

**INDIAN RIVER COMMUNITY  
FOUNDATION, INC.**

**FORM 990**

**TAX YEAR ENDED  
JUNE 30, 2022**

**PUBLIC INSPECTION COPY**

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable; C Name of organization (INDIAN RIVER COMMUNITY FOUNDATION, INC.); D Employer identification number (20-1729243); E Telephone number (772-492-1407); F Name and address of principal officer (JEFFREY R. PICKERING); G Gross receipts (\$42,019,207); H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and preparer information: Sign Here (JEFFREY R. PICKERING, PRESIDENT); Paid Preparer (DEBORAH A. CRUM, CPA); Firm's name (REHMANN ROBSON LLC); Firm's address (5070 HIGHWAY A1A, STE 250, VERO BEACH, FL 32963).

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 11,575,296. including grants of \$ 10,668,070. ) (Revenue \$ ) INDIAN RIVER COMMUNITY FOUNDATION'S MISSION IS BUILDING A BETTER COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY. ONE WAY WE CARRY OUT OUR MISSION IS BY GROWING, STEWARDING AND DEPLOYING PHILANTHROPIC CAPITAL TO MAKE OUR COMMUNITY BETTER. WE DO THIS TROUGH TWO MAIN PRODUCTS, DONOR ADVISED FUNDS AND ENDOWMENTS, WHICH OUR CLIENTS USE TO GIVE OR LEAVE A LEGACY TO THE CHARITABLE CAUSES THEY LOVE. ANOTHER WAY WE CARRY OUT OUR MISSION IS BY DEVELOPING AND SHARING COMMUNITY KNOWLEDGE ABOUT LOCAL NEEDS AND NONPROFIT CHARITABLE ORGANIZATIONS, PROGRAMS AND PROJECTS THAT MERIT PHILANTHROPIC INVESTMENT. WE DO THIS USING INNOVATIVE TOOLS SUCH AS OUR ONLINE NONPROFIT SEARCH, INDIAN RIVER INDICATORS AND PUBLICATIONS LIKE OUR

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

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

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

4e Total program service expenses 11,575,296.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **GREATER HORIZONS - 816-627-3408**  
**1055 BROADWAY SUITE 130, KANSAS CITY, MO 64105**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY R. PICKERING CEO/PRESIDENT	40.00			X			219,301.	0.	15,473.	
(2) MICHAEL A. MCMANUS JR. CHAIRMAN	4.00	X		X			0.	0.	0.	
(3) KATHRYN B. HEALY VICE CHAIRMAN	4.00	X		X			0.	0.	0.	
(4) DEBRA K. LOCKWOOD TREASURER	4.00	X		X			0.	0.	0.	
(5) DALE F. JACOBS SECRETARY	4.00	X		X			0.	0.	0.	
(6) SUZANNE E. BERTMAN DIRECTOR	2.00	X					0.	0.	0.	
(7) PATRICIA A. BRIER DIRECTOR	2.00	X					0.	0.	0.	
(8) ANTOINETTE W. HAMNER DIRECTOR	2.00	X					0.	0.	0.	
(9) PATRICIA HEMINGWAY HALL DIRECTOR	2.00	X					0.	0.	0.	
(10) WANDA W. LINCOLN DIRECTOR	2.00	X					0.	0.	0.	
(11) EDWIN R. MASSEY DIRECTOR	2.00	X					0.	0.	0.	
(12) RONALD H. MCGLYNN DIRECTOR	2.00	X					0.	0.	0.	
(13) DAWN E. MICHAEL DIRECTOR	2.00	X					0.	0.	0.	
(14) ANGELIA PERRY DIRECTOR	2.00	X					0.	0.	0.	
(15) MATTHEW G. RUNDELS DIRECTOR	2.00	X					0.	0.	0.	
(16) LARRY SALUSTRO DIRECTOR	2.00	X					0.	0.	0.	
(17) LOUIS C. SCHACHT DIRECTOR	2.00	X					0.	0.	0.	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM F. SCHLITT DIRECTOR	2.00	X						0.	0.	0.
(19) JENNIFER M. WATSON DIRECTOR	2.00	X						0.	0.	0.
(20) REBECCA F. EMMONS DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								219,301.	0.	15,473.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								219,301.	0.	15,473.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,224,580.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,803,164.				
	<b>h Total.</b> Add lines 1a-1f			10,224,580.			
Program Service Revenue	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,359,280.		1359280.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				29,867,121.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	24,545,896.	443.			
	<b>c</b> Gain or (loss)	<b>7c</b>	5,321,225.	-443.			
<b>d</b> Net gain or (loss)			5,320,782.		5320782.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> ADMIN FEES BILLED TO FUNDS	<b>Business Code</b>	900099	565,762.	565,762.		
	<b>b</b> OTHER INCOME		900099	2,464.	2,464.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			568,226.			
<b>12 Total revenue.</b> See instructions			17,472,868.	568,226.	0.	6680062.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	225,845.	<b>1</b>	356,494.
	<b>2</b> Savings and temporary cash investments .....	6,030,127.	<b>2</b>	6,098,592.
	<b>3</b> Pledges and grants receivable, net .....	239,824.	<b>3</b>	10,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,396.	<b>9</b>	36,228.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 96,213.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,025.	11,619.	<b>10c</b> 82,188.
	<b>11</b> Investments - publicly traded securities .....	83,083,504.	<b>11</b>	72,202,742.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,104.	<b>15</b>	5,244.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	89,601,419.	<b>16</b>	78,791,488.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,411.	<b>17</b>	50,417.
	<b>18</b> Grants payable .....	489,421.	<b>18</b>	377,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,449,198.	<b>25</b>	4,388,873.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,954,030.	<b>26</b>	4,816,290.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	84,454,294.	<b>27</b>	72,931,837.
	<b>28</b> Net assets with donor restrictions .....	1,193,095.	<b>28</b>	1,043,361.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	85,647,389.	<b>32</b>	73,975,198.
<b>33</b> Total liabilities and net assets/fund balances .....	89,601,419.	<b>33</b>	78,791,488.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,472,868.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,526,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,946,704.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,647,389.
5	Net unrealized gains (losses) on investments	5	-16,618,895.
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	73,975,198.

