INDIAN RIVER COMMUNITY FOUNDATION, INC.

FORM 990

TAX YEAR ENDED JUNE 30, 2022

PUBLIC INSPECTION COPY

			EXTENDED TO MAY 15, 2023 Poturn of Organization Exampt Fro		oomo Tax	OMB No. 1545-0047						
For	m 99	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) 2021						
			Do not enter social security numbers on this form as it	may be	e made public.	Open to Public						
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection												
Α	A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022											
B	Check if applicable	e: C Name of	organization		D Employer identific	ation number						
	Addres		AN RIVER COMMUNITY FOUNDATION, INC.									
	Name Change	e Doing b	usiness as		20-172924	13						
	Initial return Final	D D	and street (or P.O. box if mail is not delivered to street address) Roon BOX 643968	n/suite	E Telephone number 772-492-1							
	return/ termin- ated	_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	42,019,207.						
	Amend		BEACH, FL 32964		H(a) Is this a group re							
	Applica tion	^{a-} F Name a	nd address of principal officer: JEFFREY R. PICKERING		for subordinates							
	pendin		AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No						
		empt status:		527	If "No," attach a	list. See instructions						
			IRCOMMUNITYFOUNDATION.ORG		H(c) Group exemption							
K	Form of		X Corporation	L Year o	of formation: 2004	I State of legal domicile: ${f FL}$						
Pa		Summary										
e	1		e the organization's mission or most significant activities: OUR MIS		N IS BUILDIN	IG A BETTER						
Governance	2	Check this bo			than 25% of its net ass	ets.						
ver	3		ing members of the governing body (Part VI, line 1a)			20						
පී	4		ependent voting members of the governing body (Part VI, line 1b)			20						
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)			5						
Activities &	6		of volunteers (estimate if necessary)			20						
Sti	7a		d business revenue from Part VIII, column (C), line 12			0.						
Ř	b		business taxable income from Form 990-T, Part I, line 11			0.						
					Prior Year	Current Year						
	8	Contributions	and grants (Part VIII, line 1h)		10,302,020.	10,224,580.						
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.						
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		5,145,596.	6,680,062.						
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		499,709.	568,226.						
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,947,325.	17,472,868.						
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		11,422,120.	10,668,070.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		411,088.	487,266.						
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.						
led 3	. b		ng expenses (Part IX, column (D), line 25) 203,690.									
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,193,895.	1,370,828.						
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,027,103.	12,526,164.						
	19	Revenue less	expenses. Subtract line 18 from line 12		2,920,222.	4,946,704.						
OC C	9			Beg	ginning of Current Year	End of Year						
Net Assets or	20	Total assets (F	Part X, line 16)		89,601,419.	78,791,488.						
t As	21	Total liabilities	(Part X, line 26)		3,954,030.	4,816,290.						
			fund balances. Subtract line 21 from line 20		85,647,389.	73,975,198.						
	art II	Signature										
Unc	ler pena	lties of perjury,	I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of my	knowledge and belief, it is						
true	, correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledge.							
Sig	n	· -	e of officer		Date							
He	re	IN JEFF	REY R. PICKERING, PRESIDENT									

11010											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid	DEBORAH A. CRUM, CPA	DEBORAH A. CRUM,	CPA 02/24	/23 self-employed P00282890							
Preparer	Firm's name 🕒 REHMANN ROBSON L		Firm's EIN ▶ 38-3635706								
Use Only	Firm's address 🖕 5070 HIGHWAY A1A	, STE 250									
	VERO BEACH, FL 3	2963		Phone no. (772) 234-8484							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (20											

	Form 990 (202
4e	Total program service expenses ► 11,575,296.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	NONPROFIT SEARCH, INDIAN RIVER INDICATORS AND PUBLICATIONS LIKE OUR
	ORGANIZATIONS, PROGRAMS AND PROJECTS THAT MERIT PHILANTHROPIC INVESTMENT. WE DO THIS USING INNOVATIVE TOOLS SUCH AS OUR ONLINE
	COMMUNITY KNOWLEDGE ABOUT LOCAL NEEDS AND NONPROFIT CHARITABLE
	ANOTHER WAY WE CARRY OUT OUR MISSION IS BY DEVELOPING AND SHARING
	WHICH OUR CLIENTS USE TO GIVE OR LEAVE A LEGACY TO THE CHARITABLE CAUSES THEY LOVE.
	THIS TROUGH TWO MAIN PRODUCTS, DONOR ADVISED FUNDS AND ENDOWMENTS,
	DEPLOYING PHILANTHROPIC CAPITAL TO MAKE OUR COMMUNITY BETTER. WE DO
	COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY. ONE WAY WE CARRY OUT OUR MISSION IS BY GROWING, STEWARDING AND
	INDIAN RIVER COMMUNITY FOUNDATION'S MISSION IS BUILDING A BETTER
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$11,575,296. including grants of \$10,668,070.) (Revenue \$
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	DOILDING A DEFIER COMMONTEL INKOUGH DONOK DRIVEN INFLANTIKOFF.
-	BUILDING A BETTER COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY.
1	Briefly describe the organization's mission:

Form 990 (COMMUNITY	FOUNDATION,	INC.
Part IV	Checklist of R	equired Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		x
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	1
132002	a 12-09-21			l (2021)
.02003		1 0111		(

3

132003 12-09-21

2021.05060 INDIAN RIVER COMMUNITY FO 427521.1

 Form 990 (2021)
 INDIAN RIVER COMMUNITY FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		
U	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 repeated on any of the organization's prior Forms 200 at 200 F72. If We all wave to be			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		- 23
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R. Part V. line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21	Form	990	(2021)
	4			

2021.05060 INDIAN RIVER COMMUNITY FO 427521.1

Form	990 (2021) INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729	243	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	140		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
15		15		х
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 5

17

Form 990	(2021)
----------	--------

INDIAN RIVER COMMUNITY FOUNDATION, INC.

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

20-1729243 Page 6

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. X

		a _	20		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4	20			
	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			0		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3				2		x
	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9			<u>3</u> 4		X
4 5	Did the organization make any significant changes to its governing documents since the profile of the profile of the organization become aware during the year of a significant diversion of the organization's ass		E	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?		F	<u>5</u> 6		X
6 70	Did the organization have members, stockholders, or other persons who had the power to elect or ap		·····	0		
7a	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, 0				
а	The governing body?		F	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		·····	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the	form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		·····	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}				v	
_	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				х	
	The organization's CEO, Executive Director, or top management official		·····	15a	X	
D	Other officers or key employees of the organization		·····	15b		
IC-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x
Ŀ.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
D		• •	'			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?			16b		
ec.	tion C. Disclosure		·····	100		
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, ar	ad 000 T (coction	501(c)(3)c	oply	availal	blo
0	for public inspection. Indicate how you made these available. Check all that apply.	id 990-1 (Section	301(0)(3)5	Unity)	avalla	DIE
		on Cohedula ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n on Schedule O) Inflict of interest r	olicy and	finan	ial	
	statements available to the public during the tax year.		siloy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	GREATER HORIZONS - 816-627-3408		-			
	1055 BROADWAY SUITE 130, KANSAS CITY, MO 64105			_	000	
	3 12-09-21			Earm	990	(202)

Form 990 (2		9243 Page 7
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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the orga	anization'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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other		
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO)	and related		
	below	Individual trustee or director	In stitutional trustee	er	Key employee	est cc loyee	ler			organizations		
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former					
(1) JEFFREY R. PICKERING	40.00											
CEO/PRESIDENT				Х				219,301.	0.	15,473.		
(2) MICHAEL A. MCMANUS JR.	4.00											
CHAIRMAN		Х		Х				0.	0.	0.		
(3) KATHRYN B. HEALY	4.00											
VICE CHAIRMAN		Х		Х				0.	0.	0.		
(4) DEBRA K. LOCKWOOD	4.00				-							
TREASURER		Х		Х				0.	0.	0.		
(5) DALE F. JACOBS	4.00											
SECRETARY		Х		Х				0.	0.	0.		
(6) SUZANNE E. BERTMAN	2.00											
DIRECTOR		Х						0.	0.	0.		
(7) PATRICIA A. BRIER	2.00											
DIRECTOR		Х						0.	0.	0.		
(8) ANTOINETTE W. HAMNER	2.00											
DIRECTOR		Х						0.	0.	0.		
(9) PATRICIA HEMINGWAY HALL	2.00											
DIRECTOR		Х						0.	0.	0.		
(10) WANDA W. LINCOLN	2.00									_		
DIRECTOR		х						0.	0.	0.		
(11) EDWIN R. MASSEY	2.00									-		
DIRECTOR		х						0.	0.	0.		
(12) RONALD H. MCGLYNN	2.00									•		
DIRECTOR		Х						0.	0.	0.		
(13) DAWN E. MICHAEL	2.00								•	•		
DIRECTOR		Х						0.	0.	0.		
(14) ANGELIA PERRY	2.00								•	•		
DIRECTOR		Х						0.	0.	0.		
(15) MATTHEW G. RUNDELS	2.00								•	•		
DIRECTOR		Х						0.	0.	0.		
(16) LARRY SALUSTRO	2.00								•	•		
DIRECTOR		Х						0.	0.	0.		
(17) LOUIS C. SCHACHT	2.00									<u>^</u>		
DIRECTOR		Х						0.	0.	0.		
132007 12-09-21				_	-					Form 990 (2021)		

7

15310224 759633 427521.00000

.

