Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning JUL 1, 2025 and ending JUN 30, 2026

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INDIAN RIVER COMMUNITY FOUNDATION, INC.
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 643968

City or town, state or province, country, and ZIP or foreign postal code
VERO BEACH, FL 32964

F Name and address of principal officer: JEFFREY R. PICKERING
P.O. BOX 643968, VERO BEACH, FL 32964

D Employer identification number
20-1729243

E Telephone number
772-492-1407

G Gross receipts $ 70,737,043.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.IRCOMMUNITYFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2004 M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS BUILDING A BETTER COMMUNITY THROUGH DONOR-DRIVEN PHILANTHROPY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,364,398.	36,971,394.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,343,935.	11,005,255.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	791,660.	951,202.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,499,993.	48,927,851.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,668,053.	25,324,212.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	824,946.	960,569.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 306,907.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,759,797.	2,056,090.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,252,796.	28,340,871.
19	Revenue less expenses. Subtract line 18 from line 12	13,247,197.	20,586,980.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	114,616,874.	146,853,361.
21	Total liabilities (Part X, line 26)	4,806,587.	9,844,806.
22	Net assets or fund balances. Subtract line 21 from line 20	109,810,287.	137,008,555.

Part II Signature Block

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

Sign Here

Signature of officer Date

JEFFREY R. PICKERING, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CASPER J. JACOBY, CPA	CASPER J. JACOBY, CPA	11/13/26	☐	P00243033

Firm's name JACOBY AND HANDLEY, PLLC Firm's EIN 87-2253324

Firm's address 3383 OCEAN DRIVE
VERO BEACH, FL 32963 Phone no. 772-365-4180

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 26,974,900. including grants of $ 25,324,212.) (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 THROUGH TWO MAIN PRODUCTS, DONOR ADVISED FUNDS AND ENDOWMENTS, WHICH OUR CLIENTS USE TO GIVE OR LEAVE A LEGACY TO THE CHARITABLE CAUSES THEY LOVE.

ANOTHER WAY WE CARRY OUT OUR MISSION IS BY DEVELOPING AND SHARING COMMUNITY KNOWLEDGE ABOUT LOCAL NEEDS AND NONPROFIT CHARITABLE ORGANIZATIONS, PROGRAMS, AND PROJECTS THAT MERIT PHILANTHROPIC

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 26,974,900.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

INDIAN RIVER COMMUNITY FOUNDATION - 772-492-1407
5070 N. HIGHWAY A1A, STE 200, VERO BEACH, FL 32963

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, box 6 of 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	50.00			X				363,623.	0.	33,244.
(2) HEATHER O'SHEA VP OPERATIONS & INFORMATION	40.00					X		145,000.	0.	5,800.
(3) KATHRYN B. HEALY CHAIRMAN	4.00	X		X				0.	0.	0.
(4) ANTHONY P. GUETTLER VICE CHAIRMAN	4.00	X		X				0.	0.	0.
(5) WILLIAM F. SCHLITT TREASURER	4.00	X		X				0.	0.	0.
(6) ANGELIA PERRY SECRETARY	4.00	X		X				0.	0.	0.
(7) SUZANNE E. BERTMAN DIRECTOR	2.00	X						0.	0.	0.
(8) PATRICIA A. BRIER DIRECTOR	2.00	X						0.	0.	0.
(9) JOHN CORBETT DIRECTOR	2.00	X						0.	0.	0.
(10) MARYBETH CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.
(11) JACOB J. FOJTIK DIRECTOR	2.00	X						0.	0.	0.
(12) MARY M. GIBB DIRECTOR	2.00	X						0.	0.	0.
(13) ANTOINETTE W. HAMNER DIRECTOR	2.00	X						0.	0.	0.
(14) ALLEN N. JONES DIRECTOR	2.00	X						0.	0.	0.
(15) ELLEN T. KENDALL DIRECTOR	2.00	X						0.	0.	0.
(16) FRANCES G. LASERSON DIRECTOR	2.00	X						0.	0.	0.
(17) WANDA W. LINCOLN 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) CARLA E. MEYER DIRECTOR	2.00	X						0.	0.	0.
(19) DAWN E. MICHAEL DIRECTOR	2.00	X						0.	0.	0.
(20) KENNETH ANDREW MINDT DIRECTOR	2.00	X						0.	0.	0.
(21) MICHAEL J. SWAN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								508,623.	0.	39,044.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								508,623.	0.	39,044.

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 2

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 36,971,394.				
	g Noncash contributions included in lines 1a-1f 1g $ 18,309,639.				
	h **Total.** Add lines 1a-1f	36,971,394.			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3,044,771.			3,044,771.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a 29,769,676.				
	b Less: cost or other basis and sales expenses 7b 21,809,192.				
	c Gain or (loss) 7c 7,960,484.				
	d Net gain or (loss)	7,960,484.			7,960,484.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances 10a				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
	11a ADMIN FEES BILLED TO FUNDS	900099	951,202.	951,202.	
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d	951,202.			
	12 **Total revenue.** See instructions	48,927,851.	951,202.	0.	11,005,255.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,324,212.	25,324,212.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,248.	147,881.	124,869.	104,498.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	433,390.	169,889.	143,452.	120,049.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,347.	13,072.	11,038.	9,237.
9 Other employee benefits	68,162.	26,719.	22,562.	18,881.
10 Payroll taxes	48,422.	18,981.	16,028.	13,413.
11 Fees for services (nonemployees):				
a Management				
b Legal	238.	119.	119.	
c Accounting	33,075.		33,075.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	571,865.		571,865.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	70,500.	70,500.		
12 Advertising and promotion	67,488.	34,085.		33,403.
13 Office expenses	25,133.	6,440.	18,496.	197.
14 Information technology				
15 Royalties				
16 Occupancy	54,527.	4,772.	49,755.	
17 Travel	9,589.	4,795.	4,794.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,597.	10,697.	5,159.	3,741.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,295.		17,295.	
23 Insurance	3,751.		3,751.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE FEES	734,326.	734,326.		
b ADVISORY EXPENSE	306,004.	306,004.		
c SUBSCRIPTIONS & MEMBERS	90,036.	67,527.	22,509.	
d PROJECT EXPENSES	29,686.	29,686.		
e All other expenses	22,980.	5,195.	14,297.	3,488.
25 **Total functional expenses.** Add lines 1 through 24e	28,340,871.	26,974,900.	1,059,064.	306,907.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	140,088.	1	356,375.
	2	Savings and temporary cash investments	5,981,490.	2	6,192,039.
	3	Pledges and grants receivable, net		3	7,484,135.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1,497,938.	7	2,495,687.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	75,709.	9	83,944.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 132,742.			
	b	Less: accumulated depreciation — 10b: 112,139.	37,898.	10c	20,603.
	11	Investments - publicly traded securities	106,878,216.	11	130,214,956.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,535.	15	5,622.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	114,616,874.	16	146,853,361.
Liabilities	17	Accounts payable and accrued expenses	43,295.	17	64,337.
	18	Grants payable	219,167.	18	2,441,500.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,544,125.	25	7,338,969.
	26	**Total liabilities.** Add lines 17 through 25	4,806,587.	26	9,844,806.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	106,390,543.	27	133,195,736.
	28	Net assets with donor restrictions	3,419,744.	28	3,812,819.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	109,810,287.	32	137,008,555.
	33	Total liabilities and net assets/fund balances	114,616,874.	33	146,853,361.

