

OFFUTT BARTON SCHLITT, LLC
570 BEACHLAND BLVD.
VERO BEACH, FL 32963

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.
1555 INDIAN RIVER BLVD B241
VERO BEACH, FL 32960



570 Beachland Blvd.
Vero Beach, FL 32963



Offutt Barton Schlitt^{LLC}
CERTIFIED PUBLIC ACCOUNTANTS
A History of Professional Commitment

P: (772) 231-2100
F: (772) 234-4333

CLIENT: 9034
January 27, 2022

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.
1555 INDIAN RIVER BLVD B241
VERO BEACH, FL 32960

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2020
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE O, SUPPLEMENTAL INFORMATION
SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS
FORM 4562, DEPRECIATION AND AMORTIZATION
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
CURRENT YEAR DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT

TAX PREPARATION FEE \$ 1500.00

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
34	DELL DESKTOP COMPUTER	149.	151.	-2.
35	DELL DESKTOP COMPUTER	149.	151.	-2.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	09/10/93	SL	10.00		16	450.				450.	450.		0.	450.
2	CONFERENCE TABLE	05/06/94	SL	10.00		16	160.				160.	160.		0.	160.
3	OFFICE CHAIRS	01/09/95	SL	10.00		16	398.				398.	398.		0.	398.
4	METAL STORAGE CABINET	08/15/95	SL	10.00		16	100.				100.	100.		0.	100.
5	STORAGE CABINET	02/15/00	SL	5.00		16	329.				329.	329.		0.	329.
6	CREDIT CARD MACHINE	06/17/02	SL	5.00		16	500.				500.	500.		0.	500.
7	DELL OPTIPLEX	04/13/12	200DB	5.00	HY	17	799.				799.	399.		0.	399.
8	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	749.		0.	749.
9	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	749.		0.	749.
10	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	749.		0.	749.
11	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	749.		0.	749.
12	BIZHUB C454E COLOR PRINTER	06/24/15	SL	5.00		16	11,800.				11,800.	11,800.		0.	11,800.
13	SHEVLING - PAT	07/02/15	SL	7.00		16	554.				554.	395.		79.	474.
14	HEARING EQUIPMENT - PAT	07/13/15	SL	5.00		16	4,519.				4,519.	4,519.		0.	4,519.
15	MICRO-SILLA (1 OF 2 COMP)	08/07/15	SL	5.00		16	729.				729.	718.		11.	729.
16	MICRO-SILLA (2 OF 2 COMP)	08/07/15	SL	5.00		16	729.				729.	718.		11.	729.
17	COMPUTER	10/01/15	SL	5.00		16	1,758.				1,758.	1,672.		86.	1,758.
18	DESKS - PAT	11/02/15	SL	7.00		16	1,530.				1,530.	1,022.		219.	1,241.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	DESKS - CC	11/02/15	SL	7.00		16	1,020.				1,020.	681.		146.	827.
20	ED COMPUTER	11/27/15	SL	5.00		16	1,399.				1,399.	1,283.		116.	1,399.
21	FURNITURE SUITE O	01/28/16	SL	7.00		16	1,238.				1,238.	782.		177.	959.
22	FRONT OFFICE DESK	05/05/16	SL	7.00		16	2,380.				2,380.	1,417.		340.	1,757.
23	COMPUTER	05/16/16	SL	5.00		16	1,758.				1,758.	1,437.		321.	1,758.
24	KRISTEN COMPUTER	05/16/16	SL	5.00		16	938.				938.	768.		170.	938.
