

**INDIAN RIVER COMMUNITY
FOUNDATION, INC.**

FORM 990

**TAX YEAR ENDED
JUNE 30, 2019**

PUBLIC INSPECTION COPY

EXTENDED TO MAY 15, 2020

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

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****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)

P.O. BOX 643968

Room/suite

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****SAME AS C ABOVE****D** Employer identification number**20-1729243****E** Telephone number**772-492-1407****G** Gross receipts \$ **65,200,549.****H(a)** Is this a group returnfor 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**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: THE INDIAN RIVER COMMUNITY FOUNDATION'S MISSION IS BUILDING A BETTER COMMUNITY THROUGH							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3	17				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17				
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4				
6	Total number of volunteers (estimate if necessary)	6	20				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.				
				Prior Year		Current Year	
8	Contributions and grants (Part VIII, line 1h)			16,484,425.		30,909,274.	
9	Program service revenue (Part VIII, line 2g)			0.		0.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,395,521.		1,805,626.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			369,442.		413,409.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			18,249,388.		33,128,309.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			9,546,704.		9,977,202.	
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)			319,513.		388,756.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 152,003.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			808,424.		892,630.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			10,674,641.		11,258,588.	
19	Revenue less expenses. Subtract line 18 from line 12			7,574,747.		21,869,721.	
				Beginning of Current Year		End of Year	
20	Total assets (Part X, line 16)			45,566,148.		68,409,018.	
21	Total liabilities (Part X, line 26)			2,698,352.		2,219,937.	
22	Net assets or fund balances. Subtract line 21 from line 20			42,867,796.		66,189,081.	

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	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBORAH A. CRUM, CPA	DEBORAH A. CRUM, CPA	03/31/20		P00282890
Firm's name	Firm's name ▶ REHMANN ROBSON LLC		Firm's EIN ▶ 38-3635706		
	Firm's address ▶ 5070 HIGHWAY A1A, STE 250 VERO BEACH, FL 32963		Phone no. (772) 234-8484		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:**THE INDIAN RIVER COMMUNITY FOUNDATION'S MISSION IS 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 \$ 10,690,890. including grants of \$ 9,977,202.) (Revenue \$)

INDIAN RIVER COMMUNITY FOUNDATION'S BUSINESS IS PHILANTHROPY. GRANTS TO 480 NONPROFIT ORGANIZATIONS WERE MADE DURING THE FISCAL YEAR ENDING JUNE 30, 2019. OUR MAIN PRODUCTS ARE THE CHARITABLE GIVING ACCOUNTS ESTABLISHED BY OUR CLIENTS. WE WORK WITH CLIENTS AS A PARTNER IN THEIR PHILANTHROPY IN THE FOLLOWING WAYS. 1) WE HELP OUR CLIENTS GIVE TO CAUSES THEY LOVE THROUGH CHARITABLE GIVING ACCOUNTS; 125 OF WHICH WERE DONOR ADVISED FUNDS AT FISCAL YEAR END TOTALING \$60,157,511. 2) WE INSPIRE OUR CLIENTS TO CREATE AND LEAVE A CHARITABLE LEGACY TO SUPPORT THE CAUSES THEY CARE ABOUT BY MAKING A PLANNED GIFT FROM THEIR ESTATES TO PERMANENT ENDOWMENTS; 62 OF WHICH WERE RECOGNIZED AS MEMBERS OF THE ALMA LEE LOY LEGACY SOCIETY IN THE FISCAL YEAR ENDING JUNE 30, 2019. 3) WE USE THE PHILANTHROPIC CAPITAL OUR CLIENTS ENTRUST TO US FOR

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **10,690,890.**Form **990** (2018)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in 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 ComplianceCheck 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	8
b Enter the number of Forms W-2G included in 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		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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?		X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2018)

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 in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
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 in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **GREATER HORIZONS - 816-627-3408**
1055 BROADWAY SUITE 130, KANSAS CITY, MO 64105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEILL A. CURRIE CHAIRMAN	4.00	X		X				0.	0.	0.
(2) REBECCA F. EMMONS VICE CHAIR	4.00	X		X				0.	0.	0.
(3) DEBRA K. LOCKWOOD TREASURER	4.00	X		X				0.	0.	0.
(4) JENNIFER M. WATSON SECRETARY	4.00	X		X				0.	0.	0.
(5) BRIAN M. SHAMBO DIRECTOR	2.00	X						0.	0.	0.
(6) PHILIP E. COVIELLO DIRECTOR	2.00	X						0.	0.	0.
(7) SUE M. TOMPKINS DIRECTOR	2.00	X						0.	0.	0.
(8) MARYBETH CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.
(9) RONALD L. EDWARDS DIRECTOR	2.00	X						0.	0.	0.
(10) SANDRA ROLF DIRECTOR	2.00	X						0.	0.	0.
(11) RAY OGLETHORPE DIRECTOR	2.00	X						0.	0.	0.
(12) PATRICIA HEMMINGWAY HALL DIRECTOR	2.00	X						0.	0.	0.
(13) RICHARD G. MCDERMOTT JR DIRECTOR	2.00	X						0.	0.	0.
(14) ROBERT B. BURR JR. DIRECTOR	2.00	X						0.	0.	0.
(15) SCOTT E. ALEXANDER DIRECTOR	2.00	X						0.	0.	0.
(16) KATHRYN B. HEALY DIRECTOR	2.00	X						0.	0.	0.
(17) JEFFREY R. PICKERING CEO/PRESIDENT	40.00			X				170,702.	0.	8,674.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,909,274.				
	g Noncash contributions included in lines 1a-1f: \$		25,733,771.				
	h Total. Add lines 1a-1f				30,909,274.		
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				1,103,717.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents			(i) Real	(ii) Personal			
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses			32,774,149.	536.			
c Gain or (loss)			32,071,704.	-536.			
d Net gain or (loss)			702,445.				
					701,909.	701,909.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a				
b Less: direct expenses			b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19			a				
b Less: direct expenses			b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances			a				
b Less: cost of goods sold			b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code			
11 a ADMIN FEES BILLED TO FUNDS			900099	401,753.	401,753.		
b PROJECT REVENUES			900099	11,475.	11,475.		
c OTHER INCOME			900099	181.	181.		
d All other revenue							
e Total. Add lines 11a-11d				413,409.			
12 Total revenue. See instructions				33,128,309.	413,409.	0.	1,805,626.