**Part XII Financial Statements and Reporting**

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

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

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16484425.	30909274.	9571343.	10302020.	10224580.	77491642.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	16484425.	30909274.	9571343.	10302020.	10224580.	77491642.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						27229489.
<b>6 Public support.</b> Subtract line 5 from line 4.						50262153.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	16484425.	30909274.	9571343.	10302020.	10224580.	77491642.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	776,295.	1103717.	1352028.	1154081.	1359280.	5745401.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						83237043.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.38	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	62.32	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable 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	<b>Total</b> 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)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	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	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Form with multiple sections: Purpose(s) of conservation easements, lines 2a-2d table for held at end of tax year, and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding reporting of art and historical treasures, including revenue and asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,619,954.	2,019,490.	1,552,834.	681,578.	
b Contributions	33,500.	46,000.	449,006.	836,474.	
c Net investment earnings, gains, and losses	-348,826.	611,295.	57,719.	66,083.	
d Grants or scholarships					
e Other expenditures for facilities and programs	75,654.	56,831.	40,069.	31,301.	
f Administrative expenses					
g End of year balance	2,228,974.	2,619,954.	2,019,490.	1,552,834.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  54.0000 %
  - b Permanent endowment  46.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		41,007.		41,007.
d Equipment		11,289.	6,790.	4,499.
e Other		43,917.	7,235.	36,682.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				82,188.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	4,313,747.
(3) CRT/ANNUITY LIABILITY	75,126.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

1	Total revenue, gains, and other support per audited financial statements		1	425,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-16,618,895.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	443.	
e	Add lines 2a through 2d	2e	-16,618,452.	
3	Subtract line 2e from line 1	3	17,043,713.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,104.	
b	Other (Describe in Part XIII.)	4b	1,051.	
c	Add lines 4a and 4b	4c	429,155.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,472,868.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	12,097,452.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	443.	
e	Add lines 2a through 2d	2e	443.	
3	Subtract line 2e from line 1	3	12,097,009.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,104.	
b	Other (Describe in Part XIII.)	4b	1,051.	
c	Add lines 4a and 4b	4c	429,155.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,526,164.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE 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