	990 (202	1) INDIAN RI	IVER COM	IMU	'NI'	ΤY	F	'OU	NE	DATION, INC.	20-1'	<u>729:</u>	243	P	age 8
Par	t VII _{Se}	ction A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employe	es (continued)				
										(E)			(F)		
		Name and title	Average	(-1-			itior			Reportable	Reportable		Es	timate	ed
		hours per												nount	of
		week				d a di	irecto	or/trus	tee)	from	from related	i		other	
			(list any	ector						the	organization	s	com	pensa	tion
			hours for	or dire				ted		organization	(W-2/1099-MIS	I	fr	om th	е
			related	stee c	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
			organizations below	al tru	onal t		loyee	e com		1099-NEC)				d relat	
			line)	ndividual trustee or director	nstitutional trustee	Officer	y em p	Highest compensated employee	Former				orga	inizati	ons
/10)	WTTTTT	4 F. SCHLITT	2.00	ln	드	Of	Ke	토등	오						
	CTOR	r. schliff	2.00	х						0.		0.			0.
		ER M. WATSON	2.00	Δ						0.		••			0.
	CTOR	LR M. WAISON	2.00	х						0.		0.			0
		A F. EMMONS	2 00	Δ						0.		0.			0.
		A F. EMMONS	2.00	77						0					0
DIRE	CTOR			X						0.		0.			0.
										010 001				- 4	
1b	Subtotal									219,301.		0.	1.	5,4	73.
		m continuation sheets to Part VI				r				0.		0.	_		0.
d		d lines 1b and 1c)								219,301.		0.	1.	5,4	73.
2	Total nur	nber of individuals (including but n	ot limited to the	ose	listed	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable	;			
	compens	ation from the organization			_										1
												1		Yes	No
3	Did the o	rganization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on				
		f "Yes," complete Schedule J for si											3		X
4	-	ndividual listed on line 1a, is the su			-						-				
	and relate	ed organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
5		person listed on line 1a receive or a													
	rendered	to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch r	oers	on .					5		X
Sec	tion B. Ind	lependent Contractors													
1	Complete	e this table for your five highest cor	mpensated ind	epe	nden	nt co	ontra	acto	rs th	nat received more than	\$100,000 of comp	oensat	ion fro	m	
	the orgar	nization. Report compensation for t	the calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax y	vear.				
		(A)								(B)			(C		
		Name and business	address	NC	ONE]				Description of	services	C	ompe	nsatio	n
									_						
2		nber of independent contractors (ir) of compensation from the organiz	•	ot lin	nited	to t	thos (ted	above) who received m	ore than				
	,		<i>c</i>									-	-	000	0004)

132008 12-09-21

						COMMUNITY	FOUNDATIO	ON, INC.	20-1729	243 Page 9
Pa	rt V	/111	Statement of Re	venue)					
			Check if Schedule O	contains	s a response	or note to any line		(B)	(C)	
							(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues							
Ū, Ē			Fundraising events							
ar A			Related organizations							
s, S		е	Government grants (contr	ributions	s) 1e					
tion S		f	All other contributions, gifts,	grants, a	Ind					
ibut			similar amounts not included	above .	1 f	10,224,580.				
but		-	Noncash contributions included in			6,803,164.	10 004 500			
ų ç		h	Total. Add lines 1a-1f				10,224,580.			
		_				Business Code				
Program Service Revenue	2	a ⊾								
Serv		b c								
žer (d								
Be		e								
Pro		f	All other program service	revenue)					
		g	Total. Add lines 2a-2f							
	3		Investment income (inclue	ding divi	idends, intere	est, and				
			other similar amounts) \dots				1,359,280.	ļ		1359280.
	4		Income from investment of							
	5		Royalties		(i) Real	(ii) Personal				
	~	_	0		(i) Real	(II) Personal		r		
	6		Gross rents	6a 6b						
			Less: rental expenses Rental income or (loss)	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of		i) Securities	(ii) Other				
			assets other than inventory	7a 2	9,867,121.					
		b	Less: cost or other basis							
ne			and sales expenses		4,545,896.					
venue		С	Gain or (loss)	7c	5,321,225.	-443.				
Re			Net gain or (loss)			►	5,320,782.			5320782.
Other Re	8	а	Gross income from fundraisi including \$		of					
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses							
	٥		Net income or (loss) from Gross income from gamin		-					
	9	a	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from		·····					
	10		Gross sales of inventory,							
			and allowances			a				
		b	Less: cost of goods sold		10	b				
		с	Net income or (loss) from	sales of	inventory .					
S			ADMIN DEED DITTE		C	Business Code				
Miscellaneous Revenue	11	-	ADMIN FEES BILLED TO OTHER INCOME	U FUND	<u>م</u>	900099 900099	565,762.	, · · · ·		
ven		~				300033	2,464.	2,464.		
Bey		с d	All other revenue			++				
Σ			Total. Add lines 11a-11d				568,226.			
	12		Total revenue. See instruction				17,472,868.		0.	6680062.
13200	9 12	-09-	21							Form 990 (2021)

15310224 759633 427521.00000

Form 990 (2021) INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 10 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	10 669 070	10,668,070.		
-	and domestic governments. See Part IV, line 21	10,668,070.	10,000,070.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				124 205
-	trustees, and key employees	268,650.	80,595.	53,730.	134,325.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	155 000	70 017	CE 200	11 000
7	Other salaries and wages	155,236.	78,017.	65,299.	11,920.
8	Pension plan accruals and contributions (include	10 017	4 407	2 274	1 116
-	section 401(k) and 403(b) employer contributions)	<u>12,017.</u> 24,956.	4,497. 9,339.	3,374. 7,007.	<u>4,140.</u> 0,610
9	Other employee benefits	24,956. 26,407.	9,339.	7,007.	4,146. 8,610. 9,111.
10	Payroll taxes	20,407.	9,881.	1,415.	9,111.
11	Fees for services (nonemployees):				
	Management	1,600.	800.	800.	
b	Legal	23,110.	000.	23,110.	
	Accounting	23,110.		23,110.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	-	428,104.		428,104.	
f	Investment management fees	420,104.		420,1040	
y	column (A), amount, list line 11g expenses on Sch 0.)	6,000.	6,000.		
12	Advertising and promotion	38,494.	7,237.		31,257.
13	Office expenses	49,684.	32,345.	17,339.	51/25/1
14	Information technology	770.	616.		154.
15	Royalties				
16	Occupancy	38,057.	3,253.	34,804.	
17	Travel	3,672.	1,836.	1,836.	
18	Payments of travel or entertainment expenses	• / • / = ·	_,	_,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,100.	9,107.	11,238.	2,755.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,780.		10,780.	
23	Insurance	3,459.		3,459.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ADMINISTRATIVE FEES	530,161.	530,161.		
b	CONTRACT SERVICE FEE	108,440.	54,220.	54,220.	
с	PROJECT EXPENSES	49,686.	49,686.		
d	SUBSCRIPTIONS & MEMBERS	45,378.	27,227.	18,151.	
е	All other expenses	10,333.	2,409.	6,512.	1,412.
25	Total functional expenses. Add lines 1 through 24e	12,526,164.	11,575,296.	747,178.	203,690.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010) 12-09-21				Form 990 (2021)

10

132010 12-09-21

15310224 759633 427521.00000

Form **990** (2021)

15310224 759633 427521.00000

Cash - non-interest-bearing Savings and temporary cash investments

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

	2	Savings and temporary cash investments			6,030,127.	2	6,098,592.
	3	Pledges and grants receivable, net			239,824.	3	10,000.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				5,396.	9	36,228.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	96,213. 14,025.			
	b	Less: accumulated depreciation	10b	14,025.	11,619. 83,083,504.	10c	82,188. 72,202,742.
	11	Investments - publicly traded securities			83,083,504.	11	72,202,742.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,104.	15	5,244.
	16	Total assets. Add lines 1 through 15 (must equa			89,601,419.	16	78,791,488.
	17	Accounts payable and accrued expenses			15,411.	17	50,417.
	18	Grants payable	489,421.	18	377,000.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	2 4 4 0 1 0 0		4 200 072
		of Schedule D			3,449,198.		4,388,873. 4,816,290.
	26			V	3,954,030.	26	4,810,290.
ŝ		Organizations that follow FASB ASC 958, chee	ck her				
alances	07	and complete lines 27, 28, 32, and 33.			81 151 201	07	72 031 937
ala	27				84,454,294. 1,193,095.	27	72,931,837. 1,043,361.
Fund B	28	Net assets with donor restrictions			1,195,095.	28	1,045,501.
<u>n</u>		Organizations that do not follow FASB ASC 95	58, Ché				
ъ Т	00	and complete lines 29 through 33.					
Net Assets or	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				29	
SS	30 21					30 31	
et ∕	31 32	Retained earnings, endowment, accumulated inc Total net assets or fund balances			85,647,389.	32	73,975,198.
Ž	32 33				89,601,419.	33	78,791,488.
	00					00	Form 990 (2021)

<u>20-1729243</u> Page **11**

(B) End of year

356,494.

1

(A) Beginning of year

225,845.