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	9,977,202.	9,977,202.		
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	200,792.	60,238.	40,158.	100,396.
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	138,118.	48,780.	80,741.	8,597.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,156.	2,945.	3,266.	2,945.
9 Other employee benefits	18,532.	5,961.	6,611.	5,960.
10 Payroll taxes	22,158.	7,128.	7,904.	7,126.
11 Fees for services (non-employees):				
a Management				
b Legal	3,061.		3,061.	
c Accounting	17,675.		17,675.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,825.		98,825.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	33,099.	33,099.		
12 Advertising and promotion	9,346.	7,477.		1,869.
13 Office expenses	45,698.	15,789.	17,266.	12,643.
14 Information technology	1,020.	816.		204.
15 Royalties				
16 Occupancy	36,751.	3,271.	33,480.	
17 Travel	7,055.	3,528.	3,527.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,504.	6,715.	7,082.	3,707.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,845.		17,845.	
23 Insurance	2,768.		2,768.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE FEES	391,839.	391,839.		
b CONTRACT SERVICE FEE	79,402.	39,701.	39,701.	
c SUBSCRIPTIONS & MEMBERS	30,750.	18,448.	12,302.	
d SPECIAL EVENTS	30,612.	24,490.	3,061.	3,061.
e All other expenses	69,380.	43,463.	20,422.	5,495.
25 Total functional expenses. Add lines 1 through 24e	11,258,588.	10,690,890.	415,695.	152,003.
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 SheetCheck 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	273,404.	1	409,193.
	2 Savings and temporary cash investments	8,100,160.	2	6,504,407.
	3 Pledges and grants receivable, net	158,173.	3	131,744.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,719.	9	9,383.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,405.		
	b Less: accumulated depreciation	10b 72,593.	10c 40,791.	23,812.
	11 Investments - publicly traded securities	36,950,012.	11	61,304,948.
	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	33,889.	15	25,531.
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,566,148.	16	68,409,018.	
Liabilities	17 Accounts payable and accrued expenses	11,397.	17	16,855.
	18 Grants payable	1,870,150.	18	989,500.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	816,805.	25	1,213,582.
	26 Total liabilities. Add lines 17 through 25	2,698,352.	26	2,219,937.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,374,634.	27	65,594,121.
	28 Temporarily restricted net assets	168,162.	28	0.
	29 Permanently restricted net assets	325,000.	29	594,960.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	42,867,796.	33	66,189,081.
	34 Total liabilities and net assets/fund balances	45,566,148.	34	68,409,018.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck 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	33,128,309.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,258,588.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,869,721.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,867,796.
5	Net unrealized gains (losses) on investments	5	1,451,564.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,189,081.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2018)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number	
--------------------------------	--

20-1729243

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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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 or 990-EZ).)
- 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 in 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).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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2018.05070 INDIAN RIVER COMMUNITY FO 427521.1

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11310948.	8203113.	10305356.	16484425.	30909274.	77213116.
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	11310948.	8203113.	10305356.	16484425.	30909274.	77213116.
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)						27317173.
6 Public support. Subtract line 5 from line 4.						49895943.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11310948.	8203113.	10305356.	16484425.	30909274.	77213116.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	353,271.	426,304.	513,681.	776,295.	1103717.	3173268.
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						80386384.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	62.07 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	75.86 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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		

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

COPY

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2018
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	125	52
2 Aggregate value of contributions to (during year)	28,353,687.	2,555,587.
3 Aggregate value of grants from (during year)	7,787,018.	2,190,184.
4 Aggregate value at end of year	60,157,511.	6,031,570.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	681,578.				
b Contributions	836,474.				
c Net investment earnings, gains, and losses	66,083.				
d Grants or scholarships					
e Other expenditures for facilities and programs	31,301.				
f Administrative expenses					
g End of year balance	1,552,834.				

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

a Board designated or quasi-endowment ☒ 70.38 %

b Permanent endowment ☒ 29.62 %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,487.	11,348.	3,139.
d Equipment		54,481.	33,808.	20,673.
e Other		27,437.	27,437.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,812.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FUNDS HELD FOR AGENCIES	1,121,765.	
(3) ANNUITY LIABILITY	91,817.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,213,582.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

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	34,478,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,451,564.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,451,564.
3	Subtract line 2e from line 1	3	33,026,659.
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	98,825.
b	Other (Describe in Part XIII.)	4b	2,825.
c	Add lines 4a and 4b	4c	101,650.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	33,128,309.