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 I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE TO PROTECT NANTUCKET SOUND, INC. - 4 BARNSTABLE ROAD - HYANNIS, MA 02601	10-0008105	3	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.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF SHALVA ISRAEL, INC. - 315 5TH AVENUE #608 - NEW YORK, NY 10016	56-2676533	3	50,000.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY, INC. - 39 BROADWAY, SUITE 1510 - NEW YORK, NY 10006	13-1996126	3	50,000.	0.			GENERAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **168.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF THE JAFFA INSTITUTE - 171-06 76TH AVENUE - FLUSHING, NY 11366	11-2697261	3	35,000.	0.			GENERAL OPERATING
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006	53-0196605	3	10,000.	0.			GENERAL OPERATING
ARC OF INDIAN RIVER COUNTY, INC. 1375 16TH AVENUE VERO BEACH, FL 32960	59-1626205	3	17,000.	0.			GENERAL OPERATING
ATLANTA COMMUNITY FOOD BANK, INC. 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	3	11,000.	0.			GENERAL OPERATING
ATLANTIC CLASSICAL ORCHESTRA 415 AVE. A, SUITE 305 FORT PIERCE, FL 34950	65-0307858	3	6,000.	0.			GENERAL OPERATING
AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540	20-2329938	3	11,000.	0.			GENERAL OPERATING
BALLET VERO BEACH, INC 2135 WINDWARD WAY #209 VERO BEACH, FL 32963	46-1513558	3	63,000.	0.			GENERAL OPERATING
BENZIE AREA CHRISTIAN NEIGHBORS INC - 2804 BENZIE HWY - BENZONIA, MI 49616	38-2792605	3	10,000.	0.			GENERAL OPERATING
BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER, & OKEECHOBEE COUNTIES - 1846 18TH AVENUE - VERO BEACH, FL 32960	59-2455513	3	6,394.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 VERO BEACH, FL 32961	81-0947771	3	14,000.	0.			GENERAL OPERATING
BOTANICAL GARDEN OF THE PIEDMONT PO BOX 6224 CHARLOTTESVILLE, VA 22906	90-0395190	3	100,000.	0.			GENERAL OPERATING
BOYS & GIRLS CLUBS FOUNDATION OF INDIAN RIVER COUNTY INC - 1729 17TH AVE - VERO BEACH, FL 32960	45-3200101	3	501,050.	0.			GENERAL OPERATING
BOYS AND GIRLS CLUBS OF INDIAN RIVER COUNTY - 1729 17TH AVENUE - VERO BEACH, FL 32960	59-3623298	3	71,750.	0.			GENERAL OPERATING
BREAD FOR THE WORLD INSTITUTE INC 425 3RD STREET SW, SUITE 1200 WASHINGTON, DC 20024	51-0175510	3	25,000.	0.			GENERAL OPERATING
BUFFALO PHILHARMONIC ORCHESTRA SOCIETY INC. - 786 DELAWARE AVENUE - BUFFALO, NY 14209	16-0755739	3	10,000.	0.			GENERAL OPERATING
CALVARY CHAPEL PORT SAINT LUCIE 5555 NW ST. JAMES DRIVE PORT SAINT LUCIE, FL 34983	20-0904790	3	18,500.	0.			GENERAL OPERATING
CAMP HAVEN 3256 US HIGHWAY 1 VERO BEACH, FL 32960	45-4235195	3	6,900.	0.			GENERAL OPERATING
CAMP SUSQUEHANNOCK INC 2308 TRIPP LAKE ROAD BRACKNEY, PA 18812	23-3034552	3	95,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	0.			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	3	57,141.	0.			GENERAL OPERATING
CHRIST CHURCH VERO BEACH 667 20TH ST. VERO BEACH, FL 32960	59-2166431	3	20,000.	0.			GENERAL OPERATING
CHRISTIAN FM - WSCF RADIO 9055 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.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
COMMUNITY TRANSFORMATION PARTNERS INC - 615 KING FISHER DR - BROWNSBURG, IN 46112	83-1559962	3	10,000.	0.			GENERAL OPERATING
CONDON COMMUNITY CHURCH PO BOX 1073 CONDON, MT 59826	81-0388273	3	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 WABASSO, FL 32970	02-0633089	3	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
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	3	8,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 INDIAN RIVER COUNTY (EOC) - 2455 SAINT LUCIE AVENUE - VERO BEACH, FL 32960	59-1144567	3	21,000.	0.			GENERAL OPERATING
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 YORK, NY 10001	13-4058312	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
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
GRAND 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 GROVE CITY, PA 16127	25-1065148	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 - VERO BEACH, FL 32967	65-0411920	3	5,033.	0.			GENERAL OPERATING