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	48,927,851.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,340,871.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,586,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,810,287.
5	Net unrealized gains (losses) on investments	5	6,980,272.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-368,984.
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	137,008,555.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,224,580.	10,188,776.	27,213,808.	24,364,398.	36,971,394.	108,962,956.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,224,580.	10,188,776.	27,213,808.	24,364,398.	36,971,394.	108,962,956.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						35,831,472.
6 **Public support.** Subtract line 5 from line 4.						73,131,484.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	10,224,580.	10,188,776.	27,213,808.	24,364,398.	36,971,394.	108,962,956.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,359,280.	1,743,522.	2,180,960.	2,491,071.	3,044,771.	10,819,604.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						119,782,560.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	61.05 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	60.43 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally 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 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization: INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number: 20-1729243

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 7,350,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,699,500.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 798,163.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 1,420,367.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 797,742.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 800,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 4,625,500.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number: 20-1729243

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	100,000 SHS RIVIAN AUTOMOTIVE, INC.	$ 1,735,500.	12/02/25
2	100,000 SHS RIVIAN AUTOMOTIVE, INC.	$ 1,816,500.	12/12/25
2	100,000 SHS RIVIAN AUTOMOTIVE, INC.	$ 2,147,500.	12/19/25
3	1,000 SHS MR. COOPER GROUP, INC.	$ 179,638.	08/11/25
3	20,000 SHS ROCKET COMPANIES, INC.	$ 387,900.	12/26/25
3	10,000 SHS ROCKET COMPANIES, INC.	$ 230,625.	01/12/26

Name of organization: INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number: 20-1729243

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	740 SHS VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL SHARES	$ 121,116.	12/19/25
4	860 SHS VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL SHARES	$ 141,590.	02/19/26
4	875 SHS VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL SHARES	$ 149,616.	04/22/26
4	5,700 SHS VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL SHARES	$ 1,008,045.	06/05/26
5	2,306 SHS PURE STORAGE, INC. 188 SHS META PLATFORMS, INC. 648 SHS APPLE, INC.	$ 400,766.	07/22/25
5	614 SHS NVIDIA CORP 335 SHS ALPHABET, INC. 313 SHS BROADCOM, INC.	$ 396,976.	05/20/26

Name of organization: INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number: 20-1729243

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	1965 SHELBY COBRA 289 S/N CSX2370	$ 800,000.	04/17/26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	100,000 SHS OVINTIV, INC.	$ 4,625,500.	02/12/26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990) (Rev. December 2024)
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

Open to Public Inspection

Name of the organization
INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number
20-1729243

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	152	44
2	Aggregate value of contributions to (during year)	27,177,788.	2,903,792.
3	Aggregate value of grants from (during year)	21,684,202.	3,640,009.
4	Aggregate value at end of year	115,650,157.	21,358,398.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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 in 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	4,951,210.	4,504,217.	2,441,477.	2,228,974.	2,619,954.
b Contributions	151,089.	15,500.	1,785,225.	10,000.	33,500.
c Net investment earnings, gains, and losses	842,186.	620,874.	372,876.	292,554.	-348,826.
d Grants or scholarships					
e Other expenditures for facilities and programs	494,519.	189,381.	95,361.	90,051.	75,654.
f Administrative expenses					
g End of year balance	5,449,966.	4,951,210.	4,504,217.	2,441,477.	2,228,974.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 30.0400 %
b Permanent endowment 50.1200 %
c Term endowment 19.8400 %

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?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		43,711.	34,789.	8,922.
d Equipment		11,969.	9,478.	2,491.
e Other		77,062.	67,872.	9,190.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				20,603.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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	7,241,723.
(3) CRT/ANNUITY LIABILITY	97,246.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	7,338,969.

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 ... X

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	55,329,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,980,272.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,980,272.
3	Subtract line 2e from line 1			3	48,349,001.
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	571,865.		
b	Other (Describe in Part XIII.)	4b	6,985.		
c	Add lines 4a and 4b			4c	578,850.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	48,927,851.

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	27,762,021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	27,762,021.
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	571,865.		
b	Other (Describe in Part XIII.)	4b	6,985.		
c	Add lines 4a and 4b			4c	578,850.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	28,340,871.

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 FOUNDATI0N'S CHARITABLE MISSION BY PROVIDING A PERMANENT POOL OF CAPITAL AND AN ANNUAL DISTRIBUTION OF UNRESTRICTED DOLLARS FOR GRANTS TO INDIAN RIVER COUNTY CHARITIES. THE IRCF OPERATING ENDOWMENT FUND SUPPORTS THE COMMUNITY FOUNDATION'S CHARITABLE MISSION BY PROVIDING A PERMANENT POOL OF CAPITAL AND AN ANNUAL DISTRIBUTION OF UNRESTRICTED DOLLARS FOR OPERATING EXPENSES.

PART X, LINE 2:
MANAGEMENT HAS EVALUATED THE FOUNDATION'S INCOME TAX FILING POSITIONS FOR FISCAL 2023 THROUGH 2026, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATON AS OF JUNE 30, 2026. 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 DEDCUTIONS, 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, 2026 OR 2025, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
FOREIGN TAXES ON INVESTMENT 6,985.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FOREIGN TAXES ON INVESTMENT	6,985.

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE TO PROTECT NANTUCKET SOUND, INC. - 4 BARNSTABLE ROAD - HYANNIS, MA 02601	10-0008105	3	10,000.	0.			ANIMALS/ENVIRONMENT
ALZHEIMER & PARKINSON ASSOCIATION OF IRC - 2300 5TH AVE., SUITE 150 - VERO BEACH, FL 32960	59-2437723	3	439,500.	0.			HEALTH
AMERICAN CANCER SOCIETY, INC. PO BOX 17127 TAMPA, FL 33682	13-1788491	3	23,500.	0.			HEALTH
AMERICAN RED CROSS - FLORIDA'S COAST TO HEARTLAND CHAPTER - 1250 NORTHPOINT PARKWAY - WEST PALM BEACH, FL 33407	53-0196605	3	13,000.	0.			HUMAN SERVICES
ANGLICAN RELIEF AND DEVELOPMENT FUND - 800 MAPLEWOOD AVENUE - AMBRIDGE , PA 15003	20-8954604	3	25,000.	0.			EMERGENCY ASSISTANCE
ATLANTA COMMUNITY FOOD BANK, INC. 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	3	15,000.	0.			FOOD & NUTRITION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 233.