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	11,156,938.
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	11,156,938.
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	98,825.
b	Other (Describe in Part XIII.)	4b	2,825.
c	Add lines 4a and 4b	4c	101,650.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,258,588.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE FOUNDATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2016 THROUGH 2019, THE YEARS, WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2019. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2019 OR 2018, 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	790.
ESTIMATED PLEDGE RECLASS	2,571.
LOSS ON ASSETS DISPOSAL	-536.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,825.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN TAXES ON INVESTMENT	790.
ESTIMATED PLEDGE RECLASS	2,571.
LOSS ON ASSETS DISPOSAL	-536.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,825.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number
20-1729243

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
36TH CHURCH OF CHRIST, SCIENTIST 4032 WHITSETT AVENUE STUDIO CITY, CA 91604	33-0337891	3	7,800.	0.			GENERAL OPERATING
ALLIANCE TO PROTECT NANTUCKET SOUND - 4 BARNSTABLE ROAD - HYANNIS, MA 02601	10-0008105	3	10,000.	0.			GENERAL OPERATING
ALZHEIMER/PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY - 2300 5TH AVENUE, SUITE 150 - VERO BEACH, FL 32960	59-2437723	3	48,900.	0.			GENERAL OPERATING
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 225 N MICHIGAN AVENUE, 17TH FLOOR - CHICAGO, IL 60601	13-3039601	3	10,000.	0.			GENERAL OPERATING
AMERICAN CANCER SOCIETY 3375 20TH STREET, #100 VERO BEACH, FL 32960	13-1788491	3	7,000.	0.			GENERAL OPERATING
AMERICAN COLLEGE OF THE BUILDING ARTS - 649 MEETING STREET - CHARLESTON, SC 29403	57-1075250	3	5,000.	0.			GENERAL OPERATING

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

177.