25	PROJECTOR	06/09/16	SL	5.00		16	700.				700.	572.		128.	700.
26	CARE COORDINATION PAINTING	11/04/15	SL	7.00		16	600.				600.	401.		86.	487.
27	NEW FLOORING	06/26/17	SL	39.00	MM	16	10,220.				10,220.	786.		262.	1,048.
28	NEW OFFICE FURNITURE	06/28/17	SL	7.00		16	1,500.				1,500.	642.		214.	856.
29	DELL LATITUDE 14 LAPTOP #1	09/01/16	SL	5.00		16	424.				424.	326.		85.	411.
30	DELL LATITUDE 14 LAPTOP #2	09/01/16	SL	5.00		16	424.				424.	326.		85.	411.
31	DELL LATITUDE 14 LAPTOP #3	09/01/16	SL	5.00		16	424.				424.	326.		85.	411.
32	DELL LATITUDE 14 LAPTOP #4	09/01/16	SL	5.00		16	424.				424.	326.		85.	411.
33	HP DESKTOP COMPUTER	07/01/16	SL	5.00		16	580.				580.	464.		116.	580.
34	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	747.				747.	596.		151.	747.
35	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	747.				747.	596.		151.	747.
36	BUSH BUSINESS FURN-WORKSTATION	07/01/16	SL	7.00		16	1,147.				1,147.	656.		164.	820.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BUSH BUSINESS FURN-WORKSTATION	07/01/16	SL	7.00		16	1,147.				1,147.	656.		164.	820.
38	DELL OPTIPLEX COMPUTER	07/01/16	SL	5.00		16	850.				850.	680.		170.	850.
39	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	850.				850.	680.		170.	850.
40	BUILDING SIGN	09/27/17	SL	40.00		16	1,975.				1,975.	135.		49.	184.
41	COMM. ROOM FURNITURE	12/13/17	SL	10.00		16	2,414.				2,414.	623.		241.	864.
42	B241 OFFICE REPAIRS	07/19/17	SL	40.00		16	4,755.				4,755.	347.		119.	466.
43	AC	07/19/17	SL	40.00		16	1,585.				1,585.	116.		40.	156.
44	65" FLAT SCREEN TV	08/06/18	SL	5.00		16	780.				780.	299.		156.	455.
45	LEASEHOLD IMPROVEMENTS	08/01/18	SL	39.00	MM	16	65,265.				65,265.	3,137.		1,673.	4,810.
46	LEASEHOLD IMPROVEMENTS	10/31/18	SL	39.00	MM	16	7,600.				7,600.	325.		195.	520.
47	NEW FLOORING	12/21/18	SL	39.00	MM	16	4,783.				4,783.	184.		123.	307.
48	NEW COMPUTERS	06/28/19	SL	5.00		16	8,193.				8,193.	1,639.		1,639.	3,278.
49	IPADS (4)	06/28/19	SL	5.00		16	3,712.				3,712.	742.		742.	1,484.
50	SURFACE LAPTOPS (2)	06/28/19	SL	5.00		16	2,336.				2,336.	467.		467.	934.
51	SURFACE BOOKS (3)	06/28/19	SL	5.00		16	5,124.				5,124.	1,025.		1,025.	2,050.
52	LEASEHOLD IMPROVEMENTS	09/26/19	SL	39.00	MM	16	7,250.				7,250.	139.		186.	325.
53	LEASEHOLD IMPROVEMENTS	12/28/20	SL	39.00		16	12,014.				12,014.			154.	154.
54	LOAN ORGINIATION FEES	07/23/20	SL	15.00		16	11,356.				11,356.			694.	694.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990 PAGE 10 DEPR						196,010.				196,010.	49,755.		11,295.	61,050.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						172,640.			0.	172,640.	49,755.			60,202.
	ACQUISITIONS						23,370.			0.	23,370.	0.			848.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						196,010.			0.	196,010.	49,755.			61,050.
	ENDING ACCUM DEPR											61,050.			
	ENDING BOOK VALUE											134,960.			

