL OF 78 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. EACH BOARD MEMBER COMPLETED  
AND SIGNED A DISCLOSURE STATEMENT AND AGREED WITH THE POLICIES.

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

THE EXECUTIVE COMPENSATION COMMITTEE SHALL CONSIST OF THE MEMBERS OF THE

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

Schedule O (Form 990 or 990-EZ) 2020

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

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.