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

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF SHALVA ISRAEL 315 5TH AVENUE #608 NEW YORK, NY 10016	56-2676533	3	25,000.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF SHEBA MEDICAL CENTER - 575 MADISON AVENUE - NEW YORK, NY 10022	13-3733541	3	12,500.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF TEL AVIV UNIVERSITY, INC. - 39 BROADWAY, SUITE 1510 - NEW YORK, NY 10006	13-1996126	3	200,000.	0.			GENERAL OPERATING
AMERICAN FRIENDS OF THE JAFFA INSTITUTE - 171-06 76TH AVENUE - FLUSHING, NY 11366	11-2697261	3	65,000.	0.			GENERAL OPERATING
AMERICAN NATIONAL FISH AND WILDLIFE MUSEUM - 500 W. SUNSHINE ST. - SPRINGFIELD, MO 65807	43-1792437	3	10,000.	0.			GENERAL OPERATING
AMERICAN NEAR EAST REFUGEE AID 1111 14TH STREET NW, SUITE 400 WASHINGTON, DC 20005	52-0882226	3	5,000.	0.			GENERAL OPERATING
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006	53-0196605	3	8,000.	0.			GENERAL OPERATING
ANGLICAN FRONTIER MISSIONS P.O.BOX 18038 RICHMOND, VA 23226	62-1491171	3	7,500.	0.			GENERAL OPERATING
ARC OF INDIAN RIVER COUNTY 1375 16TH AVENUE VERO BEACH, FL 32960	59-1626205	3	120,750.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLET VERO BEACH 2135 WINDWARD WAY #209 VERO BEACH, FL 32963	46-1513558	3	5,000.	0.			GENERAL OPERATING
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION - 1575 SAN IGNACIA AVENUE STE 406 - CORAL GABLES, FL 33146	59-1923401	3	150,000.	0.			GENERAL OPERATING
BASEBALL CLUB OF THE TREASURE COAST - 466 33RD AVE SW - VERO BEACH, FL 32968	27-5015511	3	5,000.	0.			GENERAL OPERATING
BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER, & OKEECHOBEE COUNTIES - 403 N. US HIGHWAY 1 - FT. PIERCE, FL 34950	59-2455513	3	37,990.	0.			GENERAL OPERATING
BOYS AND GIRLS CLUB OF INDIAN RIVER - 1729 17TH AVENUE - VERO BEACH, FL 32960	59-3623298	3	182,925.	0.			HUMAN SERVICES
BUFFALO PHILHARMONIC ORCHESTRA SOCIETY - 786 DELAWARE AVE - BUFFALO, NY 14209	16-0755739	3	10,000.	0.			GENERAL OPERATING
BUFFALO STAGE COLLEGE FOUNDATION 1300 ELMWOOD AVENUE BUFFALO, NY 14222	16-6037117	3	5,000.	0.			GENERAL OPERATING
CALVARY CHAPEL PORT SAINT LUCIE 5555 NW ST. JAMES DRIVE PORT SAINT LUCIE, FL 34983		3	20,000.	0.			GENERAL OPERATING
CALVIN COOLIDGE PRESIDENTIAL FOUNDATION - P.O. BOX 97 - PLYMOUTH, VT 05056	03-6009701	3	278,484.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HAVEN 3256 US HIGHWAY 1 VERO BEACH, FL 32960	45-4235195	3	6,300.	0.			GENERAL OPERATING
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	3	5,000.	0.			GENERAL OPERATING
CANICIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743942	3	20,000.	0.			GENERAL OPERATING
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY DRIVE JOHN'S ISLAND, SC 29455	57-0524957	3	55,000.	0.			GENERAL OPERATING
CHATHAM HALL SCHOOL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531	54-0505878	3	9,000.	0.			GENERAL OPERATING
CHILDCARE RESOURCES OF INDIAN RIVER - 2300 5TH AVENUE, SUITE 149 - VERO BEACH, FL 32960	65-0523165	3	98,100.	0.			EDUCATION
CHILDREN'S HOME SOCIETY OF FLORIDA 650 10TH STREET VERO BEACH, FL 32960	59-3055343	3	25,500.	0.			GENERAL OPERATING
CHILDREN'S VILLAGE 1 ECHO HILLS ROAD DOBBS FERRY, NY 10522	13-1739945	3	5,000.	0.			GENERAL OPERATING
CHRIST CHURCH VERO BEACH 667 20TH ST VERO BEACH, FL 32960		3	7,500.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMENTE COURSE IN THE HUMANITIES 45 E 62ND STREET NEW YORK, NY 10065	26-2014427	3	25,000.	0.			GENERAL OPERATING
CLEVELAND CLINIC FOUNDATION PO BOX 6025 ALBERT LEA, MN 56007	34-0714585	3	10,000.	0.			GENERAL OPERATING
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346	15-0532078	3	15,500.	0.			GENERAL OPERATING
COMMUNITY BOYS & GIRLS CLUB P.O. BOX 1612 WILMINGTON, NC 28401	56-0636247	3	10,000.	0.			GENERAL OPERATING
COMMUNITY CHURCH OF VERO BEACH 1901 23RD STREET VERO BEACH, FL 32960	59-0760199	3	86,499.	0.			BUILDING CAMPAIGN
COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAINT STREET LOUISVILLE, KY 40202	31-0997017	3	50,000.	0.			GENERAL OPERATING
CONDON COMMUNITY CHURCH P.O. BOX 1073 CONDON, MT 59826	81-0388273	3	10,000.	0.			GENERAL OPERATING
CROSSOVER MISSION 1965 42ND AVE, SUITE 3 VERO BEACH, FL 32960	46-5125222	3	29,090.	0.			GENERAL OPERATING
CRYSTAL LAKE CAMPS 1676 CRYSTAL LAKE ROAD HUGHESVILLE, PA 17737	23-2330917	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DASIE BRIDGEWATER HOPE CENTER PO BOX 701483 WABASSO, FL 32970	02-0633089	3	23,900.	0.			GENERAL OPERATING
DENISON UNIVERSITY 100 W. COLLEGE ST. GRANVILLE, OH 43023	31-4379459	3	5,000.	0.			GENERAL OPERATING
DIOCESE OF PALM BEACH 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33418	59-2438903	3	7,800.	0.			GENERAL OPERATING
DOGS FOR LIFE 1230 16TH AVENUE VERO BEACH, FL 32960	31-1800397	3	48,800.	0.			GENERAL OPERATING
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY - P.O. BOX 7046 - VERO BEACH, FL 32961	59-3118402	3	20,174.	0.			EDUCATION
ENVIRONMENTAL LEARNING CENTER 255 LIVE OAK DRIVE VERO BEACH, FL 32963	65-0064129	3	19,550.	0.			GENERAL OPERATING
EXCEL ACADEMY EAST BOSTON 58 MOORE STREET EAST BOSTON, MA 02128	27-4272913	3	10,000.	0.			GENERAL OPERATING
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	3	515,363.	0.			GENERAL OPERATING
FIRST UNITED METHODIST CHURCH 1750 20TH STREET VERO BEACH, FL 32960	59-0799905	3	21,888.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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FOUNDATION FIGHTING BLINDNESS INC. P.O. BOX 17279 BALTIMORE, MD 21298	23-7135845	3	200,000.	0.			GENERAL OPERATING
FRIEND-IN-DEED 1 COPLEY PLAZA SPRINGFIELD, IL 62701	23-7049600	3	20,000.	0.			GENERAL OPERATING
GIFFORD FLORIDA YOUTH ORCHESTRA P.O. BOX 69116 VERO BEACH, FL 32969	80-0605983	3	13,000.	0.			GENERAL OPERATING
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVENUE VERO BEACH, FL 32967	43-1950911	3	551,350.	0.			GENERAL OPERATING
GIRLS ON THE RUN OF THE TREASURE COAST - P.O. BOX 114 - VERO BEACH, FL 32961	45-2563350	3	8,000.	0.			GENERAL OPERATING
GRACE FARMS FOUNDATION P.O. BOX 876 NEW CANAAN, CT 06840	27-1401401	3	5,000.	0.			GENERAL OPERATING
GRAND HARBOR COMMUNITY OUTREACH PROGRAM - P.O. BOX 644017 - VERO BEACH, FL 32967	51-0418002	3	7,500.	0.			GENERAL OPERATING
GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION - 223 LAKE AVE SUITE B - TRAVERSE CITY, MI 49684	38-3056434	3	135,000.	0.			GENERAL OPERATING
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	3	24,550.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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GROTON SCHOOL 282 FARMERS ROW GROTON, MA 01450	04-2104265	3	10,000.	0.			GENERAL OPERATING
GUSTAVUS ADOLPHUS COLLEGE 800 W. COLLEGE ST.PETER, MN 56082	41-0695524	3	12,000.	0.			EDUCATION
HAILEY ICE PARK P.O. BOX 4616 HAILEY, ID 83333	82-0518345	3	10,000.	0.			GENERAL OPERATING
HAITI CLINIC 865 37TH PLACE VERO BEACH, FL 32960	26-1960750	3	5,250.	0.			GENERAL OPERATING
HARRISVILLE CHILDRENS CENTER P.O. BOX 128 HARRISVILLE, NH 03450	23-7399517	3	10,000.	0.			GENERAL OPERATING
HIBISCUS CHILDREN'S CENTER 1145 12TH STREET VERO BEACH, FL 32960	59-2632361	3	18,400.	0.			CHILDREN
HOPE FOR FAMILIES CENTER 715 4TH STREET VERO BEACH, FL 32962	59-3129752	3	130,268.	0.			HOMELESS
HUMANE SOCIETY OF VERO BEACH, FL P.O. BOX 644 VERO BEACH, FL 32961	59-0863199	3	24,142.	0.			GENERAL OPERATING
I AM MINISTRIES - THE SOURCE P.O. BOX 2458 VERO BEACH, FL 32961-2458	59-3354241	3	28,400.	0.			HOMELESS