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HOLY CROSS CATHOLIC CHURCH 500 IRIS LANE VERO BEACH, FL 32963	53-0196617	3	8,000.	0.			GENERAL OPERATING
HOMELESS CHILDRENS FOUNDATION OF INDIAN RIVER COUNTY INC. - 6001 HWY AIA - PMB 8071 - VERO BEACH, 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
HUMANE SOCIETY OF VERO BEACH & INDIAN RIVER COUNTY - 6230 77TH STREET - VERO BEACH, FL 32967	59-0863199	3	21,309.	0.			GENERAL OPERATING
I AM MINISTRIES, INC. D/B/A THE SOURCE - DBA THE SOURCE - VERO BEACH, FL 32961	59-3354241	3	12,000.	0.			GENERAL OPERATING
IMPACT 100 OF INDIAN RIVER COUNTY INC - PO BOX 643425 - VERO BEACH, FL 32964	83-1598994	3	23,500.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY HEALTHY START COALITION - 1555 INDIAN RIVER BLVD, SUITE B241 - VERO BEACH, FL 32960	65-0363222	3	66,850.	0.			GENERAL OPERATING
INDIAN RIVER HABITAT FOR HUMANITY 4568 N U.S. 1 VERO BEACH, FL 32967	65-0230079	3	24,500.	0.			GENERAL OPERATING
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE, SUITE 301 VERO BEACH, FL 32960	65-0059649	3	569,750.	0.			GENERAL OPERATING

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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
ISLAND SCHOOL 3-1875 KAUMUALII HIGHWAY LIHUE, HI 96766	99-0171474	3	10,000.	0.			GENERAL OPERATING
JACOBS INSTITUTE INC 875 ELLICOTT STREET, 5TH FLOOR BUFFALO, NY 14203-1070	26-3085485	3	10,000.	0.			GENERAL OPERATING
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE, INC. - 4445 N. HIGHWAY A1A #234 - VERO BEACH, FL 32963	59-1978180	3	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
LA POINTE COMMUNITY CLINIC INC. PO BOX 86 LA POINTE, WI 54850	20-4888963	3	10,000.	0.			GENERAL OPERATING
LAKE SUPERIOR BIG TOP CHAUTAUQUA, LTD. - PO BOX 455 - WASHBURN, WI 54891	39-1548887	3	7,500.	0.			GENERAL OPERATING

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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
MCKEE 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

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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.	0.			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	3	7,560.	0.			GENERAL OPERATING
NATURE CONSERVANCY - FLORIDA 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

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ON COURSE FOUNDATION USA 6649 WESTWOOD BLVD ORLANDO, FL 32821	45-3780269	3	16,700.	0.			GENERAL OPERATING
OPEN DISCOURSE COALITION 239 MARKET ST LEWISBURG, PA 17837	84-3127210	3	25,000.	0.			GENERAL OPERATING
PARKINSON ASSOCIATION OF SW FL INC. - 2575 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	59-3471412	3	10,000.	0.			GENERAL OPERATING
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.	0.			GENERAL OPERATING

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PRINCE OF PEACE CATHOLIC CHURCH 621 CEDAR RD CHESAPEAKE, VA 23322		3	10,000.	0.			GENERAL OPERATING
PRINCETON PROSPECT FOUNDATION CAP AND GOWN CLUB PRINCETON, NJ 08542	22-6075964	3	10,000.	0.			GENERAL OPERATING
PXE INTERNATIONAL, INC. 4301 CONNECTICUT AVE., NW, STE. 404 WASHINGTON, DC 20009	04-3294138	3	10,000.	0.			GENERAL OPERATING
QUAIL VALLEY CHARITIES, INC. 2345 HIGHWAY A1A VERO BEACH, FL 32963	47-0866975	3	30,350.	0.			GENERAL OPERATING
RAYMOND JAMES CHARITABLE ENDOWMENT FUND - PO BOX 23559 - ST. PETERSBURG, FL 33742-3559	59-3652538	3	20,000.	0.			GENERAL OPERATING
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W. MAIN STREET - IMMOKALEE, FL 34142	59-1221966	3	60,500.	0.			GENERAL OPERATING
RESIDENTIAL YOUTH SERVICES & EMPOWERMENT - PO BOX 11662 - HONOLULU, HI 96828	81-2102826	3	20,000.	0.			GENERAL OPERATING
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	3	126,820.	0.			GENERAL OPERATING
ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF DEVELOPMENT- GIFT OFFICE ROCHESTER, NY 14692-8865	16-0743140	3	7,500.	0.			GENERAL OPERATING