3 Enter total number of other organizations listed in the line 1 table .....

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
AUDUBON PARK K-8 PTSA 1500 FALCON DR ORLANDO, FL 32803	83-0583864	3	10,000.	0.			EDUCATION
BALLET VERO BEACH, INC. 2135 WINDWARD WAY #209 VERO BEACH, FL 32963	46-1513558	3	73,000.	0.			ARTS EDUCATION
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET - BOSTON, MA 02110	04-6010342	3	38,396.	0.			PHILANTHROPIC GRANTMAKING
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC - 1575 SAN IGNACIA AVENUE, STE 406 - CORAL GABLES, FL 33146	59-1923401	3	200,000.	0.			HEALTH
BELMONT HILL SCHOOL INC 350 PROSPECT ST BELMONT, MA 02478	04-2103870	3	10,000.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER, & OKEECHOBEE COUNTIES - 1846 18TH AVENUE - VERO BEACH, FL 32960	59-2455513	3	13,923.	0.			YOUTH SERVICES
BIKE WALK INDIAN RIVER COUNTY PO BOX 1792 VERO BEACH, FL 32961	81-0947771	3	11,000.	0.			HUMAN SERVICES
BOYS AND GIRLS CLUBS OF INDIAN RIVER COUNTY - 1729 17TH AVENUE - VERO BEACH, FL 32960	59-3623298	3	88,100.	0.			YOUTH SERVICES
BOYS & GIRLS CLUBS FOUNDATION OF INDIAN RIVER COUNTY INC. - 1729 17TH AVENUE - VERO BEACH, FL 32960	45-3200101	3	300,000.	0.			YOUTH SERVICES

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
BRAVO COLORADO AT VAIL - BEAVER CREEK - 2271 N FRONTAGE ROAD W,UNIT C - VAIL, CO 81657	84-1074065	3	45,000.	0.			ARTS & CULTURE
BUGGY BUNCH INC. 1450 21ST ST. VERO BEACH, FL 32960	27-3137533	3	35,000.	0.			FAMILY SERVICES
CALVARY CHAPEL OF CHARLOTTESVILLE 1284 SUNSET AVENUE EXTENDED CHARLOTTESVILLE, VA 22903		3	10,000.	0.			RELIGION
CAMP HAVEN INC. 3256 US HIGHWAY 1 VERO BEACH, FL 32960	45-4235195	3	42,500.	0.			HOUSING/SHELTER
CAMP SUSQUEHANNOCK INC. 2308 TRIPP LAKE ROAD BRACKNEY, PA 18812	23-3034552	3	20,000.	0.			YOUTH SERVICES
CANTERBURY SCHOOL 101 ASPETUCK AVE NEW MILFORD , CT 06776	06-0646566	3	302,000.	0.			EDUCATION
CAPE FEAR COMMUNITY COLLEGE FOUNDATION INC - 411 NORTH FRONT ST - WILMINGTON, NC 28401	58-1308578	3	25,000.	0.			EDUCATION
CARE NET PREGNANCY CENTER OF INDIAN RIVER COUNTY - 1355 37TH ST., STE 301 - VERO BEACH, FL 32960	59-2344840	3	97,000.	0.			HEALTH
CASHIERS - HIGHLANDS HUMANE SOCIETY INC - PO BOX 638 - CASHIERS, NC 28717	58-1798769	3	14,000.	0.			ANIMAL WELFARE

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
CATHOLIC CHARITIES DIOCESE OF PALM BEACH, INC. - 100 WEST 20TH STREET - RIVIERA BEACH, FL 33404	59-2470479	3	30,000.	0.			HUMAN SERVICES
CATHOLIC HIGH SCHOOL 4552 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462	54-0563003	3	22,500.	0.			EDUCATION
CHABAD OF VERO BEACH PO BOX 643805 VERO BEACH, FL 32964	85-3619957	3	8,000.	0.			EDUCATION
CHAMBER MUSIC SOCIETY OF LINCOLN CENTER, INC - 70 LINCOLN CENTER PLAZA, 10TH FLOOR - NEW YORK, NY 10023	13-2628036	3	7,500.	0.			ARTS & CULTURE
CHILDCARE RESOURCES OF INDIAN RIVER - 2300 5TH AVE., SUITE 149 - VERO BEACH, FL 32960	65-0523165	3	616,353.	0.			EDUCATION
CHILDREN'S HOME SOCIETY OF FLORIDA 8561 COMMERCE CENTRE DR. PORT SAINT LUCIE, FL 34986	59-0192430	3	37,000.	0.			EDUCATION
CHRIST CHURCH VERO BEACH 667 20TH ST. VERO BEACH, FL 32960	26-1533123	3	190,000.	0.			RELIGION
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 29409	57-6020493	3	25,000.	0.			ARTS EDUCATION
CLEVELAND CLINIC INDIAN RIVER FOUNDATION - 70 ROYAL PALM POINTE, SUITE A-1 - VERO BEACH, FL 32960	59-0760215	3	2,202,881.	0.			HEALTH

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
COASTAL CONNECTIONS INC 130 10TH CT VERO BEACH, FL 32963	35-2606320	3	15,100.	0.			ENVIRONMENT
COLLEGE PREPARATORY SCHOOL 6100 BROADWAY ST OAKLAND, CA 94618	94-1492272	3	65,000.	0.			EDUCATION
COMMUNITY CHURCH OF VERO BEACH 1901 23RD ST VERO BEACH, FL 32960	59-0760199	3	70,000.	0.			HEALTH
COMMUNITY CHURCH OF VERO BEACH 1901 23RD ST VERO BEACH, FL 32960	13-1957221	3	115,300.	0.			RELIGION
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY - 241 EARL GARRETT ST - KERRVILLE, TX 78028-5304	74-2225369	3	25,000.	0.			EMERGENCY ASSISTANCE
COMMUNITY TRANSFORMATION PARTNERS INC - 615 KING FISHER DR - BROWNSBURG, IN 46112	83-1559962	3	10,000.	0.			MENTAL HEALTH
COOPER SCHOOL 13 OAKDALE PLACE CHARLESTON, SC 29407	20-8818159	3	30,000.	0.			EDUCATION
CORNELL UNIVERSITY 130 EAST SENECA ST. SUITE 400 ITHACA, NY 14850	15-0532082	3	136,150.	0.			EDUCATION
COTTONWOOD DAY SCHOOL 10180 COTTONWOOD RD BOZEMAN, MT 59718	47-2779835	3	100,000.	0.			EDUCATION