Form	990	(2021)

1

Part X Balance Sheet

Form	1990 (2021) INDIAN RIVER COMMUNITY FOUNDATION, INC.	20-1	L7292	43	Pag	_{ge} 12
Par	rt 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	<u> 17,</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,			
3	Revenue less expenses. Subtract line 2 from line 1	3		946		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,			
5	Net unrealized gains (losses) on investments	5	-16,	618	8,8	95.
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	73,	975	5,19	98.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		L	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	<u> </u>

Form **990** (2021)

Total

Public Charity Status and Public Support

(Form 990)					nization is a section 501					2021	
Complete it the				rganization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ.						Open to Public	
				Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.	F armel and a		
Name	e of t	he organizati						10		identification number	
Par	+ 1	Reason		AN RIVER C	OMMUNITY FOU (All organizations must c		$\frac{JN}{DN}$	NC.		0-1729243	
									15.		
Г	<u> </u>		•		(For lines 1 through 12, c		,	()/ A \/:\			
1 L	=				on of churches described)(a)011 nd	I)(A)(I).			
2 [2 [(Attach Schedule E (Forn		__\/_	::)			
3 [4 [-	-		anization described in son njunction with a hospital			-	VIII) Entor	the beepital's name	
-+ L		city, and state	-			described	Section			the hospital s hame,	
5 [•		or the benefit of a co	ollege or university owned	d or operat	ed by a do	vernmental	nit describe	ed in	
•		0	•	Complete Part II.)		a or operat					
6					mental unit described in	section 17	70(b)(1)(A)	(v).			
7				-	antial part of its support f				ne general i	oublic described in	
		0		omplete Part II.)	······· [-·················	J			J		
8	Х	-			(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultura	al research org	ganization described	l in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college	
		-		-	culture (see instructions).				-	-	
		university:	-								
10 [An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	oort from c	ontribution	ns, membersł	nip fees, and	d gross receipts from	
		activities relation	ted to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and u	inrelated busir	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	ıfter June 30, 1975.	
_		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		-	-	-	ively for the benefit of, to	-			•		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	or section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A si	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
			-		gularly appoint or elect a	n majority c	of the direc	tors or truste	es of the su	Ipporting	
		7 -		complete Part IV, S							
b				-	d or controlled in connec			-		•	
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	٦ Ŭ		t complete Part IV,							
с			-		ng organization operated				lly integrate	d with,	
		7			s). You must complete				ted evenesi		
d			-	• •	porting organization oper zation generally must sat				° °	.,	
				v	mplete Part IV, Sections	•		•	an allenin	/eness	
е		- ·		,	written determination fro	-					
C		_	Ũ		mally integrated supporti			турст, турс	п, турс п		
f	Ente		of supported c		any mogratod support	ng organiz	actorn.				
				n about the supporte	ed organization(s).						
) Name of suppo		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
_											

OMB No. 1545-0047

Schedule A (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		16484425.	30909274.	9571343.	10302020.	10224580.	77491642.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	16484425.	30000271	05713/3	10302020.	10224580	77/016/2
	J	10404425.	50909274.	9571545.	10302020.	10224500.	11491042.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27229489.
6	Public support. Subtract line 5 from line 4.						50262153.
	tion B. Total Support						502022550
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	16484425.			10302020.		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	776,295.	1103717.	1352028.	1154081.	1359280.	5745401.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						83237043.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
0	organization, check this box and sto						
	ction C. Computation of Public						<u> </u>
	Public support percentage for 2021 (I					14	<u>60.38 %</u>
	Public support percentage from 2020						62.32 %
16a	33 1/3% support test - 2021. If the						N V
	stop here. The organization qualifies		-		line 15 in 00 1/00/		
D	33 1/3% support test - 2020. If the ordered store here. The experimentation guide						
170	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	-				17a and line 15 is	
N	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s
	Schedule A (Form 990) 2021						

132022 01-04-22

Schedule A (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 3 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.)

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
~	o						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here				-		
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20 Investment income percentage from 2					17 18	<u>%</u>
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2020. If the	-	-		•		and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
		IT AIG HOL OHEON & I	<u>557 on line 14, 19</u>		10 DON AND SEC 1115		A (Form 990) 2021
13202	3 01-04-22		15	i		Schedule /	- (i orni 330) 202 l

15310224 759633 427521.00000

2021.05060 INDIAN RIVER COMMUNITY FO 427521.1

Schedule A (Form 990) 2021

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

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

132024 01-04-21

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

3c

16 15310224 759633 427521.00000 2021.

Schedule A (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 5

I GI		Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, stors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively 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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

1

2

15310224 759633 427521.00000

2021.05060 INDIAN RIVER COMMUNITY FO 427521.1

17

_	dule A (Form 990) 2021 INDIAN RIVER COMMUNITY F			20-1729243 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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.	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 7

Par		COMMUNITY FOUNI			0-1729243	Page 7
		allo, oupporting orga		iea)	Current Va	
<u>Secu</u>	on D - Distributions			1	Current Ye	ar
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1		
2	organizations, in excess of income from activity	i purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	3		
4	Amounts paid to acquire exempt-use assets		5	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.	5		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A Part VI	line 1; Part IV, Section A, line	formation. Provide the e es 1, 2, 3b, 3c, 4b, 4c, 5a, 6 n D, lines 2 and 3; Part IV, S	explanations required by , 9a, 9b, 9c, 11a, 11b, a ection E, lines 1c, 2a, 2	FOUNDATION, IN y Part II, line 10; Part II, line 1 and 11c; Part IV, Section B, lin b, 3a, and 3b; Part V, line 1; F complete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)		., intes 2, 3, and 0. Also	complete this part for any ac	
100000 01 07 7					Sabadula & /Earm 000) 0001
	2 750622 40759	1 00000	20		Schedule A (Form 990) 202

15310224 759633 427521.00000

2021.05060 INDIAN RIVER COMMUNITY FO 427521.1

SCHEDULE)
----------	---

Department of the Treasury

Internal Revenue Service

(Form 9	990)
---------	------

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

	INDIAN RIVER COMMUN	ITY FOUNDATION, INC.		20-1729243
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	150		69
2	Aggregate value of contributions to (during year)	8,606,151.		1,618,429.
3	Aggregate value of grants from (during year)	9,345,959.		1,252,111.
4	Aggregate value at end of year	62,945,366.		11,029,829.
5	Did the organization inform all donors and donor advisors in w		unds	
	are the organization's property, subject to the organization's ex	0		X Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
			-	X Yes No
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation		istorically	r important land area
	Protection of natural habitat	Preservation of a c		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic struct			
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea			during the tax
	year ►			5
4	Number of states where property subject to conservation ease	ment is located ►		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	►			0
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	easemen	ts during the year
	► \$			0
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4))(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno			
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	r Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement and b	balance s	heet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthe	erance of	public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and bala	nce sheet	t works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	nce of pu	blic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
				\$
2	If the organization received or held works of art, historical treas			e
	the following amounts required to be reported under FASB AS		· -	
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21			



	dule D (Form 990) 2021 INDIAN H	RIVER COMMU						_729: ets /a			age 2
	•								ontin	uea)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	lollowing tha	l make s	signinca	ant use of i	IS			
-	collection items (check all that apply):										
a	Public exhibition	d		hange progra	am						
b	Scholarly research	е	Other								
c	Preservation for future generations										
4	Provide a description of the organization's co	•	•	•		• •	•	art XIII.			
5	During the year, did the organization solicit or							<u> </u>			٦
Dor	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange							<u> </u>			No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered	"Yes" or	1 Form	990, Part I	v, line s), or		
10			on for contribution	o or othor oo	oto not	includ					
Ia	Is the organization an agent, trustee, custodia							Ye			No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						I		5		
b		and complete the follo	owing table.			Г		Am	ount		
~	Paginning balance							7 41	oun		
C A	Beginning balance						<u>lc</u>				
	Additions during the year						ld				
e	Distributions during the year										
f	Ending balance Did the organization include an amount on Fo						1f	Ye			No
	If "Yes," explain the arrangement in Part XIII.		•				I] NO]
Par		the organization and	Swered "Ves" on Fo	provided on mm 990 Part	IV line						
		(a) Current year	(b) Prior year	(c) Two yea			ree years ba	ck (e)	Four	years	hack
10	Poginning of year balance	2,619,954.	2,019,490.		2,834.	(4) 11	681,57		1 our	youro	buon
1a ⊾	Beginning of year balance	33,500.	46,000.		9,006.		836,47				
	Contributions	-348,826.	611,295.		7,719.		<u> </u>				
C J	Net investment earnings, gains, and losses	540,020.	011,255.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00,00	5.			
	Grants or scholarships										
е	Other expenditures for facilities	75 654	56 021		0 060		21 20	1			
-	and programs	75,654.	56,831.	4	0,069.		31,30	±.			
f	Administrative expenses	0.000.074	2 (10 054	0.01	0 400		1 550 02				
g	End of year balance	2,228,974.			9,490.		1,552,83	4.			
2	Provide the estimated percentage of the curre	· ·)) held as:							
а	Board designated or quasi-endowment	54.0000	%								
b	Permanent endowment ► 46.0000	%									
с	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•									
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administer	red for th	ne orga	anization		г		
	by:							_		Yes	No
	(i) Unrelated organizations								a(i)		X
	(ii) Related organizations								a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							L	3b		
4	Describe in Part XIII the intended uses of the		vment funds.								
Par	, 3 , 11			_							
	Complete if the organization answered										
	Description of property	(a) Cost or ot basis (investm		or other (other)		Accum eprecia		(d)	Bool	k valu	e
1a	Land										
	Buildings										_
	Leasehold improvements			1,007.							07.
	Equipment			1,289.			,790.			1,49	
	Other		4	3,917.		7	,235.			5,68	
	. Add lines 1a through 1e. (Column (d) must ed		K. column (B). line 1	0c.)	<u></u>		🕨		82	2,1	88.
							<u> </u>		-		