Schedule I (Form 990)

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

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IMPACT 100 OF INDIAN RIVER COUNTY P.O. BOX 643425 VERO BEACH, FL 32964	83-1598994	3	768,984.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY HABITAT FOR HUMANITY - 4568 N. US 1 - VERO BEACH, FL 32967	65-0230079	3	62,750.	0.			GENERAL OPERATING
INDIAN RIVER COUNTY HEALTHY START COALITION - 1555 INDIAN RIVER BLVD. - VERO BEACH, FL 32960	65-0363222	3	53,140.	0.			GENERAL OPERATING
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINTE STE 301 VERO BEACH, FL 32960	65-0059649	3	1,170,550.	0.			ENVIRONMENT
INDIAN RIVER MEDICAL CENTER FOUNDATION - 1000 37TH PLACE, SUITE 101 - VERO BEACH, FL 32960	59-0760215	3	337,000.	0.			HEALTHCARE
INDIAN RIVER STATE COLLEGE FOUNDATION, INC. - 3209 VIRGINIA AVE - FORT PIERCE, FL 34981	59-1105591	3	109,000.	0.			GENERAL OPERATING
ISLAMORADA COMMUNITY ENTERTAINMENT P.O. BOX 562 ISLAMORADA, FL 33036	59-3814758	3	5,000.	0.			GENERAL OPERATING
ISLAND SCHOOL 3-1875 KAUMUALII HIGHWAY LIHUE, HI 96766		3	6,000.	0.			GENERAL OPERATING
JACOBS INSTITUTE 875 ELLICOTT STREET, 5TH FLOOR BUFFALO, NY 14203	26-3085485	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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JOHN'S ISLAND COMMUNITY SERVICE LEAGUE - 660 BEACHLAND BLVD. - VERO BEACH, FL 32963	59-1978180	3	31,950.	0.			GRANT PROGRAM
JOHN'S ISLAND FOUNDATION P.O. BOX 8323 INDIAN RIVER SHORES, FL 32963	65-0916419	3	51,750.	0.			GRANT PROGRAM
KENMORE WEST ALUMNI FOUNDATION 33 HIGHLAND PKWY BUFFALO, NY 14223	16-1494693	3	5,000.	0.			GENERAL OPERATING
LA POINTE COMMUNITY CLINIC P.O. BOX 86 LA POINTE, WI 54850	20-4888963	3	5,000.	0.			GENERAL OPERATING
LAKE TOXAWAY CHARITIES P.O. BOX 163 LAKE TOXAWAY, NC 28747	56-1882460	3	10,000.	0.			GENERAL OPERATING
LANDFALL FOUNDATION 1924 PEMBROKE JONES DRIVE WILMINGTON, NC 28405	56-1939554	3	35,000.	0.			GENERAL OPERATING
LAURA RIDING JACKSON FOUNDATION P.O. BOX 643786 VERO BEACH, FL 32964	59-3160354	3	78,640.	0.			GENERAL OPERATING
LITERACY SERVICES OF INDIAN RIVER COUNTY - 1600 21ST STREET - VERO BEACH, FL 32960	59-1987210	3	14,640.	0.			GENERAL OPERATING
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	04-1564655	3	300,000.	0.			GENERAL OPERATING

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MAYO CLINIC 201 W. CENTER ST ROCHESTER, MN 55902	41-6011702	3	15,000.	0.			GENERAL OPERATING
MCCALLIE SCHOOL 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	3	115,000.	0.			GENERAL OPERATING
MCKEE BOTANICAL GARDEN 350 U.S. HIGHWAY 1 VERO BEACH, FL 32962	65-1189895	3	167,300.	0.			ENVIRONMENT
MENTAL HEALTH ASSOCIATION OF INDIAN RIVER COUNTY - 820 37TH PLACE - VERO BEACH, FL 32960	59-1693337	3	74,790.	0.			HEALTHCARE
MENTAL HEALTH COLLABORATIVE OF IRC 2345 14TH AVENUE SUITE 5 VERO BEACH, FL 32960	81-3960111	3	6,454.	0.			GENERAL OPERATING
MERIT SCHOOL OF MUSIC 38 S. PEORIA ST. CHICAGO, IL 60607	36-3028768	3	10,000.	0.			GENERAL OPERATING
MONROE ASSOCIATION FOR RETARDED CITIZENS - 90001 OLD HIGHWAY - TAVERNIER, FL 33070	59-1031546	3	5,000.	0.			GENERAL OPERATING
MONROE COUNTY EDUCATION FOUNDATION 241 TRUMBO ROAD KEY WEST, FL 33040	65-0551178	3	5,000.	0.			GENERAL OPERATING
MONTAIN HUMANE P.O. BOX 1496 HAILEY, ID 83333	82-0351171	3	5,000.	0.			GENERAL OPERATING