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
CROSSOVER MISSION, INC. 4425 US HIGHWAY 1 VERO BEACH, FL 32967	46-5125222	3	94,400.	0.			YOUTH SERVICES
CULTURAL COUNCIL OF INDIAN RIVER COUNTY - 2400 15TH AVENUE SUITE 2 - VERO BEACH, FL 32960	59-3299133	3	16,000.	0.			ARTS & CULTURE
DOGS FOR LIFE 1230 16TH AVENUE VERO BEACH, FL 32960	31-1800397	3	44,000.	0.			VETERANS
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	3	10,000.	0.			ENVIRONMENT
DYNAMIC LIFE RECOVERY COMMUNITY 1930 21ST AVENUE VERO BEACH, FL 32960	32-0705741	3	13,000.	0.			HEALTH
EAST HAMPTON HISTORICAL SOCIETY INC. - 101 MAIN ST - EAST HAMPTON, NY 11937	11-6035631	3	10,000.	0.			ARTS & CULTURE
ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY (EOC) - 2455 SAINT LUCIE AVENUE - VERO BEACH, FL 32960	59-1144567	3	20,000.	0.			ECONOMIC OPPORTUNITY
ENVIRONMENTAL LEARNING CENTER 255 LIVE OAK DRIVE VERO BEACH, FL 32963	65-0064129	3	52,700.	0.			ANIMALS/ENVIRONMENT
EPIC PLAYERS INC 138 SOUTH OXFORD STREET SUITE 3D BROOKLYN, NY 11217	81-3772510	3	126,000.	0.			ARTS & CULTURE

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
FABRETTO CHILDREN'S FOUNDATION 1563 SHERMAN AVENUE EVANSTON, IL 60201	36-3894824	3	310,000.	0.			YOUTH SERVICES
FAIRMONT STATE FOUNDATION,INC 1300 LOCUST AVE FAIRMONT, WV 26554	55-6023559	3	500,000.	0.			EDUCATION
FIRST METHODIST CHURCH VERO BEACH 1750 20TH STREET VERO BEACH, FL 32960	59-0799905	3	63,000.	0.			RELIGION
FIRST PRESBYTERIAN CHURCH 520 ROYAL PALM BLVD VERO BEACH, FL 32960	59-0947603	3	1,399,247.	0.			RELIGION
FLOAT HOPE OF INDIAN RIVER COUNTY 6001 HWY A1A PMB 8033 INDIAN RIVER SHORES, FL 32963	81-4707322	3	39,000.	0.			YOUTH SERVICES
FLORIDA NONPROFIT ALLIANCE 40 E ADAMS STREET, SUITE 229 JACKSONVILLE, FL 32202	46-1185150	3	8,000.	0.			PHILANTHROPIC GRANTMAKING
FLORIDA REMEMBERED SOCIETY PO BOX 650640 VERO BEACH, FL 32965	84-2988680	3	7,000.	0.			HISTORICAL
FRANCISCAN FRIARS CHARITIES 129 WEST 31ST STREET NEW YORK, NY 10001-3403	13-5300606	3	10,000.	0.			SENIORS
FRAZEE CENTER 8110 HIGHWAY 81 N EASLEY, SC 29642	46-1185268	3	20,000.	0.			EDUCATION

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
FREEDOM CHURCH PO BOX 368 VERO BEACH, FL 32961	88-2367475	3	20,000.	0.			RELIGION
FREEDOM PLAZA SCHOLARSHIP FUND INCORPORATED - 1010 AMERICAN EAGLE BLVD, APT 752 - SUN CITY CENTER, FL 33573	59-3214388	3	10,000.	0.			SCHOLARSHIPS
GEORGETOWN UNIVERSITY GIFT PROCESSING - DEPT # 0734 WASHINGTON, DC 20073	53-0196603	3	10,500.	0.			EDUCATION
GETLINS CORNER FOUNDATION 3822 WELLINGTON CT WEST LINN, OR 97068	84-4436926	3	700,000.	0.			SCHOLARSHIPS
GIFFORD ACADEMY FOR PERFORMING ARTS - 3850 20TH STREET, #6 - VERO BEACH, FL 32960	80-0605983	3	35,100.	0.			ARTS EDUCATION
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVE. VERO BEACH, FL 32967	43-1950911	3	205,500.	0.			YOUTH SERVICES
GLENDALE BAPTIST CHURCH 790 27TH AVE VERO BEACH, FL 32968	59-1523077	3	30,000.	0.			RELIGION
GLOBAL VILLAGE PROJECT PO BOX 1548 DECATUR, GA 30031	26-4152199	3	20,150.	0.			EDUCATION
GRACE CHURCH MILLBROOK PO BOX 366 MILLBROOK, NY 12545		3	7,720.	0.			RELIGION

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
GRAND HARBOR COMMUNITY OUTREACH PROGRAM, INC. - PO BOX 644017 - VERO BEACH, FL 32967	51-0418002	3	13,600.	0.			PHILANTHROPIC GRANTMAKING
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	3	20,000.	0.			ARTS & CULTURE
GREENLIGHT FUND 50 MILK STREET, 16TH FLOOR BOSTON, MA 02109	20-0407083	3	20,000.	0.			COMMUNITY DEVELOPMENT
GROVE CITY COLLEGE 100 CAMPUS DR GROVE CITY, PA 16127	25-1065148	3	10,000.	0.			EDUCATION
HAITI EMPOWERED PO BOX 420432 ST. PAUL, MN 55124	20-2383319	3	15,000.	0.			HUMAN SERVICES
HALO NO-KILL RESCUE 710 JACKSON STREET SEBASTIAN, FL 32958	20-8466866	3	11,500.	0.			ANIMAL WELFARE
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDEN-SYDNEY, VA 23943	54-0505906	3	10,000.	0.			EDUCATION
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	04-3804600	3	10,000.	0.			HEALTH
HELPING HANDS PROGRAM OF SOUTH COUNTY - 700 TIMBER RIDGE TRAIL SW - VERO BEACH, FL 32962	84-2417826	3	26,000.	0.			YOUTH SERVICES

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

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HIBISCUS CHILDREN'S CENTER, INC. 1145 12TH STREET VERO BEACH, FL 32960	59-2632361	3	59,500.	0.			HOUSING/SHELTER
HIBISCUS HOUSE CHILDREN'S FOUNDATION, INC. - PO BOX 1742 - VERO BEACH, FL 32967	65-0411920	3	6,050.	0.			MENTAL HEALTH
HIGHLANDS-CASHIERS HEALTH FOUNDATION - PO BOX 742 - HIGHLANDS, NC 28741	56-1165833	3	10,000.	0.			HEALTH
HILLSDALE COLLEGE 33 E COLLEGE STREET HILLSDALE, MI 49242	38-1374230	3	12,100.	0.			EDUCATION
HOLY CROSS CATHOLIC CHURCH 500 IRIS LANE VERO BEACH, FL 32963	53-0196617	3	12,000.	0.			RELIGION
HOMELESS CHILDREN'S FOUNDATION OF INDIAN RIVER COUNTY INC. - 1904 12TH CT - VERO BEACH, FL 32960	47-3060566	3	107,500.	0.			HUMAN SERVICES
HUMANE SOCIETY OF VERO BEACH & INDIAN RIVER COUNTY - 6230 77TH STREET - VERO BEACH, FL 32967	59-0863199	3	51,300.	0.			ANIMAL WELFARE
I AM MINISTRIES, INC. DBA THE SOURCE - 801 154TH AVENUE - VERO BEACH, FL 32966	59-3354241	3	46,500.	0.			HOUSING/SHELTER
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PL, BOX 1049 - NEW YORK CITY, NY 10029-6574	13-6171197	3	10,000.	0.			EDUCATION