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE	091093	SL	10.00	16	450.			450.	450.		0.
2	CONFERENCE TABLE	050694	SL	10.00	16	160.			160.	160.		0.
3	OFFICE CHAIRS	010995	SL	10.00	16	398.			398.	398.		0.
4	METAL STORAGE CABINET	081595	SL	10.00	16	100.			100.	100.		0.
5	STORAGE CABINET	021500	SL	5.00	16	329.			329.	329.		0.
6	CREDIT CARD MACHINE	061702	SL	5.00	16	500.			500.	500.		0.
7	DELL OPTIPLEX	041312	200DB	5.00	17	799.			799.	399.		0.
8	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	749.		0.
9	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	749.		0.
10	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	749.		0.
11	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	749.		0.
12	BIZHUB C454E COLOR PRINTER	062415	SL	5.00	16	11,800.			11,800.	11,800.		0.
13	SHEVLING - PAT HEARING EQUIPMENT -	070215	SL	7.00	16	554.			554.	395.		79.
14	PAT	071315	SL	5.00	16	4,519.			4,519.	4,519.		0.
15	MICRO-SILLA (1 OF 2 COMP)	080715	SL	5.00	16	729.			729.	718.		11.
16	MICRO-SILLA (2 OF 2 COMP)	080715	SL	5.00	16	729.			729.	718.		11.
17	COMPUTER	100115	SL	5.00	16	1,758.			1,758.	1,672.		86.
18	DESKS - PAT	110215	SL	7.00	16	1,530.			1,530.	1,022.		219.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	DESKS - CC	110215	SL	7.00	16	1,020.			1,020.	681.		146.
20	ED COMPUTER	112715	SL	5.00	16	1,399.			1,399.	1,283.		116.
21	FURNITURE SUITE O	012816	SL	7.00	16	1,238.			1,238.	782.		177.
22	FRONT OFFICE DESK	050516	SL	7.00	16	2,380.			2,380.	1,417.		340.
23	COMPUTER	051616	SL	5.00	16	1,758.			1,758.	1,437.		321.
24	KRISTEN COMPUTER	051616	SL	5.00	16	938.			938.	768.		170.
25	PROJECTOR	060916	SL	5.00	16	700.			700.	572.		128.
26	CARE COORDINATION PAINTING	110415	SL	7.00	16	600.			600.	401.		86.
27	NEW FLOORING	062617	SL	39.00	16	10,220.			10,220.	786.		262.
28	NEW OFFICE FURNITURE	062817	SL	7.00	16	1,500.			1,500.	642.		214.
29	DELL LATITUDE 14 LAPTOP #1	090116	SL	5.00	16	424.			424.	326.		85.
30	DELL LATITUDE 14 LAPTOP #2	090116	SL	5.00	16	424.			424.	326.		85.
31	DELL LATITUDE 14 LAPTOP #3	090116	SL	5.00	16	424.			424.	326.		85.
32	DELL LATITUDE 14 LAPTOP #4	090116	SL	5.00	16	424.			424.	326.		85.
33	HP DESKTOP COMPUTER	070116	SL	5.00	16	580.			580.	464.		116.
34	DELL DESKTOP COMPUTER	070116	SL	5.00	16	747.			747.	596.		151.
35	DELL DESKTOP COMPUTER	070116	SL	5.00	16	747.			747.	596.		151.
36	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	16	1,147.			1,147.	656.		164.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	16	1,147.			1,147.	656.		164.
38	DELL OPTIPLEX COMPUTER	070116	SL	5.00	16	850.			850.	680.		170.
39	DELL DESKTOP COMPUTER	070116	SL	5.00	16	850.			850.	680.		170.
40	BUILDING SIGN COMM. ROOM	092717	SL	40.00	16	1,975.			1,975.	135.		49.
41	FURNITURE	121317	SL	10.00	16	2,414.			2,414.	623.		241.
42	B241 OFFICE REPAIRS	071917	SL	40.00	16	4,755.			4,755.	347.		119.
43	AC	071917	SL	40.00	16	1,585.			1,585.	116.		40.
44	65" FLAT SCREEN TV	080618	SL	5.00	16	780.			780.	299.		156.
45	LEASEHOLD IMPROVEMENTS	080118	SL	39.00	16	65,265.			65,265.	3,137.		1,673.
46	LEASEHOLD IMPROVEMENTS	103118	SL	39.00	16	7,600.			7,600.	325.		195.
47	NEW FLOORING	122118	SL	39.00	16	4,783.			4,783.	184.		123.
48	NEW COMPUTERS	062819	SL	5.00	16	8,193.			8,193.	1,639.		1,639.
49	IPADS (4)	062819	SL	5.00	16	3,712.			3,712.	742.		742.
50	SURFACE LAPTOPS (2)	062819	SL	5.00	16	2,336.			2,336.	467.		467.
51	SURFACE BOOKS (3)	062819	SL	5.00	16	5,124.			5,124.	1,025.		1,025.
52	LEASEHOLD IMPROVEMENTS	092619	SL	39.00	16	7,250.			7,250.	139.		186.
53	LEASEHOLD IMPROVEMENTS	122820	SL	39.00	16	12,014.			12,014.			154.
54	LOAN ORGINIATION FEES	072320	SL	15.00	16	11,356.			11,356.			694.