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MY VISION FOR REFUGEES INC. 217 ROSEMAN WAY WOODSTOCK, GA 30188	47-4140533	3	35,000.	0.			GENERAL OPERATING
NANTUCKET CONSERVATION FOUNDATION PO BOX 13 NANTUCKET, MA 02554	04-2373794	3	10,000.	0.			GENERAL OPERATING
NATIONAL AUDUBON SOCIETY, INC 2 THIRD STREET, SUITE 480 TROY, NY 12180	13-1624102	3	11,000.	0.			GENERAL OPERATING
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, STE 100 ARLINGTON, VA 22203	53-0242652	3	7,560.	0.			GENERAL OPERATING
NORTH SHORE COUNTY DAY SCHOOL 310 GREEN BAY ROAD WINNETKA, IL 60093		3	13,000.	0.			GENERAL OPERATING
OCEAN REED RESEARCH AND CONSERVATION ASSOCIATION - 1420 SEAWAY DRIVE - FORT PIERCE, FL 34949	20-0901011	3	13,640.	0.			GENERAL OPERATING
OCEAN REEF CULTURAL CENTER 200 ANCHOR DRIVE KEY LARGO, FL 33037	65-0843801	3	5,000.	0.			GENERAL OPERATING
OCEAN REEF MEDICAL CENTER FOUNDATION - 50 BARRACUDA LANE - KEY LARGO, FL 33037	65-0443146	3	15,000.	0.			GENERAL OPERATING
ONE EAST SIXTIETH STREET HISTORICAL FOUNDATION - 1 E 60TH STREET - PORT SAINT LUCIE, FL 34986	13-3215997	3	5,800.	0.			GENERAL OPERATING

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PARKLAND COLLEGE FOUNDATION 2400 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7025130	3	5,000.	0.			GENERAL OPERATING
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE FRANKFORT, MI 49635	38-1415623	3	10,000.	0.			GENERAL OPERATING
PELICAN ISLAND AUDUBON SOCIETY P.O. BOX 1833 VERO BEACH, FL 32961	59-6197617	3	55,178.	0.			GENERAL OPERATING
PROTECTION OF RIGHTS ALLIANCE FOUNDATION - P.O. BOX 28 - HARBOR SPRINGS, MI 49740	81-4270395	3	5,000.	0.			GENERAL OPERATING
QUAIL VALLEY CHARITIES 2345 HIGHWAY A1A VERO BEACH, FL 32963	47-0866975	3	46,900.	0.			GENERAL OPERATING
RIVERSIDE MILITARY ACADEMY FOUNDATION - 2001 RIVERSIDE DRIVE - GAINESVILLE, GA 30501	46-4243684	3	52,000.	0.			GENERAL OPERATING
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1764305	3	214,037.	0.			ART & CULTURE
ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DR ROCHESTER, NY 14692	16-0743140	3	5,500.	0.			GENERAL OPERATING
ROSWELL PARK ALLIANCE FOUNDATION 109 WASHINGTON STREET BUFFALO, NY 14203	16-1391608	3	5,000.	0.			GENERAL OPERATING