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IMPACT 100 OF INDIAN RIVER COUNTY INC. - PO BOX 643425 - VERO BEACH, FL 32964	83-1598994	3	24,837.	0.			HUMAN SERVICES
INDIAN RIVER COUNTY HEALTHY START COALITION - 1555 INDIAN RIVER BLVD, SUITE B241 - VERO BEACH, FL 32960	65-0363222	3	124,500.	0.			HEALTH
INDIAN RIVER COUNTY MEDICAL SOCIETY FOUNDATION - DBA: WE CARE FOUNDATION - PO BOX 573 - VERO BEACH, FL 32961	45-3189180	3	9,326.	0.			HEALTH
INDIAN RIVER COUNTY VOLUNTEER AMBULANCE SQUAD - PO BOX 2240 - VERO BEACH, FL 32961	59-6173190	3	6,000.	0.			HEALTH
INDIAN RIVER EDUCATION FUND 6500 57TH STREET VERO BEACH, FL 32967	99-3295000	3	49,983.	0.			EDUCATION
INDIAN RIVER HABITAT FOR HUMANITY, INC. - 4568 N US HWY 1 - VERO BEACH, FL 32967	65-0230079	3	93,500.	0.			HOUSING/SHELTER
INDIAN RIVER LAND TRUST, INC. 3150 CARDINAL DRIVE SUITE 201 VERO BEACH, FL 32963	65-0059649	3	257,400.	0.			ANIMALS/ENVIRONMENT
INDIAN RIVER LEGAL AID 4875 43RD AVE VERO BEACH, FL 32967	88-3559355	3	36,000.	0.			HUMAN SERVICES
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. AKA IRSC FOUNDATION - 3209 VIRGINIA AVE - FORT PIERCE, FL 34981	59-1105591	3	15,050.	0.			EDUCATION

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INDIAN RIVER SYMPHONIC ASSOCIATION, INC. - PO BOX 2801 - VERO BEACH, FL 32961	65-0441009	3	17,500.	0.			ARTS & CULTURE
JACOBS INSTITUTE INC. 875 ELLICOTT STREET, 5TH FLOOR BUFFALO, NY 14203	26-3085485	3	20,000.	0.			HEALTH
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE, INC. - 4445 N. HWY A1A, #234 - VERO BEACH, FL 32963	59-1978180	3	20,075.	0.			PHILANTHROPIC GRANTMAKING
JOHN'S ISLAND FOUNDATION, INC. 6001 HWY A1A PMB 8323 VERO BEACH, FL 32963	65-0916419	3	154,000.	0.			PHILANTHROPIC GRANTMAKING
JUDICIAL WATCH, INC. 425 THIRD STREET SW, SUITE 800 WASHINGTON, DC 20024	52-1885088	3	6,000.	0.			ALLIANCES & ADVOCACY
JUMPSTART FOR YOUNG CHILDREN, INC 308 CONGRESS ST FL 6 BOSTON, MA 02210	04-3262046	3	25,000.	0.			HUMAN SERVICES
KEYSTONE EDUCATION CENTER, INC 635 41ST AVE VERO BEACH, FL 32968	99-1138727	3	12,000.	0.			EDUCATION
KLEIN SUPPORT GROUPS INC 5802 W RAYFORD RD SPRING, TX 77389	47-3781169	3	171,000.	0.			EDUCATION
LANDFALL FOUNDATION INC. 1924 PEMBROKE JONES DR WILMINGTON, NC 28405	56-1939554	3	25,000.	0.			HUMAN SERVICES

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LANDFALL TRADITION 1303 GRACKLE COURT WILMINGTON, NC 28403	03-0470730	3	6,000.	0.			HUMAN SERVICES
LA POINTE COMMUNITY CLINIC INC. PO BOX 86 LA POINTE, WI 54850	20-4888963	3	10,000.	0.			HEALTH
LAURA (RIDING) JACKSON FOUNDATION 1914 14TH AVE VERO BEACH, FL 32960	59-3160354	3	12,000.	0.			ARTS & CULTURE
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	3	10,000.	0.			LEADERSHIP DEVELOPMENT
LEGACY MINDED MINISTRIES, INC. 2160 58TH AVENUE VERO BEACH, FL 32966	27-3473896	3	10,000.	0.			RELIGION
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	24-0795445	3	10,000.	0.			RECREATION & SPORT
LIFEBUILDERS OF THE TREASURE COAST, INC. - 216 SOUTH 2ND STREET - FORT PIERCE, FL 34950	27-0628451	3	18,000.	0.			CRIME PREVENTION
LITERACY SERVICES OF INDIAN RIVER COUNTY - 1600 21ST STREET - VERO BEACH, FL 32960	59-1987210	3	50,456.	0.			EDUCATION
LITTLE BIRTHDAY ANGELS INC. 640 4TH PLACE E-104 VERO BEACH, FL 32962	47-4157223	3	13,100.	0.			YOUTH SERVICES

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MANCHESTER MUSIC FESTIVAL INC. PO BOX 33 MANCHESTER, VT 05254	22-2575753	3	7,500.	0.			ARTS & CULTURE
MASTER'S ACADEMY OF VERO BEACH, INC. - 1105 58TH AVENUE - VERO BEACH, FL 32966	04-3770235	3	10,250.	0.			EDUCATION
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55902	41-6011702	3	5,500.	0.			HEALTH
MCKEE BOTANICAL GARDEN INC 350 US HIGHWAY 1 VERO BEACH, FL 32962	65-1189895	3	188,385.	0.			ANIMALS/ENVIRONMENT
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	3	11,000.	0.			HEALTH
MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY, INC. - 820 37TH PLACE - VERO BEACH, FL 32960	59-1693337	3	129,100.	0.			MENTAL HEALTH
MENTAL HEALTH COLLABORATIVE OF IRC 2345 14TH AVE., SUITE 5 VERO BEACH, FL 32960	81-3960111	3	69,815.	0.			MENTAL HEALTH
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER PLZ NEW YORK, NY 10023	13-1624087	3	5,906.	0.			ARTS & CULTURE
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	3	8,000.	0.			RELIGION