rm 990) 2021			R COMMUNITY	FOUNDATIO	N, INC.	20-1729243 Page 3
vestments - O						
of security or catego	ry (including name o	security)	(b) Book value	(c) Metho	d of valuation: Co	st or end-of-year market value
d equity interests						
iust equal Form 990,	Part X, col. (B) lin	e 12.) 🕨				
	-		n Form 000 Dart IV	ing 11g Sog Form	000 Dort V line 1	2
		eu res c				
a) Description of it	ivestment		(D) DOOK VAIUE			st of end-of-year market value
				_		
	Dent V. eel. (D) lie	. 10 \ 🕨				
	Part X, COI. (B) IIII	e 13.) 🗩				
	nization answer	ed "Yes" o	on Form 990, Part IV. I	ine 11d. See Form	990. Part X. line 1	5.
en proto n'ano organ						(b) Book value
		()				(1) 20011 12120
(b) must equal For	m 990. Part X. c	ol. (B) line	15.)			►
ther Liabilities	•		- 6			
		ed "Yes" o	on Form 990, Part IV, I	ine 11e or 11f. See	Form 990, Part X	, line 25.
	nization answere					(b) Book value
omplete if the orga	cription of liabil	ity				
omplete if the orga		ty				
omplete if the organ (a) Des	scription of liabil	, 				
omplete if the organ (a) Des l income taxes	cription of liabil	ES				
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
omplete if the organ (a) Des l income taxes OS HELD FO	cription of liabil	ES				4,313,747.
	of security or catego privatives d equity interests d equity interests ust equal Form 990, vestments - P omplete if the organ a) Description of ir Description of ir ust equal Form 990, ther Assets. omplete if the organ	of security or category (including name of privatives d equity interests ust equal Form 990, Part X, col. (B) lin vestments - Program Rela omplete if the organization answere a) Description of investment ust equal Form 990, Part X, col. (B) lin ther Assets. omplete if the organization answere	of security or category (including name of security) privatives d equity interests ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. omplete if the organization answered "Yes" or a) Description of investment ust equal Form 990, Part X, col. (B) line 13.) ther Assets. omplete if the organization answered "Yes" or (a) I	of security or category (including name of security) (b) Book value privatives d equity interests d equity interests ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. mplete if the organization answered "Yes" on Form 990, Part IV, 1 a) Description of investment (b) Book value ust equal Form 990, Part X, col. (B) line 13.) ther Assets. mplete if the organization answered "Yes" on Form 990, Part IV, 1 (a) Description (b) Book value (c) Description (of security or category (including name of security) (b) Book value (c) Metho privatives (d) equity interests (d) equity interests (d)	a equity interests

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC			1729243 Pag	_{ge} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Ret	turn.		
	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	425,26	1.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	3 	<u>,895.</u>			
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants 2c				
d	I Other (Describe in Part XIII.) 2d	443.			
е	Add lines 2a through 2d		2e	-16,618,45	
3	Subtract line 2e from line 1		3	17,043,71	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		,104.			
b	Other (Describe in Part XIII.)	,051.			
с	Add lines 4a and 4b		4c	429,15	5.
U U					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,472,86	8.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses	es per R		17,472,86 n.	8.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	es per R		n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per R		17,472,86 n. 12,097,45	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	es per R	etur	n.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	es per R	etur	n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	es per R	etur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	es per R	etur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b	es per R	etur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	es per R	etur	n. <u>12,097,45</u> 44	2.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c 4 Other (Describe in Part XIII.)	es per R 443.	1	n. <u>12,097,45</u>	2.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3ubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	443.	etur 1 2e	n. <u>12,097,45</u> 44	2.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 428 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	443. ,104.	etur 1 2e	n. <u>12,097,45</u> 44	2.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 428 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	443.	etur 1 2e	n. 12,097,45 44 12,097,00	2. 3. 9.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a	443. ,104. ,051.	etur 1 2e 3 4c	n. <u>12,097,45</u> <u>44</u> 12,097,00 429,15	3.9.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 1	443. ,104. ,051.	1 2e 3	n. 12,097,45 44 12,097,00	3.9.

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 IRCF GRANTMAKING 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 UNRESTRICTED 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 2019 THROUGH 2022, THE YEARS, WHICH REMAIN SUBJECT TO EXAMINATION AS

 132054 10-28-21
 Schedule D (Form 990) 2021

 31
 31

15310224 759633 427521.00000

Schedule D (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243 Page 5 Part XIII Supplemental Information (continued)
OF JUNE 30, 2022. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT
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, 2022 OR 2021 AND IS NOT
AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX
AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON ASSET DISPOSAL 443.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FOREIGN TAXES ON INVESTMENT 1,051.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON ASSETS DISPOSAL 443.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FOREIGN TAXES ON INVESTMENT 1,051.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization INDIAN RI	VER COMMU	NITY FOUNDAT	FION, INC.				Employer identification number 20-1729243
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE TO PROTECT NANTUCKET SOUND, INC 4 BARNSTABLE ROAD -	10 0008105	2	25,000				
HYANNIS, MA 02601	10-0008105	5	35,000.	0.			GENERAL OPERATING
ALZHEIMER/PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY, INC - 2300 5TH AVE., SUITE 150 - VERO BEACH,							
FL 32960	59-2437723	3	61,600.	0.			GENERAL OPERATING
AMERICAN CANCER SOCIETY, INC PO BOX 17127 TAMPA, FL 33682	13-1788491	3	5,650.	0.			GENERAL OPERATING
AMERICAN COMPOSERS FORUM 75 WEST 5TH ST, STE 522							
ST PAUL, MN 55102-1439	23-7452688	3	6,360.	٥.			GENERAL OPERATING
AMERICAN FRIENDS OF SHALVA ISRAEL, INC. – 315 5TH AVENUE #608 – NEW YORK, NY 10016	56-2676533	3	50,000.	0.			GENEAL OPERATING
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY, INC 39 BROADWAY, SUITE 1510 NEW YORK NY 10006	13-1996126	3	50,000.	0.			GENERAL OPERATING
SUITE 1510 - NEW YORK, NY 10006		Manizationa listed in the	,			1	169
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 		•					······

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

INDIAN RIVER COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					20-1729243 Pag
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERICAN FRIENDS OF THE JAFFA							
INSTITUTE - 171-06 76TH AVENUE -							
FLUSHING, NY 11366	11-2697261	3	35,000.	٥.			GENERAL OPERATING
	11 2057201	5		۰.			GENERAL OF ERATING
MERICAN RED CROSS							
2025 E STREET							
WASHINGTON, DC 20006	53-0196605	3	10,000.	0.			GENERAL OPERATING
		*					
ARC OF INDIAN RIVER COUNTY, INC.							
, J375 16TH AVENUE							
VERO BEACH, FL 32960	59-1626205	3	17,000.	0.			GENERAL OPERATING
·							
TLANTA COMMUNITY FOOD BANK, INC.							
400 NORTH DESERT DRIVE							
TLANTA, GA 30344	58-1376648	3	11,000.	0.			GENERAL OPERATING
ATLANTIC CLASSICAL ORCHESTRA							
15 AVE. A, SUITE 305							
ORT PIERCE, FL 34950	65-0307858	3	6,000.	٥.			GENERAL OPERATING
UTISM SPEAKS							
060 STATE ROAD 2ND FLOOR							
RINCETON, NJ 08540	20-2329938	3	11,000.	0.			GENERAL OPERATING
NILEM VEDA DENCU INC							
ALLET VERO BEACH, INC 135 WINDWARD WAY #209							
ZERO BEACH, FL 32963	46-1513558	2	63,000.	0.			GENERAL OPERATING
ERO BEACH, FL 32903	40-1313338	5	03,000.	· ·			GENERAL OFERALING
ENZIE AREA CHRISTIAN NEIGHBORS							
NC - 2804 BENZIE HWY - BENZONIA,							
II 49616	38-2792605	3	10,000.	0.			GENERAL OPERATING
IG BROTHERS BIG SISTERS OF ST.		-					
UCIE, INDIAN RIVER, & OKEECHOBEE							
OUNTIES - 1846 18TH AVENUE - VERO							
EACH, FL 32960	59-2455513	3	6,394.	0.			GENERAL OPERATING

INDIAN RIVER COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					20-1729243 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	irt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIKE WALK INDIAN RIVER COUNTY INC							
P.O. BOX 1792							
/ERO BEACH, FL 32961	81-0947771	3	14,000.	0.			GENERAL OPERATING
		-	,				
SOTANICAL GARDEN OF THE PIEDMONT							
PO BOX 6224							
CHARLOTTESVILLE, VA 22906	90-0395190	3	100,000.	0.			GENERAL OPERATING
SOYS & GIRLS CLUBS FOUNDATION OF							
INDIAN RIVER COUNTY INC - 1729		2					
7TH AVE - VERO BEACH, FL 32960	45-3200101	3	501,050.	0.			GENERAL OPERATING
OYS AND GIRLS CLUBS OF INDIAN							
IVER COUNTY - 1729 17TH AVENUE -					~		
/ERO BEACH, FL 32960	59-3623298	3	71,750.	0.			GENERAL OPERATING
,							
BREAD FOR THE WORLD INSTITUTE INC							
25 3RD STREET SW, SUITE 1200							
ASHINGTON, DC 20024	51-0175510	3	25,000.	0.			GENERAL OPERATING
SUFFALO PHILHARMONIC ORCHESTRA							
SOCIETY INC 786 DELAWARE AVENUE	1.6 0555500	2	10.000				
BUFFALO, NY 14209	16-0755739	3	10,000.	0.			GENERAL OPERATING
ALVARY CHAPEL PORT SAINT LUCIE							
555 NW ST. JAMES DRIVE							
PORT SAINT LUCIE, FL 34983	20-0904790	3	18,500.	0.			GENERAL OPERATING
			,				
CAMP HAVEN							
256 US HIGHWAY 1							
TERO BEACH, FL 32960	45-4235195	3	6,900.	0.			GENERAL OPERATING
CAMP SUSQUEHANNOCK INC							
2308 TRIPP LAKE ROAD	22 2024552	3	95.000	0			CENEDAL ODEDAMING
BRACKNEY, PA 18812	23-3034552	2	95,000.	0.			GENERAL OPERATING