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RYE PRESBYTERIAN CHURCH 882 BOSTON POST ROAD RYE, NY 10580		3	5,000.	0.			GENERAL OPERATING
SACRED HEART SCHOOL 1095 GAGE STREET NORTHFIELD, IL 60093		3	7,000.	0.			GENERAL OPERATING
SAFE P.O. BOX 2013 BREVARD, NC 28712	58-1640904	3	37,000.	0.			GENERAL OPERATING
SAFESPACE 612 SE DIXIE HIGHWAY STUART, FL 34994	59-1983994	3	6,000.	0.			GENERAL OPERATING
SAINT EDWARD'S SCHOOL 1895 ST. EDWARD'S DRIVE VERO BEACH, FL 32963	59-1059214	3	69,500.	0.			EDUCATION
SALVATION ARMY OF BUFFALO 960 MAIN STREET BUFFALO, NY 14202	13-3485289	3	5,000.	0.			GENERAL OPERATING
SALVATION ARMY OF IRC P.O. BOX 2864 VERO BEACH, FL 32961	22-2406433	3	8,000.	0.			HUMAN SERVICES
SANTA AMERICA 308 BELROSE AVENUE SUITE 200E DAPHNE, AL 36526	20-1943073	3	10,000.	0.			GENERAL OPERATING
SCHOLARSHIP FOUNDATION OF INDIAN RIVER - P.O. BOX 1820 - VERO BEACH, FL 32961	04-2296967	3	74,378.	0.			SCHOLARSHIP PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, FL 32960	59-1539957	3	61,700.	0.			HUMAN SERVICES
SISTERS OF ST. FRANCIS OF THE NEUMANN COMMUNITIES - 201 REIST STREET - WILLIAMSVILLE, NY 14221	53-0196617	3	5,000.	0.			GENERAL OPERATING
SKIDMORE COLLEGE 815 N BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562	3	10,000.	0.			GENERAL OPERATING
SOUL RYEDER 1091 BOSTON POST ROAD RYE, NY 10580	47-3803900	3	5,000.	0.			GENERAL OPERATING
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	3	5,000.	0.			GENERAL OPERATING
SPECIAL EQUESTRIANS OF THE TREASURE COAST - PO BOX 651312 - VERO BEACH, FL 32965	59-3148178	3	10,000.	0.			GENERAL OPERATING
ST. FRANCIS MANOR OF VERO BEACH FLORIDA - 1750 20TH AVENUE - VERO BEACH, FL 32960	23-7350059	3	46,500.	0.			GENERAL OPERATING
ST. HELEN CATHOLIC CHURCH 2000 20TH STREET VERO BEACH, FL 32960	53-0196617	3	10,000.	0.			GENERAL OPERATING
ST. JOHN'S UNITED CHURCH OF CHRIST P.O. BOX 14 LA POINTE, WI 54850	39-1419659	3	17,200.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARTIN DE PORRES HOUSE OF HOPE 6423 S WOODLAWN AVENUE CHICAGO, IL 60637	36-3332673	3	20,000.	0.			GENERAL OPERATING
ST. THOMAS UNIVERSITY 16401 NW 37TH AVENUE MIAMI GARDENS, FL 33054	59-0949880	3	50,000.	0.			GENERAL OPERATING
SUNSHINE REHABILITATION CENTER OF INDIAN RIVER COUNTY - 1705 17TH AVENUE - VERO BEACH, FL 32960	59-0806983	3	37,500.	0.			GENERAL OPERATING
T-1 TODAY 8216 PRINCETON GLENDALE RD PMB 200 WEST CHESTER, OH 45069	46-3704802	3	25,000.	0.			GENERAL OPERATING
TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 06795	06-0646921	3	5,750.	0.			GENERAL OPERATING
TEMPLE BETH SHALOM OF VERO BEACH P.O. BOX 2113 VERO BEACH, FL 32961	59-1923761	3	5,500.	0.			GENERAL OPERATING
TENTH CHURCH OF CHRIST SCIENTIST 171 MCDOUGAL STREET NEW YORK, NY 10011	04-2254742	3	6,880.	0.			GENERAL OPERATING
THE HAITIAN PROJECT P.O. BOX 6891 PROVIDENCE, RI 02940	22-2700013	3	10,000.	0.			GENERAL OPERATING
THE JERUSALEM FOUNDATION 420 LEXINGTON AVENUE, SUITE 1645 NEW YORK, NY 10170	13-2563745	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEARNING ALLIANCE P.O. BOX 63446 VERO BEACH, FL 32964	27-0725986	3	110,494.	0.			EDUCATION
THE PROTESTANT CONGREGATION OF OCEAN REEF INC - 31 OCEAN REEF DRIVE, C 101-248 - KEY LARGO, FL 33037	65-1002109	3	10,000.	0.			GENERAL OPERATING
THE VILLAGE GREEN OF CASHIERS P.O. BOX 2201 CASHIERS, NC 28717	90-0947131	3	8,500.	0.			GENERAL OPERATING
TIMELINE THEATRE COMPANY 615 W. WELLINGTON AVENUE CHICAGO, IL 60657	36-4197407	3	6,000.	0.			GENERAL OPERATING
TOWN OF LA POINTE P.O. BOX 270 LA POINTE, WI 54850		3	60,000.	0.			GENERAL OPERATING
TRANSYLVANIA REGIONAL HOSPITAL FOUNDATION - 153 W JORDAN STREET - BREVARD, NC 28712	56-1458024	3	20,000.	0.			GENERAL OPERATING
TRINITY EPISCOPAL CHURCH 2365 PINE AVENUE VERO BEACH, FL 32960		3	25,550.	0.			GENERAL OPERATING
TRUSTEES FOR HARVARD UNIVERSTIY 124 MOUNT AUBURN ST. CAMBRIDGE, MA 02138	53-0199180	3	12,000.	0.			GENERAL OPERATING
UDT-SEAL MUSEUM ASSOCIATION 3300 NORTH STATE ROAD A1A FORT PIERCE, FL 34949	59-2569073	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITE THE WORLD WITH AFRICA FOUNDATION INC - 49 WHITNEY STREET - WESTPORT, CT 06880	47-2329890	3	10,000.	0.			GENERAL OPERATING
UNITED AGAINST POVERTY 2050 40TH AVENUE, SUITE 9 VERO BEACH, FL 32960	11-3697936	3	119,000.	0.			GENERAL OPERATING
UNITED WAY OF BUFFALO AND ERIE COUNTY - 742 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743969	3	5,000.	0.			GENERAL OPERATING
UNITED WAY OF INDIAN RIVER COUNTY P.O. BOX 1960 VERO BEACH, FL 32961	59-1087090	3	210,824.	0.			GENERAL OPERATING
UNIVERSITY OF BUFFALO FOUNDATION PO BOX 900 BUFFALO, NY 14226	16-0865182	3	50,000.	0.			GENERAL OPERATING
UNIVERSITY OF FLORIDA FOUNDATION P.O. BOX 14425 GAINESVILLE, FL 32604-0696	59-0974739	3	75,700.	0.			EDUCATION
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN STREET URBANA, IL 61801	37-6006007	3	5,000.	0.			GENERAL OPERATING
UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	3	24,500.	0.			GENERAL OPERATING
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	53-0196617	3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERO BEACH CRISIS PREGNANCY CENTER 1503 24TH STREET VERO BEACH, FL 32960	59-2344840	3	15,000.	0.			GENERAL OPERATING
VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	59-1867408	3	142,850.	0.			ART & CULTURE
VERO BEACH ORCHESTRA BOOSTERS 1707 16TH STREET VERO BEACH, FL 32960	54-2100401	3	5,500.	0.			GENERAL OPERATING
VERO BEACH ROWING, INC. PO BOX 643063 VERO BEACH, FL 32964	26-2765309	3	304,146.	0.			GENERAL OPERATING
VETERANS COUNCIL OF INDIAN RIVER P.O. BOX 1354 VERO BEACH, FL 32961	59-2970832	3	55,000.	0.			GENERAL OPERATING
VIRGINIA OUTDOORS FOUNDATION 39 GARRETT STREET, SUITE 200 WARRENTON, VA 20186	54-1038487	3	5,000.	0.			GENERAL OPERATING
VISION HOUSE P.O. BOX 2951 RENTON, WA 98056	91-1493474	3	5,000.	0.			GENERAL OPERATING
VNA AND HOSPICE FOUNDATION 1110 35TH LANE VERO BEACH, FL 32960	59-2804739	3	57,070.	0.			HEALTHCARE
VOICE FOR FLORIDA KEYS CHILDREN P.O. BOX 845 ISLAMORADA, FL 33036	65-0305892	3	5,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR CHILDREN OF OKEECHOBEE AND THE TREASURE COAST - 584 NW UNIVERSITY BLVD SUITE 600 - PORT SAINT LUCIE, FL 34986	46-2988354	3	5,000.	0.			GENERAL OPERATING
WESTMINSTER PRESBYTERIAN CHURCH AND SOCIETY - 724 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743224	3	7,000.	0.			GENERAL OPERATING
WESTOVER SCHOOL P.O. BOX 847 MIDDLEBURY, CT 06762	06-0646961	3	51,000.	0.			GENERAL OPERATING
WILCOX HOSPITAL FOUNDATION 3-3420 KUHIO HWY LIHUE, HI 96766	99-0204242	3	10,500.	0.			GENERAL OPERATING
WILD SALMON CENTER 721 NW NINTH AVENUE SUITE 300 PORTLAND, OR 97209	94-3166095	3	200,000.	0.			GENERAL OPERATING
WILLIAM AND MARY ATHLETIC EDUCATION FOUNDATION - P.O. BOX 399 - WILLIAMSBURG, VA 23187	54-6056480	3	10,000.	0.			GENERAL OPERATING
WOMEN'S CARE CENTER OF IRC 1986 31ST AVE STE 100 VERO BEACH, FL 32960	46-0692758	3	8,500.	0.			GENERAL OPERATING
YOUTH GUIDANCE MENTORING ACADEMY 1028 20TH PLACE VERO BEACH, FL 32960	65-0017325	3	12,750.	0.			GENERAL OPERATING
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - P.O. BOX 612 - VERO BEACH, FL 32961	27-0952942	3	7,890.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