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NATURE CONSERVANCY - FLORIDA CHAPTER - 1035 S SEMORAN BLVD. SUITE 2-1021B - WINTER PARK, FL 32792	53-0242652	3	26,000.	0.			ENVIRONMENT
NEW MEXICO COMMUNITY TRUST 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	85-4395064	3	10,000.	0.			HUMAN SERVICES
NHRMC FOUNDATION 2605 IRON GATE DRIVE SUITE 100 WILMINGTON, NC 28412	35-2379154	3	15,897.	0.			HEALTH
NORTHERN KENTUCKY UNIVERSITY FOUNDATION, INC. - 100 NUNN DRIVE LUCAS ADMINISTRATIVE CENTER SUITE 822 - HIGHLAND HEIGHTS, KY 41099	23-7116528	3	15,000.	0.			EDUCATION
OCD CENTRAL AND SOUTH FLORIDA 7900 GLADES ROADSUITE 420 BOCA RATON, FL 33434	81-2586247	3	7,500.	0.			MENTAL HEALTH
OCEAN REEF CHAPEL FOUNDATION, INC. 32 OCEAN REEF DR KEY LARGO, FL 33037	65-0486471	3	50,000.	0.			RELIGION
OCEAN RESEARCH & CONSERVATION ASSOCIATION - 1235 16TH STREET - VERO BEACH, FL 32960	20-0901011	3	35,000.	0.			ANIMALS/ENVIRONMENT
OCTAVIAN VILLAGE INC 1376 24TH PL SW VERO BEACH, FL 32962	86-2239196	3	10,000.	0.			EDUCATION
ONE80PLACE 35 WALNUT ST CHARLESTON, SC 29403	57-0789483	3	50,000.	0.			HUMAN SERVICES

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ORION HUNTER ELITE FASTPITCH, INC. PO BOX 16518 CHESAPEAKE, VA 23328	54-1914720	3	6,500.	0.			RECREATION & SPORT
OUR SAVIOR LUTHERAN CHURCH 1850 6TH AVENUE VERO BEACH, FL 32960	59-2584922	3	20,000.	0.			RELIGION
PARKLAND COLLEGE FOUNDATION 2400 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7025130	3	10,000.	0.			EDUCATION
PAX DEI FOR NUBA DBA SUDAN CHURCH PARTNERS - PO BOX 509 - HARRISONBURG, VA 22803	85-1808012	3	50,000.	0.			RELIGION
PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION - 1349 US-131 SUITE A - PETOSKEY, MI 49770	38-3032185	3	20,000.	0.			HUMAN SERVICES
PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK - 10 LINCOLN CENTER PLAZA - NEW YORK, NY 10023	13-1664054	3	6,500.	0.			ARTS & CULTURE
PRINCETON PROSPECT FOUNDATION CAP AND GOWN CLUB PO BOX 1448 PRINCETON, NJ 08542	22-6075964	3	25,000.	0.			EDUCATION
PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	3	7,500.	0.			EDUCATION
PRO FLAT TRACK AMA ROOKIE CLASS OF 79 AND FRIENDS FUND - 115 WEST MARKET STREET - WARREN, OH 44481	46-5204949	3	10,000.	0.			HUMAN SERVICES

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PURSUIT TRANSFORMATION COMPANY, INC. - 47-10 AUSTELL PL, 2ND FLOOR - LONG ISLAND CITY, NY 11101	61-1652332	3	8,000.	0.			ECONOMIC OPPORTUNITY
QUAIL VALLEY CHARITIES, INC. 2345 HIGHWAY A1A VERO BEACH, FL 32963	47-0866975	3	50,300.	0.			PHILANTHROPIC GRANTMAKING
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - 402 W. MAIN STREET - IMMOKALEE, FL 34142	59-1221966	3	18,000.	0.			EDUCATION
RIOMAR EDUCATION ASSISTANCE FOUNDATION - 2106 CLUB DR - VERO BEACH, FL 32963	99-2877598	3	42,000.	0.			EDUCATION
RIVERSIDE THEATRE, INC. 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	3	2,665,550.	0.			ARTS & CULTURE
ROADRACING WORLD ACTION FUND INC 581 BIRCH ST STE C LAKE ELSINORE, CA 92530	91-2172653	3	10,000.	0.			RECREATION & SPORT
ROTARY CLUB OF VERO BEACH SUNRISE FOUNDATION INC. - PO BOX 6274 - VERO BEACH, FL 32961	45-4837356	3	25,000.	0.			COMMUNITY DEVELOPMENT
RUMSON FAIR-HAVEN YOUTH LACROSSE ASSOCIATION - 56 GILLESPIE AVE - FAIR HAVEN, NJ 07704	04-3595146	3	6,000.	0.			RECREATION & SPORT
SAFE FAMILIES FOR CHILDREN OF THE TREASURE COAST - 1400 27TH STREET - VERO BEACH, FL 32960	45-3194102	3	25,000.	0.			FAMILY SERVICES

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SAFESPACE, INC. 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	3	42,168.	0.			DOMESTIC VIOLENCE/CHILD ABUSE
SAINT EDWARD'S SCHOOL, INC. 1895 ST. EDWARD'S DRIVE VERO BEACH, FL 32963	59-1059214	3	89,250.	0.			EDUCATION
SAMARITAN CENTER VERO BEACH 3650 41ST STREET VERO BEACH, FL 32967	53-0196617	3	9,000.	0.			HOUSING/SHELTER
SCHOLARSHIP FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 1820 - VERO BEACH, FL 32961	04-2296967	3	104,800.	0.			SCHOLARSHIPS
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	3	248,024.	0.			SENIORS
SENIOR RESOURCE ASSOCIATION FOUNDATION INC - 694 14TH STREET - VERO BEACH, FL 32960	33-4771891	3	76,200.	0.			SENIORS
SILENT VICTIMS OF CRIME 7100 NW 12TH ST STE 103 MIAMI, FL 33126	30-0522138	3	15,000.	0.			HUMAN SERVICES
SOUTHEAST COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 301 S 68TH STREET PL - LINCOLN, NE 68510	51-0168407	3	5,906.	0.			EDUCATION
SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION INC. - 100 HOSPITAL DRIVE - BENNINGTON, VT 05201	45-3362785	3	10,000.	0.			HEALTH

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ST. AUGUSTINE OF CANTERBURY EPISCOPAL CHURCH 475 43RD AVE VERO BEACH, FL 32963	65-0322125	3	10,000.	0.			RELIGION
STEPHEN STILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	3	12,500.	0.			HOUSING/SHELTER
ST. FRANCIS MANOR OF VERO BEACH FLORIDA INC. - 1750 20TH AVE - VERO BEACH, FL 32960	23-7350059	3	28,668.	0.			HOUSING/SHELTER
ST. GABRIEL'S EPISCOPAL CHURCH 414 PINE STREET TITUSVILLE, FL 32796	59-1288365	3	23,500.	0.			RELIGION
ST. JOHN'S UNITED CHURCH OF CHRIST PO BOX 14 LA POINTE, WI 54850	39-1419659	3	12,000.	0.			RELIGION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	3	11,800.	0.			HEALTH
ST. MARKS ANGLICAN CHURCH 1795 45TH ST VERO BEACH, FL 32967	65-0289856	3	76,108.	0.			RELIGION
SUNDAY STRONG CORP 419 21ST STREE SE VERO BEACH, FL 32962	83-2099969	3	10,000.	0.			EDUCATION
SUNSHINE PHYSICAL THERAPY CLINIC 1705 17TH AVE VERO BEACH, FL 32960	59-0806983	3	21,000.	0.			HEALTH