Schedule | (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RI	VER COMMOI	NITI FOUNDA	110N, $1NC$.	•		2	20-1/29243	Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	ıt
CATHEDRAL CHURCH OF ST. JOHN THE								
DIVINE - 1047 AMSTERDAM AVE - NEW								
YORK, NY 10025	13-1623934	3	15,000.	0.			GENERAL OPERATING	
		-						
CATHOLIC HIGH SCHOOL								
4552 PRINCESS ANNE ROAD								
VIRGINIA BEACH, VA 23462	54-0563003	3	135,000.	٥.			GENERAL OPERATING	
CHABAD OF VERO BEACH								
PO BOX 643805								
VERO BEACH, FL 32964	85-3619957	3	8,000.	0.			GENERAL OPERATING	
CHARLESTON COLLEGIATE SCHOOL								
2024 ACADEMY DRIVE								
JOHN'S ISLAND, SC 29455	57-0524957	3	21,000.	0.			GENERAL OPERATING	
CHILDCARE RESOURCES OF INDIAN								
RIVER - 2300 5TH AVENUE, SUITE 149		_						
- VERO BEACH, FL 32960	65-0523165	3	183,315.	0.			GENERAL OPERATING	
CHILDREN'S HOME SOCIETY OF FLORIDA								
650 10TH STREET								
VERO BEACH, FL 32960	59-3055343	2	57,141.	0.			GENERAL OPERATING	
VERO BEACH, FL 52900	59-5055545	5	57,141.	0.			GENERAL OFERATING	
CHRIST CHURCH VERO BEACH								
567 20TH ST.								
VERO BEACH, FL 32960	59-2166431	3	20,000.	0.			GENERAL OPERATING	
		•		.				
CHRISTIAN FM - WSCF RADIO								
0055 AMERICANA ROAD SUITE 24								
VERO BEACH, FL 32966	59-3028392	3	6,500.	0.			GENERAL OPERATING	
'			,					
CLEMSON UNIVERSITY FOUNDATION								
PO BOX 1889								
CLEMSON, SC 29633	57-0426335	3	25,000.	٥.			GENERAL OPERATING	

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

Schedule I (Form 990)

INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHURCH OF VERO BEACH							
1901 23RD STREET							
VERO BEACH, FL 32960	13-1957221	3	56,800.	0.			GENERAL OPERATING
	10 170/111			·			
COMMUNITY TRANSFORMATION PARTNERS							
INC - 615 KING FISHER DR -							
BROWNSBURG, IN 46112	83-1559962	3	10,000.	٥.			GENERAL OPERATING
·							
CONDON COMMUNITY CHURCH							
PO BOX 1073							
CONDON, MT 59826	81-0388273	3	10,000.	0.			GENERAL OPERATING
COTTONWOOD DAY SCHOOL							
10180 COTTONWOOD RD							
BOZEMAN, MT 59718	47-2779835	3	100,000.	0.			GENERAL OPERATING
CROSSOVER MISSION INC							
4425 US HIGHWAY 1							
VERO BEACH, FL 32967	46-5125222	3	117,100.	0.			GENERAL OPERATING
DANNY BUTLER MEMORIAL FUND INC							
6 MARTIN BUTLER COURT		-					
RYE, NY 10580	90-0758748	3	20,000.	0.			GENERAL OPERATING
DASIE BRIDGEWATER HOPE CENTER							
PO BOX 701483	02-0633089	2	E 750				CENEDAL ODEDAMING
WABASSO, FL 32970	02-0033089	ى 	5,750.	0.			GENERAL OPERATING
DIOCESE OF PALM BEACH							
9995 N MILITARY TRAIL							
PALM BEACH GARDENS, FL 33418	59-2438903	3	6,390.	0.			GENERAL OPERATING
	55 2-30503	~	0,350.	<u> </u>			
DOCTORS WITHOUT BORDERS							
PO BOX 5030							
HAGERSTOWN, MD 21741-5030	13-3433452	3	8,000.	0.			GENERAL OPERATING

Schedule I (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RI	VER COMMUI	NITY FOUNDA	TION, INC.	•		Z	10-1/29243	Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
DOGS FOR LIFE INC.								
1230 16TH AVENUE								
VERO BEACH, FL 32960	31-1800397	3	31,000.	0.			GENERAL OPERATING	
ECONOMIC OPPORTUNITIES COUNCIL OF	51 1000557	5	51,000.	· · ·				
INDIAN RIVER COUNTY (EOC) - 2455								
SAINT LUCIE AVENUE - VERO BEACH,								
FL 32960	59-1144567	3	21,000.	0.			GENERAL OPERATING	
	33 111130,	5						
EDUCATION FOUNDATION OF INDIAN								
RIVER COUNTY - PO BOX 7046 - VERO								
BEACH, FL 32961	59-3118402	3	9,685.	0.			GENERAL OPERATING	
		-						
ENVIRONMENTAL LEARNING CENTER								
255 LIVE OAK DRIVE								
VERO BEACH, FL 32963	65-0064129	3	46,800.	0.			GENERAL OPERATING	
ESSELSTYN FAMILY FOUNDATION INC								
3 PEPPER RIDGE ROAD								
PEPPER PIKE, OH 44124	83-3193194	3	10,000.	0.			GENERAL OPERATING	
FABRETTO CHILDREN'S FOUNDATION								
1563 SHERMAN AVENUE								
EVANSTON, IL 60201	36-3894824	3	20,000.	0.			GENERAL OPERATING	
FIRST UNITED METHODIST CHURCH								
1750 20TH STREET								
VERO BEACH, FL 32960	59-0799905	3	45,000.	0.			GENERAL OPERATING	
FLORIDA STATE PARKS FOUNDATION INC								
1700 NORTH MONROE STREET SUITE 11 #								
TALLAHASSEE, FL 32303	59-3207818	3	25,000.	0.			GENERAL OPERATING	
FRANCISCAN BREAD FOR THE POOR,								
INC 135 W 31ST STREET - NEW	10 1050010	2		_				
YORK, NY 10001	13-4058312	3	10,000.	0.			GENERAL OPERATING	

INDIAN RIVER COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					20-1729243 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVENUE							
VERO BEACH, FL 32967	43-1950911	3	114,383.	0.			GENERAL OPERATING
		5					
GIRLS ON THE RUN OF THE TREASURE							
COAST, INC PO BOX 114 - VERO							
BEACH, FL 32961	45-2563350	3	15,000.	0.			GENERAL OPERATING
·							
GRAND HARBOR COMMUNITY OUTREACH							
PROGRAM, INC PO BOX 644017 -							
VERO BEACH, FL 32967	51-0418002	3	10,000.	0.			GENERAL OPERATING
FRAND ISLE COMMUNITY DEVELOPMENT							
TEAM INC - PO BOX 944 - GRAND							
ISLE, LA 70358	02-0678895	3	25,000.	0.			GENERAL OPERATING
GROVE CITY COLLEGE							
100 CAMPUS DR	25-1065148	3	10,000.	0.			GENERAL OPERATING
GROVE CITY, PA 16127	25-1005148	3	10,000.	0.			GENERAL OPERATING
HAITI CLINIC, INC.							
865 37TH PLACE							
VERO BEACH, FL 32960	26-1960750	3	5,500.	0.			GENERAL OPERATING
HELLENIC COLLEGE AND HOLY CROSS			, ,				
GREEK ORTHODOX SCHOOL OF THEOLOGY							
- 50 GODDARD AVE - BROOKLINE, MA							
02445	04-2218946	3	70,000.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER							
1145 12TH STREET							
VERO BEACH, FL 32960	59-2632361	3	13,870.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER							
FOUNDATION, INC PO BOX 1742 -	65 0411000	3	E 033	<u>_</u>			CENEDAL ODEDATING
VERO BEACH, FL 32967	65-0411920	ວ	5,033.	٥.			GENERAL OPERATING

Schedule | (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RI	VER COMMUI	NITY FOUNDA	TION, INC.	•		4	20-1729243 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS CATHOLIC CHURCH							
500 IRIS LANE	52 0106617	2					
VERO BEACH, FL 32963	53-0196617	3	8,000.	0.			GENERAL OPERATING
NOMELESS CHILDRENS FOUNDATION OF							
NDIAN RIVER COUNTY INC 6001							
IWY AIA - PMB 8071 - VERO BEACH,	15 2000500	2					
FL 32963	47-3060566	3	30,000.	0.			GENERAL OPERATING
HOPE FOR FAMILIES CENTER							
715 4TH PLACE							
VERO BEACH, FL 32962	59-3129752	3	117,128.	0.			GENERAL OPERATING
TERO BEACH, FL 52902	55-5125752	5	117,120.	0.			GENERAL OFERALING
NUMANE SOCIETY OF VERO BEACH &							
INDIAN RIVER COUNTY - 6230 77TH					~		
STREET - VERO BEACH, FL 32967	59-0863199	3	21,309.	0.			GENERAL OPERATING
	33 0003133	5	21,303.				
I AM MINISTRIES, INC. D/B/A THE				, i i i i i i i i i i i i i i i i i i i			
SOURCE - DBA THE SOURCE - VERO							
BEACH, FL 32961	59-3354241	3	12,000.	0.			GENERAL OPERATING
	55 5551211	5	12,000.				
IMPACT 100 OF INDIAN RIVER COUNTY							
INC - PO BOX 643425 - VERO BEACH,							
'L 32964	83-1598994	3	23,500.	0.			GENERAL OPERATING
NDIAN RIVER COUNTY HEALTHY START				••			
COALITION - 1555 INDIAN RIVER							
SLVD, SUITE B241 - VERO BEACH, FL							
2960	65-0363222	3	66,850.	0.			GENERAL OPERATING
		5					
NDIAN RIVER HABITAT FOR HUMANITY							
1568 N U.S. 1							
/ERO BEACH, FL 32967	65-0230079	3	24,500.	0.			GENERAL OPERATING
		-	,500.				
INDIAN RIVER LAND TRUST							
30 ROYAL PALM POINTE, SUITE 301							
VERO BEACH, FL 32960	65-0059649	3	569,750.	0.			GENERAL OPERATING
i			,				· · · · · · · · · · · · · · · · · · ·