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ROTARY CLUB OF VERO BEACH SUNRISE FOUNDATION INC. - PO BOX 6274 - VERO BEACH, FL 32961	45-4837356	3	10,000.	0.			GENERAL OPERATING
RYE PRESBYTERIAN CHURCH 882 BOSTON POST ROAD RYE, NY 10580	13-1740299	3	13,000.	0.			GENERAL OPERATING
SAFESPACE 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	3	24,141.	0.			GENERAL OPERATING
SAINT EDWARD'S SCHOOL 1895 ST. EDWARD'S DRIVE VERO BEACH, FL 32963	59-1059214	3	113,667.	0.			GENERAL OPERATING
SALVATION ARMY OF IRC 2655 5TH STREET, PO BOX 2864 VERO BEACH, FL 32961	22-2406433	3	13,508.	0.			GENERAL OPERATING
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	3	30,000.	0.			GENERAL OPERATING
SCHOLARSHIP FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 1820 - VERO BEACH, FL 32961	04-2296967	3	21,250.	0.			GENERAL OPERATING
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	3	77,300.	0.			GENERAL OPERATING
SONRISE INTERNATIONAL INC 10448 ASHFORD CT OWASSO, OK 74055	45-3714422	3	99,900.	0.			GENERAL OPERATING

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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
ST. BONAVENTURE UNIVERSITY 3261 W STATE RD 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
ST. FRANCIS MANOR OF VERO BEACH FLORIDA, INC. - 1750 20TH AVE - 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

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ST. PETER'S PREP 144 GRAND ST JERSEY CITY, NJ 07302	22-1527060	3	10,000.	0.			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
SUNSHINE REHABILITATION CENTER OF INDIAN RIVER COUNTY INC. - 1705 17TH AVENUE - VERO BEACH, FL 32960	59-0806983	3	27,500.	0.			GENERAL OPERATING
TEMPLE UNIVERSITY - LEWIS KATZ SCHOOL OF MEDICINE - INSTITUTIONAL ADVANCEMENT - PHILADELPHIA, PA 19182-7651	23-1365971	3	13,000.	0.			GENERAL OPERATING
TENTH CHURCH OF CHRIST, SCIENTIST, NEW YORK CITY - 171 MACDOUGAL STREET - NEW YORK, NY 10011	04-2254742	3	7,000.	0.			GENERAL OPERATING
THE HAITIAN PROJECT, INC PO BOX 6891 PROVIDENCE, RI 02940	22-2700013	3	20,000.	0.			GENERAL OPERATING
THE LEARNING ALLIANCE PO BOX 2647 VERO BEACH, FL 32961	27-0725986	3	435,065.	0.			GENERAL OPERATING
THE PROTESTANT CONGREGATION OF OCEAN REEF INC - 31 OCEAN REEF DRIVE, C 101-248 - KEY LARGO, FL 33037	65-1002109	3	10,000.	0.			GENERAL OPERATING
TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD BREVARD, NC 28712	58-1581118	3	100,000.	0.			GENERAL OPERATING

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TREASURE COAST EDUCATIONAL MEDIA INC - 9055 AMERICANA ROAD, SUITE 24 - VERO BEACH, FL 32966	46-3114459	3	50,000.	0.			GENERAL OPERATING
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 100 M STREET SE SUITE 700 WASHINGTON, 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
UNC HEALTH FOUNDATION 123 W. FRANKLIN ST. STE 510 CHAPEL HILL, NC 27516	56-6057494	3	10,000.	0.			GENERAL OPERATING
UNITED AGAINST POVERTY, INC 1400 27TH STREET VERO BEACH, FL 32960	11-3697936	3	277,800.	0.			GENERAL OPERATING
UNITED CHURCH OF DORSET AND EAST RUPERT - PO BOX 263 - DORSET, VT 05251	30-6006444	3	10,000.	0.			GENERAL OPERATING
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145		3	31,000.	0.			GENERAL OPERATING