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T-1 TODAY INC 8216 PRINCETON GLENDALE RD PMB 200 WEST CHESTER, OH 45069	46-3704802	3	15,000.	0.			HEALTH
TASK FORCE ON DOMESTIC VIOLENCE HOPE INC - PO BOX 626 - FAIRMONT, WV 26555	31-0997910	3	10,000.	0.			HUMAN SERVICES
TEACH FOR AMERICA, INC. P.O. BOX 411139 BOSTON, MA 02241	13-3541913	3	25,000.	0.			EDUCATION
TEMPLE UNIVERSITY - LEWIS KATZ SCHOOL OF MEDICINE - PO BOX 2890 - NEW YORK, NY 10116	23-1365971	3	10,000.	0.			EDUCATION
TEXAS CHRISTIAN UNIVERSITY 2800 S UNIVERSITY DRIVE FORT WORTH, TX 76129	75-0827465	3	100,000.	0.			RECREATION & SPORT
TFALLS FOUNDATION INC 224 SABLE TRACE DRIVE ACWORTH, GA 30102	83-2649082	3	10,000.	0.			EDUCATION
THE ARC OF INDIAN RIVER COUNTY, INC. - 1375 16TH AVE - VERO BEACH, FL 32960	59-1626205	3	85,686.	0.			HUMAN SERVICES
THE BRANSON SCHOOL 39 FERNHILL AVE ROSS, CA 94957	94-0338330	3	15,000.	0.			EDUCATION
THE BUCKLEY SCHOOL 113 EAST 73RD STREET NEW YORK, NY 10021	13-1837409	3	15,000.	0.			EDUCATION

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THE FIRST CHRISTIAN CHURCH OF VERO BEACH, INC. - 1927 27TH AVE - VERO BEACH, FL 32960	59-1998805	3	20,000.	0.			RELIGION
THE FOOD PANTRY OF IRC 2206 16TH AVENUE VERO BEACH, FL 32960	13-4301530	3	73,000.	0.			FOOD & NUTRITION
THE FOURISH COOPERATIVE, INC. 8259 154TH COURT, NORTH PALM BEACH GARDENS, FL 33418	93-4473316	3	140,000.	0.			RELIGION
THE HILLSIDE SCHOOL 2697 BROOKSIDE ROAD MACUNGIE, PA 18062	23-2263178	3	123,000.	0.			EDUCATION
THE HOPE FOR FAMILIES CENTER 715 4TH PL VERO BEACH, FL 32962	59-3129752	3	353,100.	0.			HOUSING/SHELTER
THE LEARNING ALLIANCE PO BOX 2647 VERO BEACH, FL 32961	27-0725986	3	319,500.	0.			EDUCATION
THE PROTESTANT CONGREGATION OF OCEAN REEF INC - 31 OCEAN REEF DRIVE, C 101-248 - KEY LARGO, FL 33037	65-1002109	3	60,000.	0.			RELIGION
THERAPIES FOR INHERITED NEUROPATHIES - 801 KEY HIGHWAY UNIT 454 - BALTIMORE, MD 21230	81-5350594	3	20,000.	0.			HEALTH
THE RHODE ISLAND HOSPITAL FOUNDATION - 10 DAVOL SQUARE, SUITE 201 - PROVIDENCE, RI 02903	05-0468736	3	5,500.	0.			HEALTH

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THE SALVATION ARMY OF INDIAN RIVER COUNTY - 2655 5TH ST SW - VERO BEACH, FL 32962	58-0660607	3	29,172.	0.			HUMAN SERVICES
THE TRUSTEES OF THE LAWRENCEVILLE SCHOOL - 2500 MAIN STREET - LAWRENCEVILLE, NJ 08648	21-0634503	3	150,000.	0.			EDUCATION
THRIVE IRC INC. 2300 5TH AVENUE SUITE 103 VERO BEACH, FL 32960	65-0202835	3	53,000.	0.			MENTAL HEALTH
TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD BREVARD, NC 28712	58-1581118	3	50,000.	0.			HOUSING/SHELTER
TREASURE COAST FOOD BANK, INC 401 ANGLE ROAD FORT PIERCE, FL 34947	65-0123281	3	53,100.	0.			FOOD & NUTRITION
TREASURE COAST GIRLS COALITION INC 457 SEBASTIAN BLVD SEBASTIAN, FL 32958	87-1834156	3	301,000.	0.			HUMAN SERVICES
TREASURE COAST HOMELESS SERVICES COUNCIL - 2525 SAINT LUCIE AVE - VERO BEACH, FL 32960	52-2254571	3	10,150.	0.			HOUSING/SHELTER
TRELLIS CHURCHES, INC. 12480 S. BLACK BOB RD. OLATHE, KS 66062	85-4221007	3	10,000.	0.			RELIGION
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	3	1,250,000.	0.			EDUCATION

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
TRINITY EPISCOPAL CHURCH 2365 PINE AVENUE VERO BEACH, FL 32960	59-0774209	3	105,250.	0.			RELIGION
TRINITY-PAWLING SCHOOL 700 NY-22 PAWLING, NY 12564	14-1601551	3	1,000,000.	0.			EDUCATION
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 01342	04-2103563	3	155,600.	0.			EDUCATION
TRUST FOR PUBLIC LAND PO BOX 889336 LOS ANGELES, CA 90088	23-7222333	3	6,500.	0.			ENVIRONMENT
TURNING POINT USA 4940 E BEVERLY RD PHOENIX, AZ 85044	80-0835023	3	13,700.	0.			ALLIANCES & ADVOCACY
TYKES & TEENS 1617 14TH AVE VERO BEACH, FL 32960	65-0570899	3	102,000.	0.			MENTAL HEALTH
UNITED AGAINST POVERTY, INC. 1400 27TH STREET VERO BEACH, FL 32960	11-3697936	3	189,347.	0.			HUMAN SERVICES
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	3	302,770.	0.			HUMAN SERVICES
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604	59-0974739	3	20,000.	0.			EDUCATION

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
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PL #101 ATHENS, GA 30601	58-6033837	3	20,000.	0.			EDUCATION
UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	3	30,000.	0.			EDUCATION
VAIL VALLEY FOUNDATION INC. PO BOX 6550 AVON, CO 81620	74-2215035	3	6,000.	0.			COMMUNITY DEVELOPMENT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	3	10,500.	0.			EDUCATION
VANGUARD CHARITABLE PO BOX 980 BURTONSVILLE, MD 20866-9998	23-2888152	3	40,000.	0.			PHILANTHROPIC GRANTMAKING
VERO BEACH MUSEUM OF ART, INC. 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	3	2,421,972.	0.			ARTS & CULTURE
VERO BEACH OPERA, INC. PO BOX 6912 VERO BEACH, FL 32961	59-2883286	3	131,653.	0.			ARTS & CULTURE
VERO BEACH POLICE FOUNDATION INC. PO BOX 1389 VERO BEACH, FL 32961-1389	26-0389742	3	9,800.	0.			CRIME PREVENTION
VERO BEACH ROWING, INC. PO BOX 643063 VERO BEACH, FL 32964	26-2765309	3	211,427.	0.			RECREATION & SPORT