Schedule I (Form 990) INDIAN RIVER COMMUNITY FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

20-1729243 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN RIVER MEDICAL CENTER							
FOUNDATION, INC DBA CLEVELAND							
CLINIC INDIAN RIVER FOUNDATION -							
VERO BEACH, FL 32960	59-0760215	3	1,819,086.	0.			GENERAL OPERATING
INDIAN RIVER STATE COLLEGE							
FOUNDATION, INC AKA IRSC							
FOUNDATION - FORT PIERCE, FL 34981	59-1105591	3	13,533.	0.			GENERAL OPERATING
INDIAN RIVER SYMPHONIC							
ASSOCIATION, INC PO BOX 2801 -							
VERO BEACH, FL 32961	65-0441009	3	9,000.	0.			GENERAL OPERATING
VERO BEACH, FE 52501	05 0441005	5	5,000.				GENERAL OF ERATING
ISLAND SCHOOL							
3-1875 KAUMUALII HIGHWAY					Ť		
LIHUE, HI 96766	99-0171474	3	10,000.	0.			GENERAL OPERATING
	<u> </u>	5	10,000.				
JACOBS INSTITUTE INC							
875 ELLICOTT STREET, 5TH FLOOR							
BUFFALO, NY 14203-1070	26-3085485	3	10,000.	٥.			GENERAL OPERATING
BOFFALO, NI 14203-1070	20-3003403	5	10,000.	0.			GENERAL OFERALING
JOHN'S ISLAND COMMUNITY SERVICE							
LEAGUE, INC 4445 N. HIGHWAY A1A							
#234 - VERO BEACH, FL 32963	59-1978180	3	23,300.	0.			GENERAL OPERATING
#234 - VERO BEACH, FL 32903	59-1970100	5	23,300.	0.			GENERAL OPERATING
JOHN'S ISLAND FOUNDATION, INC.							
6001 HIGHWAY A1A, PMB 8323							
VERO BEACH, FL 32963	65-0916419	3	69,750.	0.			GENERAL OPERATING
VERO BEACH, FE 32303	03-0310413	<u>,</u>	09,750.	0.			SENERAL OFERATING
LA POINTE COMMUNITY CLINIC INC.							
PO BOX 86							
LA POINTE, WI 54850	20-4888963	3	10,000.	0.			GENERAL OPERATING
TIOTATE, NI STOSU	20 1000905	3	10,000.	0.			SERENAL OF ERAIING
LAKE SUPERIOR BIG TOP CHAUTAUQUA,							
LTD PO BOX 455 - WASHBURN, WI							
54891	39-1548887	3	7,500.	0.			GENERAL OPERATING

Schedule | (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RI	VER COMMU	NITY FOUNDA	TION, INC.	•		4	20-1/29243 Pa
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE TOXAWAY CHARITIES							
PO BOX 163							
LAKE TOXAWAY, NC 28747	56-1882460	3	110,000.	0.			GENERAL OPERATING
LANDFALL FOUNDATION INC							
1924 PEMBROKE JONES DRIVE							
WILMINGTON, NC 28405	56-1939554	3	50,000.	0.			GENERAL OPERATING
LAURA RIDING JACKSON FOUNDATION							
1914 14TH AVE							
VERO BEACH, FL 32960	59-3160354	3	63,000.	0.			GENERAL OPERATING
LIGONIER TOWNSHIP POLICE							
DEPARTMENT - 1 MUNICIPAL PARK							
DRIVE - LIGONIER, PA 15658		3	16,500.	0.			GENERAL OPERATING
,		-					
LITERACY SERVICES OF INDIAN RIVER							
COUNTY - 1600 21ST STREET - VERO							
BEACH, FL 32960	59-1987210	3	34,500.	0.			GENERAL OPERATING
_							
MASTER'S ACADEMY OF VERO BEACH,							
INC 1105 58TH AVENUE - VERO		-					
BEACH, FL 32966	04-3770235	3	11,447.	0.			GENERAL OPERATING
MAYO CLINIC							
NATIONAL CORRESPONDENCE OFFICE							
ROCHESTER, MN 55902	41-6011702	3	11,500.	0.			GENERAL OPERATING
		-	,				
ICKEE BOTANICAL GARDEN							
350 US HIGHWAY 1							
VERO BEACH, FL 32962	65-1189895	3	61,750.	0.			GENERAL OPERATING
MENTAL HEALTH ASSOCIATION IN							
INDIAN RIVER COUNTY, INC 820							
37TH PLACE - VERO BEACH, FL 32960	59-1693337	3	119,850.	0.			GENERAL OPERATING

		NITY FOUNDA					20-1729243 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Scho I	edule I (Form 990), Pa I	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH COLLABORATIVE OF IRC							
2345 14TH AVE., SUITE 5							
VERO BEACH, FL 32960	81-3960111	3	27,000.	0.			GENERAL OPERATING
		-		···			
METROPOLITAN OPERA GUILD							
70 LINCOLN CENTER PLAZA, 6TH FLOOR							
NEW YORK, NY 10023	13-1681983	3	5,500.	٥.			GENERAL OPERATING
· · · · ·							
MISS B'S LEARNING BEE'S INC							
4736 34TH AVENUE							
VERO BEACH, FL 32967	46-5201707	3	7,500.	0.			GENERAL OPERATING
MISSION E4 INC							
39 BURNSHIRT ROAD, SUITE N							
HUBBARDSTON, MA 01452	20-2383319	3	8,968.	0.			GENERAL OPERATING
MONTANA LAND RELIANCE							
PO BOX 355							
HELENA, MT 59624	81-0369262	3	20,000.	0.			GENERAL OPERATING
NATURE CONSERVANCY							
4245 N FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203	53-0242652	2	7,560.	0.			GENERAL OPERATING
NATURE CONSERVANCY - FLORIDA	55-0242052		7,500.	0.			GENERAL OFERATING
CHAPTER - 1035 S SEMORAN BLVD.							
SUITE 2-1021B - WINTER PARK, FL							
32792	53-0242652	3	18,800.	0.			GENERAL OPERATING
		-		·			
NELSON-ATKINS MUSEUM OF ART							
4525 OAK STREET							
KANSAS CITY, MO 64111	44-6012977	3	25,000.	0.			GENERAL OPERATING
OCEAN RESEARCH AND CONSERVATION							
ASSOCIATION, INC PO BOX 4291 -							
FORT PIERCE, FL 34948	20-0901011	3	45,700.	0.			GENERAL OPERATING

132241 11-18-21

27-1763901	3

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON COURSE FOUNDATION USA 6649 WESTWOOD BLVD							
ORLANDO, FL 32821	45-3780269	3	16,700.	0.			GENERAL OPERATING
OPEN DISCOURSE COALITION 239 MARKET ST	04 2127010		25,000	0			
LEWISBURG, PA 17837	84-3127210	3	25,000.	0.			GENERAL OPERATING
PARKINSON ASSOCIATION OF SW FL INC 2575 NORTHBROOKE PLAZA	59-3471412	2	10,000.	0.			GENERAL OPERATING
DRIVE - NAPLES, FL 34119	55-5471412	5	10,000.	0.			GENERAL OFERALING
PARTNERS IN HEALTH PO BOX 996							
FREDERICK, MD 21705-9942	04-3567502	3	5,100.	0.			GENERAL OPERATING
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE							
FRANKFORT, MI 49635	38-1415623	3	37,187.	0.			GENERAL OPERATING
PELICAN ISLAND AUDUBON SOCIETY P.O. BOX 1833							
VERO BEACH, FL 32961	59-6197617	3	5,500.	0.			GENERAL OPERATING
PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK - 10 LINCOLN CENTER PLAZA							
- NEW YORK, NY 10023	13-1664054	3	11,000.	0.			GENERAL OPERATING
PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST -							
2300 N FLORIDA MANGO ROAD - WEST							
PALM BEACH, FL 33409	59-1391115	3	6,500.	0.			GENERAL OPERATING
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552							
SHERMAN OAKS, CA 91403	27-1763901	3	6,500.	٥.			GENERAL OPERATING

INDIAN RIVER COMMUNITY FOUNDATION, INC. Schedule I (Form 990)