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UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	3	231,300.	0.			GENERAL OPERATING
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604-0696	59-0974739	3	25,000.	0.			GENERAL OPERATING
UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	3	25,000.	0.			GENERAL OPERATING
UPPER MISSOURI WATERKEEPER INC 24 S. WILLSON AVE, STE 6-7 BOZEMAN, MT 59715	46-2954392	3	13,000.	0.			GENERAL OPERATING
VAIL VALLEY FOUNDATION INC. PO BOX 6550 AVON, CO 81620	74-2215035	3	10,000.	0.			GENERAL OPERATING
VERO BEACH CRISIS PREGNANCY CENTER AKA CARE NET PREGNANCY CENTER OF INDIAN RIVER COUNTY - VERO BEACH, FL 32960	59-2344840	3	7,500.	0.			GENERAL OPERATING
VERO BEACH MUSEUM OF ART, INC. 3001 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.	0.			GENERAL OPERATING
VERO BEACH POLICE FOUNDATION INC. PO BOX 1389 VERO BEACH, FL 32961-1389	26-0389742	3	43,000.	0.			GENERAL OPERATING

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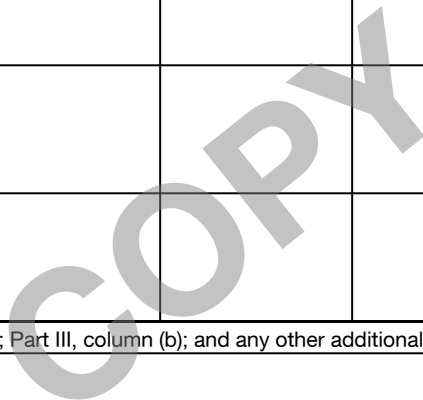
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VERO BEACH ROWING, INC. PO BOX 643063 VERO BEACH, FL 32964	26-2765309	3	92,684.	0.			GENERAL OPERATING
VETERANS COUNCIL OF INDIAN RIVER COUNTY, INC. - P.O. BOX 1354 - VERO BEACH, FL 32961	59-2970832	3	24,000.	0.			GENERAL OPERATING
VNA AND HOSPICE FOUNDATION, INC 1110 35TH LANE VERO BEACH, FL 32960	59-2804739	3	53,250.	0.			GENERAL OPERATING
WHOLE FAMILY HEALTH CENTER INC. 827 18TH STREET VERO BEACH, FL 32960	65-0715258	3	9,500.	0.			GENERAL OPERATING
WOMEN'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 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	3	11,000.	0.			GENERAL OPERATING
YOUTH FOR CHRIST INDIAN RIVER COUNTY - P.O. BOX 651455 - VERO BEACH, FL 32965	36-2193619	3	15,500.	0.			GENERAL OPERATING
YOUTH GUIDANCE MENTORING ACADEMY 1028 20TH PLACE VERO BEACH, FL 32960	65-0017325	3	51,000.	0.			GENERAL OPERATING
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 612 - VERO BEACH, FL 32961	27-0952942	3	51,750.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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



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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 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.

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

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded	X	38 6,803,164.	PUBLIC STOCK EXCHANG
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ( )			
26	Other ( )			
27	Other ( )			
28	Other ( )			

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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

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 COMMUNITY 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

Name of the organization INDIAN RIVER COMMUNITY FOUNDATION, INC.	Employer identification number 20-1729243
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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 CORPORATION, AND THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE SHALL DESIGNATE ONE OF SUCH COMMITTEE MEMBERS AS CHAIR. THE EXECUTIVE COMPENSATION COMMITTEE SHALL ESTABLISH REASONABLE COMPENSATION ON AN ANNUAL BASIS FOR THE PRESIDENT AND ANY OTHER KEY MANAGEMENT PERSONNEL OF THE CORPORATION, AND SHALL PROVIDE THE INFORMATION TO THE FINANCE/AUDIT COMMITTEE TO INCLUDE IN THE CORPORATION'S ANNUAL BUDGET FOR APPROVAL BY THE BOARD OF DIRECTORS.

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

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

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

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