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

2018

Open to Public
Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

COPY

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	25,733,771.	PUBLIC STOCK EXCHANG
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2018

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

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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

DONOR-DRIVEN PHILANTHROPY.

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

DISCRETIONARY GRANTMAKING TO FIND, FUND AND FOLLOW CHARITABLE

ORGANIZATIONS, PROGRAMS AND PROJECTS THAT MAKE OUR COMMUNITY BETTER; 13

OF WHICH WERE AWARDED COMPETITIVE GRANTS IN THE AREAS OF ANIMALS,

EDUCATION, ENVIRONMENT, HISTORIC PRESERVATION AND VULNERABLE

INDIVIDUALS AND FAMILIES IN THE FISCAL YEAR ENDING JUNE 30, 2019.

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 BOARD MEMBER COMPLETES AND SIGNS AN ANNUAL DISCLOSURE. 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.

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

THE EXECUTIVE COMPENSATION COMMITTEE SHALL CONSIST OF THE MEMBERS OF THE
EXECUTIVE COMMITTEE EXCEPT FOR THE PRESIDENT OF THE CORPORATION, AND THE
MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE SHALL DESIGNATE ONE OF SUCH
COMMITTEE MEMBERS AS CHAIR. THE EXECUTIVE COMPENSATION COMMITTEE SHALL

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

INDIAN RIVER COMMUNITY FOUNDATION, INC.

Employer identification number

20-1729243

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

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

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

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

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

PART X - NET ASSETS OR FUND BALANCE

AS OF JULY 1, 2018, THE FOUNDATION ADOPTED ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2016-14, NOT-FOR-PROFIT ENTITIES (TOPIC 958): PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES AND APPLIED THE PROVISIONS OF THE STANDARD RETROSPECTIVELY TO THE EARLIEST PERIOD PRESENTED. THIS ASU REDUCES THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO: UNRESTRICTED NET ASSETS AND RESTRICTED NET ASSETS.