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

20-1729243 Page 1

		IITY FOUNDA					1729243 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RINCE OF PEACE CATHOLIC CHURCH							
621 CEDAR RD							
CHESAPEAKE, VA 23322		3	10,000.	٥.			GENERAL OPERATING
		<u>,</u>	10,000.				
PRINCETON PROSPECT FOUNDATION							
CAP AND GOWN CLUB							
RINCETON, NJ 08542	22-6075964	3	10,000.	0.			GENERAL OPERATING
			, , ,				
PXE INTERNATIONAL, INC.							
301 CONNECTICUT AVE., NW, STE. 404							
ASHINGTON, DC 20009	04-3294138	3	10,000.	0.			GENERAL OPERATING
UAIL VALLEY CHARITIES, INC.							
345 HIGHWAY A1A							
ERO BEACH, FL 32963	47-0866975	3	30,350.	0.			GENERAL OPERATING
RAYMOND JAMES CHARITABLE ENDOWMENT							
FUND - PO BOX 23559 - ST.							
ETERSBURG, FL 33742-3559	59-3652538	3	20,000.	0.			GENERAL OPERATING
EDLANDS CHRISTIAN MIGRANT							
SSOCIATION - 402 W. MAIN STREET -	50 1001055		CO 500				
MMOKALEE, FL 34142	59-1221966	3	60,500.	0.			GENERAL OPERATING
ESIDENTIAL YOUTH SERVICES &							
MPOWERMENT - PO BOX 11662 -							
IONOLULU, HI 96828	81-2102826	3	20,000.	٥.			GENERAL OPERATING
	01 2102020		20,000.	•.			GENERAL OF ERATING
IVERSIDE THEATRE							
250 RIVERSIDE PARK DRIVE							
ZERO BEACH, FL 32963	59-1764305	3	126,820.	0.			GENERAL OPERATING
			, , , ,				
OCHESTER INSTITUTE OF TECHNOLOGY							
FFICE OF DEVELOPMENT- GIFT OFFICE							
OCHESTER, NY 14692-8865	16-0743140	3	7,500.	٥.			GENERAL OPERATING

Schedule I (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

HIC COIMICI		1101() 11(0)			2	20-1/29243	Pag
ssistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	nt
45-4837356	3	10,000.	0.			GENERAL OPERATING	
13-1740299	3	13 000	0			GENERAL OPERATING	
15 1740255	5	15,000.	0.			GENERAL OF ERATING	
59-1983994	3	24,141.	0.			GENERAL OPERATING	
59-1059214	3	113,667.	0.			GENERAL OPERATING	
22-2406433	3	13,508.	0.			GENERAL OPERATING	
58-1437002	3	30,000.	0.			GENERAL OPERATING	
04-2296967	3	21,250.	0.			GENERAL OPERATING	
50 1500055	2						
59-1539957	3	77,300.	0.			GENERAL OPERATING	
		1	1		1	1	
	ssistance to Don (b) EIN 45-4837356 13-1740299 59-1983994 59-1059214 22-2406433	ssistance to Domestic Organizations (b) EIN (c) IRC section if applicable 45-4837356 3 13-1740299 3 59-1983994 3 59-1059214 3 22-2406433 3 58-1437002 3 04-2296967 3	ssistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 45-4837356 3 10,000. 13-1740299 3 13,000. 59-1983994 3 24,141. 59-1059214 3 113,667. 22-2406433 3 13,508. 58-1437002 3 30,000. 04-2296967 3 21,250.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 45-4837356 3 10,000. 0. 13-1740299 3 13,000. 0. 59-1983994 3 24,141. 0. 59-1059214 3 113,667. 0. 58-1437002 3 30,000. 0. 68-1437002 3 21,250. 0.	sestance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 45-4837356 3 10,000. 0. 13-1740299 3 13,000. 0. 59-1983994 3 24,141. 0. 59-1059214 3 113,667. 0. 58-1437002 3 30,000. 0. 68-1437002 3 21,250. 0.	ssistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 45-4837356 3 10,000. 0. - - 13-1740299 3 13,000. 0. - - 59-1983994 3 24,141. 0. - - 59-1983994 3 113,667. 0. - - 59-1059214 3 113,667. 0. - - 58-1437002 3 30,000. 0. - - 04-2296967 3 21,250. 0. - -	saistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part I.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of gra or assistance 45-4837356 3 10,000. 0. ENERAL OPERATING 13-1740299 3 13,000. 0. ENERAL OPERATING 59-1983994 3 24,141. 0. ENERAL OPERATING 59-1059214 3 113,667. 0. ENERAL OPERATING 58-1437002 3 30,000. 0. ENERAL OPERATING 58-1437002 3 21,250. 0. ENERAL OPERATING

Schedule I (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RJ	LVER COMMUN	NITY FOUNDA	FION, INC.	•		2	10-1729243 Pa
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN POVERTY LAW CENTER INC							
400 WASHINGTON AVENUE							
MONTGOMERY, AL 36104	63-0598743	3	5,100.	0.			GENERAL OPERATING
SOUTHWESTERN VERMONT HEALTH CARE							
FOUNDATION INC 100 HOSPITAL							
DRIVE - BENNINGTON, VT 05201	45-3362785	3	1,005,600.	0.			GENERAL OPERATING
SPECIAL EQUESTRIANS OF THE							
TREASURE COAST INC - P.O. BOX							
651312 - VERO BEACH, FL 32965	59-3148178	3	24,498.	0.			GENERAL OPERATING
	55 5140170	5	24,490.				GENERAL OF ERATING
ST. BONAVENTURE UNIVERSITY							
3261 W STATE RD					The second secon		
SAINT BONAVENTURE, NY 14778	16-0743150	3	10,000.	0.			GENERAL OPERATING
ST. CATHERINE ACADEMY							
2250 WILLIAMSBRIDGE ROAD							
BRONX, NY 10469	95-1855672	3	25,000.	0.			GENERAL OPERATING
ST. FRANCIS COLLEGE							
180 REMSEN STREET							
BROOKLYN, NY 11201	11-1635105	3	20,000.	0.			GENERAL OPERATING
CE EDINGES VINOD OF VEDO DELSU							
ST. FRANCIS MANOR OF VERO BEACH							
FLORIDA, INC 1750 20TH AVE -	00 7050050	2	10 641				
VERO BEACH, FL 32960	23-7350059	3	10,641.	0.			GENERAL OPERATING
ST. HELEN CATHOLIC CHURCH							
2025 20TH STREET							
VERO BEACH, FL 32960	53-0196617	3	6,000.	0.			GENERAL OPERATING
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	3	21,000.	0.			GENERAL OPERATING

		NITY FOUNDA			/=		20-1729243 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T. PETER'S PREP							
.44 GRAND ST							
VERSEY CITY, NJ 07302	22-1527060	3	10,000.	٥.			GENERAL OPERATING
SUBSTANCE ABUSE COUNCIL OF INDIAN							
RIVER COUNTY INC 1507 20TH							
STREET - VERO BEACH, FL 32960	65-0202835	3	50,000.	0.			GENERAL OPERATING
	05 0202055	5	50,000.	••			
SUNSHINE REHABILITATION CENTER OF							
INDIAN RIVER COUNTY INC 1705							
7TH AVENUE - VERO BEACH, FL 32960	59-0806983	3	27,500.	0.			GENERAL OPERATING
EMPLE UNIVERSITY - LEWIS KATZ		-					
CHOOL OF MEDICINE - INSTITUTIONAL							
DVANCEMENT - PHILADELPHIA, PA					*		
.9182-7651	23-1365971	3	13,000.	0.			GENERAL OPERATING
TENTH CHURCH OF CHRIST, SCIENTIST,							
IEW YORK CITY - 171 MACDOUGAL							
TREET - NEW YORK, NY 10011	04-2254742	3	7,000.	0.			GENERAL OPERATING
· · ·							
THE HAITIAN PROJECT, INC							
O BOX 6891							
ROVIDENCE, RI 02940	22-2700013	3	20,000.	0.			GENERAL OPERATING
HE LEARNING ALLIANCE							
O BOX 2647							
ERO BEACH, FL 32961	27-0725986	3	435,065.	٥.			GENERAL OPERATING
HE PROTESTANT CONGREGATION OF							
CEAN REEF INC - 31 OCEAN REEF							
RIVE, C 101-248 - KEY LARGO, FL							
3037	65-1002109	3	10,000.	٥.			GENERAL OPERATING
TRANSYLVANIA HABITAT FOR HUMANITY							
592 ECUSTA ROAD							
REVARD, NC 28712	58-1581118	3	100,000.	0.			GENERAL OPERATING

		NITY FOUNDA					20-1729243 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REASURE COAST EDUCATIONAL MEDIA							
24 - VERO BEACH, FL 32966	46-3114459	3	50,000.	0.			GENERAL OPERATING
A VERO BERCH, FE 52500	40 5114455	5	50,000.	•.			GENERAL OF ERATING
TREASURE COAST FOOD BANK, INC.							
AKA TCFB							
FORT PIERCE, FL 34947-2528	65-0123281	3	12,675.	0.			GENERAL OPERATING
TRINITY EPISCOPAL CHURCH							
2365 PINE AVENUE							
VERO BEACH, FL 32960	59-0774209	3	24,500.	0.			GENERAL OPERATING
,			, -				
TRUST FOR PUBLIC LAND							
.00 M STREET SE SUITE 700							
VASHINGTON, DC 20003	23-7222333	3	6,500.	0.			GENERAL OPERATING
TRUSTEES FOR HARVARD UNIVERSITY							
124 MOUNT AUBURN ST.							
CAMBRIDGE, MA 02138	53-0199180	3	10,000.	0.			GENERAL OPERATING
INC HEALTH FOUNDATION							
23 W. FRANKLIN ST. STE 510							
HAPEL HILL, NC 27516	56-6057494	3	10,000.	0.			GENERAL OPERATING
NITED AGAINST POVERTY, INC							
400 27TH STREET							
YERO BEACH, FL 32960	11-3697936	3	277,800.	٥.			GENERAL OPERATING
NITED CHURCH OF DORSET AND EAST							
UPERT - PO BOX 263 - DORSET, VT							
5251	30-6006444	3	10,000.	0.			GENERAL OPERATING
NITED CHURCH OF MARCO ISLAND							
20 N BARFIELD DRIVE							
MARCO ISLAND, FL 34145		3	31,000.	0.			GENERAL OPERATING

Schedule I (Form 990) INDIAN RIVER COMMUNITY FOUNDATION, INC.