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
VERO CLASSICAL SCHOOL 51 OLD DIXIE HWY VERO BEACH, FL 32962	88-3423347	3	92,800.	0.			EDUCATION
VERO HERITAGE INC 2140 14TH AVE VERO BEACH, FL 32960	59-3108608	3	25,000.	0.			ARTS & CULTURE
VETERANS COUNCIL OF INDIAN RIVER COUNTY, INC. - P.O. BOX 1354 - VERO BEACH, FL 32961	59-2970832	3	27,000.	0.			HUMAN SERVICES
VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC. - 920 37TH PLACE SUITE 101 - VERO BEACH, FL 32960	59-2804739	3	26,000.	0.			HEALTH
VISITING NURSE ASSOCIATION OF THE TREASURE COAST - 1110 35TH LANE - VERO BEACH, FL 32960	59-2664912	3	25,000.	0.			HEALTH
VNA AND HOSPICE FOUNDATION, INC 920 37TH PLACE SUITE 101 VERO BEACH, FL 32960	59-2804739	3	223,350.	0.			HEALTH
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON STREET LEXINGTON, VA 24450	54-0505977	3	5,500.	0.			RECREATION & SPORT
WESTOVER SCHOOL INC 1237 WHITTEMORE ROAD MIDDLEBURY, CT 06762	06-0646961	3	16,000.	0.			EDUCATION
WHOLE FAMILY HEALTH CENTER INC. 827 18TH STREET VERO BEACH, FL 32960	65-0715258	3	19,000.	0.			HEALTH

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
WILCOX HOSPITAL FOUNDATION 3-3420 KUHIO HWY LIHUE, HI 96766	99-0204242	3	6,500.	0.			HEALTH
WILDLANDS CONSERVANCY INC 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	3	80,000.	0.			ANIMALS/ENVIRONMENT
WILLIAM AND MARY ATHLETIC EDUCATION FOUNDATION - PO BOX 399 - WILLIAMSBURG, VA 23187	54-6056480	3	10,000.	0.			RECREATION & SPORT
WOMEN'S CARE CENTER OF IRC INC. 1986 31ST AVE, STE 100 VERO BEACH, FL 32960	46-0692758	3	29,500.	0.			HEALTH
WOUNDED WATERS INC 1295 66TH AVENUE VERO BEACH, FL 32966	84-2290581	3	12,000.	0.			VERTERANS
WRIGHTSVILLE BEACH VOLUNTEER FIREFIGHTERS ASSOCIATION - PO BOX 251 - WRIGHTSVILLE BEACH, NC 28480	58-2197981	3	10,000.	0.			HUMAN SERVICES
YEAR UP, INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	3	10,000.	0.			EDUCATION
YOUTH FOR CHRIST INDIAN RIVER COUNTY - P.O. BOX 651455 - VERO BEACH, FL 32965	36-2193619	3	13,500.	0.			YOUTH SERVICES
YOUTH GUIDANCE MENTORING ACADEMY 1028 20TH PLACE VERO BEACH, FL 32960	65-0017325	3	532,000.	0.			YOUTH SERVICES

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
YOUTH ON A MISSION 1923 ROBALO DR VERO BEACH, FL 32960	30-0587517	3	40,000.	0.			YOUTH SERVICES
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - PO BOX 612 - VERO BEACH, FL 32961	27-0952942	3	52,500.	0.			YOUTH SERVICES

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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	(i)	322,623.	41,000.	0.	13,659.	19,585.	396,867.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEATHER O'SHEA	(i)	131,200.	13,800.	0.	5,800.	0.	150,800.	0.
VP OPERATIONS & INFORMATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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	X	1	800,000.	FORM 1098-C
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	60	17,509,639.	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 ( )				

			Yes	No
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 Acknowledgment	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, LINE 32B:
BROKER TO SELL DONATED VEHICLE

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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:
INVESTMENT. WE DO THIS USING INNOVATIVE TOOLS SUCH AS OUR ONLINE NONPROFIT SEARCH, INDIAN RIVER INDICATORS, AND PUBLICATIONS LIKE OUR ANNUAL GUIDE TO BETTER GIVING, WHICH ARE USED BY CLIENTS AND OTHERS TO MAKE MORE INFORMED GIVING DECISIONS.

INDIAN RIVER COMMUNITY FOUNDATION IS GOVERNED AND MANAGED BY ENGAGED AND INVESTED LEADERS WHO BELIEVE THAT OUR ORGANIZATION AND THE GENEROUS PEOPLE WE SERVE CAN HELP BUILD A MORE HEALTHY, PROPSEROUS COMMUNITY. IN DOING SO, WE COMMIT OUR BEST EFFORTS TO DEMONSTRATE THE VALUES OF KNOWLEDGE AND CORE KNOW-HOW, SERVICE EXCELLENCE, AND BELONGING IN OUR WORK.

TOGETHER WITH OUR CLIENTS, IN THE FISCAL YEAR ENDING JUNE 30, 2026, INDIAN RIVER COMMUNITY FOUNDATION AWARDED GRANTS TOTALING $25,324,212 FROM MORE THAN 200 CHARITABLE GIVING ACCOUNTS TO CHARITIES IN INDIAN RIVER COUNTY AND THROUGHOUT THE UNITED STATES. ON JUNE 30, 2026, A TOTAL OF 87 INDIVIDUALS WERE RECOGNIZED AS PART OF THE ALMA LEE LOY LEGACY SOCIETY FOR MAKING A PLANNED GIFT FROM THEIR ESTATE TO INDIAN RIVER COMMUNITY FOUNDATION. TOGETHER, WE ARE PART OF SOMETHING BETTER.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD RECEIVES A COPY OF THE FORM 990 FOR REVIEW PRIOR TO SUBMISSION OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH MEMBER IS REQUIRED TO IMMEDIATELY DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICT AND MUST ENSURE THEY HAVE NO DISCUSSION OR INVOLVEMENT IN THESE MATTERS. WHEN VOTING ON A MATTER WHERE ACTUAL OR PERCEIVED CONFLICT EXISTS, THAT MEMBER MUST ABSTAIN FROM VOTING. EACH BOARD MEMBER COMPLETED AND SIGNED A DISCLOSURE STATEMENT AND AGREED WITH THE POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION COMMITTEE IS ELECTED BY THE BOARD OF DIRECTORS TO RECOMMEND THE ANNUAL COMPENSATION OF THE PRESIDENT AND ESTABLISH THE OVERALL HUMAN RESOURCES POLICIES OF THE CORPORATION. THE COMMITTEE FOLLOWS A BOARD-APPROVED COMPENSATION PHILOSOPHY AND USES COMPARATIVE DATA TO DETERMINE AND RECOMMEND THE PRESIDENT'S COMPENSATION TO BE APPROVED BY THE EXECUTIVE COMMITTEE.

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.

FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.