20-1729243 Page 1

Schedule I (Form 990) INDIAN RI	VER COMMUI	NITY FOUNDA	TION, INC.	•		2	20-1/29243	Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	nt
JNITED WAY OF INDIAN RIVER COUNTY								
PO BOX 1960								
VERO BEACH, FL 32961	59-1087090	3	231,300.	0.			GENERAL OPERATING	
JNIVERSITY OF FLORIDA FOUNDATION								
20 BOX 14425								
GAINESVILLE, FL 32604-0696	59-0974739	3	25,000.	0.			GENERAL OPERATING	
JNIVERSITY OF MICHIGAN								
500 SOUTH STATE STREET								
ANN ARBOR, MI 48109	38-6006309	3	25,000.	0.			GENERAL OPERATING	
PPER MISSOURI WATERKEEPER INC								
4 S. WILLSON AVE, STE 6-7								
BOZEMAN, MT 59715	46-2954392	3	13,000.	0.			GENERAL OPERATING	
ATT WALLEY FOUNDATION THE								
VAIL VALLEY FOUNDATION INC. PO BOX 6550								
AVON, CO 81620	74-2215035	3	10,000.	0.			GENERAL OPERATING	
ZERO BEACH CRISIS PREGNANCY CENTER	74-2213035	5	10,000.	·.			GENERAL OFERALING	
KA CARE NET PREGNANCY CENTER OF								
INDIAN RIVER COUNTY - VERO BEACH,								
FL 32960	59-2344840	3	7,500.	٥.			GENERAL OPERATING	
VERO BEACH MUSEUM OF ART, INC.								
001 RIVERSIDE PARK DRIVE								
VERO BEACH, FL 32963	59-1867408	3	242,475.	0.			GENERAL OPERATING	
VERO BEACH OPERA, INC.								
PO BOX 6912								
VERO BEACH, FL 32961	59-2883286	3	93,227.	٥.			GENERAL OPERATING	
VERO BEACH POLICE FOUNDATION INC.								
PO BOX 1389								
/ERO BEACH, FL 32961-1389	26-0389742	3	43,000.	0.			GENERAL OPERATING	
/			,	1				

		NITY FOUNDA					20-1729243 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa I	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEDO DELOU DOUTNO INC							
VERO BEACH ROWING, INC. PO BOX 643063							
	26-2765309	2	92,684.	0.			GENERAL OPERATING
VERO BEACH, FL 32964	20-2705509	5	92,004.	0.			GENERAL OPERATING
YETERANS COUNCIL OF INDIAN RIVER							
COUNTY, INC P.O. BOX 1354 -							
VERO BEACH, FL 32961	59-2970832	3	24,000.	0.			GENERAL OPERATING
	33 2370032	5	24,000.				
VNA AND HOSPICE FOUNDATION, INC							
L110 35TH LANE							
/ERO BEACH, FL 32960	59-2804739	3	53,250.	0.			GENERAL OPERATING
,		-					
HOLE FAMILY HEALTH CENTER INC.							
27 18TH STREET							
VERO BEACH, FL 32960	65-0715258	3	9,500.	0.			GENERAL OPERATING
,							
NOMEN'S CARE CENTER OF IRC INC.							
DBA A CARING CENTER FOR WOMEN							
VERO BEACH, FL 32960	46-0692758	3	7,100.	0.			GENERAL OPERATING
YEAR UP, INC							
15 MILK STREET 9TH FLOOR							
OSTON, MA 02109	04-3534407	3	11,000.	0.			GENERAL OPERATING
OUTH FOR CHRIST INDIAN RIVER							
COUNTY - P.O. BOX 651455 - VERO							
BEACH, FL 32965	36-2193619	3	15,500.	0.			GENERAL OPERATING
OUTH GUIDANCE MENTORING ACADEMY							
028 20TH PLACE		_					
YERO BEACH, FL 32960	65-0017325	3	51,000.	0.			GENERAL OPERATING
COUTH SAILING FOUNDATION OF INDIAN							
VIVER COUNTY - PO BOX 612 - VERO	27 0052042	2	E1 750	_			
BEACH, FL 32961	27-0952942	3	51,750.	0.			GENERAL OPERATING

Schedule I (Form 990) 2021 INDIAN RIVER COMMUNITY FOUNDATION, INC.

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				
			0						
)						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional 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	E PROPOSA	L SUBMITTE	D 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.

20-1729243

Page 2

SC	SCHEDULE J Compensation Information						47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		F	0004				
1	Compensated Employees					2021		
	Complete if the organization answ	vered "Yes" on Form 990, P 1 to Form 990.	art IV, line 23.		Open to	Publ	ic	
	partment of the Treasury ernal Revenue Service Go to www.irs.gov/Form990 fc		t information.		Inspe			
	ame of the organization			Employer i	identificatio	on nui	mber	
	INDIAN RIVER COMMUNI	TY FOUNDATION,	INC.	20-1	72924	3		
Pa	Part I Questions Regarding Compensation							
						Yes	No	
1a	a Check the appropriate box(es) if the organization provided any of the	e following to or for a persor	listed on Form	990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevan	t information regarding these	items.					
	First-class or charter travel	Housing allowance or resi	dence for perso	nal use				
	Travel for companions	Payments for business us	e of personal res	sidence				
	Tax indemnification and gross-up payments	Health or social club dues	or initiation fees	6				
	Discretionary spending account	Personal services (such a	s maid, chauffeu	r, chef)				
b	b If any of the boxes on line 1a are checked, did the organization follo	w a written policy regarding	payment or					
	reimbursement or provision of all of the expenses described above	? If "No," complete Part III to	explain		1b			
2								
	trustees, and officers, including the CEO/Executive Director, regard	ing the items checked on line	e 1a?		2			
3	, , , ,		-					
	CEO/Executive Director. Check all that apply. Do not check any bo		lated organizatio	on to				
	establish compensation of the CEO/Executive Director, but explain							
	X Compensation committee	Written employment cont						
		Compensation survey or s	-					
	X Form 990 of other organizations	Approval by the board or	compensation c	ommittee				
			h a filia a					
4	During the year, did any person listed on Form 990, Part VII, Sectio	n A, line 1a, with respect to t	ne filing					
_	organization or a related organization:				10		x	
a b							X	
b C							X	
C	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
in res to any onlines 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 m	ust complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the		ny compensatio	n				
-	contingent on the revenues of:		,					
а					5a		x	
b	b Any related organization?						X	
	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 a	ny compensatio	n				
	contingent on the net earnings of:							
а	a The organization?				6a		X	
	b Any related organization?						X	
	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 nor	nfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III \ldots				7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued	pursuant to a contract that w	vas subject to th	е				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable pre-	esumption procedure describ	ed in					
	Regulations section 53.4958-6(c)?				9			
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Sched	lule J (Forr	n 990)	2021	

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.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY R. PICKERING	(i)	190,051.	29,250.	0.	5,925.	9,548.	234,774.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

INDIAN RIVER COMMUNITY FOUNDATION, INC. Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION INC. Employer identification number 20 - 1729243

Pa	rt 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 dete noncash contributio	•	its
1	Art - Works of art						
2	Art - Historical treasures						
2							
4	Art - Fractional interests Books and publications						
5	Clothing and household goods						
5 6							
7	Cars and other vehicles						
8	Boats and planes						
9	Intellectual property	X	38	6 803 164	PUBLIC STOCK	EXCH	IANC
	Securities - Publicly traded	77	50	0,005,104.	TOPHIC BIOCK	EACH	MIG
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other 🕨 ()						
27	Other 🕨 ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is cheo	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M Part II	(Form 990) 2021 Supplemental is reporting in Part this part for any ac	INDIAN RI Information. I, column (b), the Iditional informatio	Provide the info number of cont	MUNITY ormation req tributions, th	FOUNDATI uired by Part I, lir e number of item	ON, I nes 30b, 3 s received	20-1729243 nd whether the organiz ation of both. Also corr	Page 2 ation plete
	. ,							
132142 11-17-2	1						Schedule M (Forr	n 990) 2021
				5	7			

15310224 759633 427521.00000

SCHEDULE O (Form 990)

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC. 20-1729243

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

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 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, 2022,

INDIAN RIVER COMMUNTY FOUNDATION AWARDED GRANTS TOTALING \$10,668,070

FROM 202 CHARITABLE GIVING ACCOUNTS TO CHARITIES IN INDIAN RIVER COUNTY

AND AROUND THE UNITED STATES. ON JUNE 30, 2022, A TOTAL OF 79

INDIVIDUALS ARE INCLUDED 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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

58

Schedule O (Form 990) 2021	Page 2						
Name of the organization	Employer identification number						
INDIAN RIVER COMMUNITY FOUNDATION, INC.	20-1729243						
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						
EXECUTIVE COMMITTEE EXCEPT FOR THE PRESIDENT OF THE CORPOR	ATION, AND THE						
MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE SHALL DESI	GNATE ONE OF SUCH						
COMMITTEE MEMBERS AS CHAIR. THE EXECUTIVE COMPENSATION COM	MITTEE SHALL						
ESTABLISH REASONABLE COMPENSATION ON AN ANNUAL BASIS FOR T	HE 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.

59

132212 11-11-21