2020 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START
 COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 10 DEPR					196,010.		0.	196,010.	49,755.		11,295.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					172,640.		0.	172,640.	49,755.		
	ACQUISITIONS					23,370.		0.	23,370.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					196,010.		0.	196,010.	49,755.		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	FURNITURE	091093	SL	10.00	450.		450.	450.	0.
2	CONFERENCE TABLE	050694	SL	10.00	160.		160.	160.	0.
3	OFFICE CHAIRS	010995	SL	10.00	398.		398.	398.	0.
4	METAL STORAGE CABINET	081595	SL	10.00	100.		100.	100.	0.
5	STORAGE CABINET	021500	SL	5.00	329.		329.	329.	0.
6	CREDIT CARD MACHINE	061702	SL	5.00	500.		500.	500.	0.
7	DELL OPTIPLEX	041312200	DB	5.00	799.		799.	399.	0.
8	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
9	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
10	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
11	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
12	BIZHUB C454E COLOR PRINTER	062415	SL	5.00	11,800.		11,800.	11,800.	0.
13	SHEVLING - PAT	070215	SL	7.00	554.		554.	474.	79.
14	HEARING EQUIPMENT - PAT	071315	SL	5.00	4,519.		4,519.	4,519.	0.
15	MICRO-SILLA (1 OF 2 COMP)	080715	SL	5.00	729.		729.	729.	0.
16	MICRO-SILLA (2 OF 2 COMP)	080715	SL	5.00	729.		729.	729.	0.
17	COMPUTER	100115	SL	5.00	1,758.		1,758.	1,758.	0.
18	DESKS - PAT	110215	SL	7.00	1,530.		1,530.	1,241.	219.
19	DESKS - CC	110215	SL	7.00	1,020.		1,020.	827.	146.
20	ED COMPUTER	112715	SL	5.00	1,399.		1,399.	1,399.	0.
21	FURNITURE SUITE O	012816	SL	7.00	1,238.		1,238.	959.	177.
22	FRONT OFFICE DESK	050516	SL	7.00	2,380.		2,380.	1,757.	340.
23	COMPUTER	051616	SL	5.00	1,758.		1,758.	1,758.	0.
24	KRISTEN COMPUTER	051616	SL	5.00	938.		938.	938.	0.
25	PROJECTOR	060916	SL	5.00	700.		700.	700.	0.
26	CARE COORDINATION PAINTING	110415	SL	7.00	600.		600.	487.	86.
27	NEW FLOORING	062617	SL	39.00	10,220.		10,220.	1,048.	262.
28	NEW OFFICE FURNITURE	062817	SL	7.00	1,500.		1,500.	856.	214.
29	DELL LATITUDE 14 LAPTOP #1	090116	SL	5.00	424.		424.	411.	13.
30	DELL LATITUDE 14 LAPTOP #2	090116	SL	5.00	424.		424.	411.	13.
31	DELL LATITUDE 14 LAPTOP #3	090116	SL	5.00	424.		424.	411.	13.
32	DELL LATITUDE 14 LAPTOP #4	090116	SL	5.00	424.		424.	411.	13.
33	HP DESKTOP COMPUTER	070116	SL	5.00	580.		580.	580.	0.
34	DELL DESKTOP COMPUTER	070116	SL	5.00	747.		747.	747.	2.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	DELL DESKTOP COMPUTER	070116	SL	5.00	747.		747.	747.	2.
36	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	1,147.		1,147.	820.	164.
37	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	1,147.		1,147.	820.	164.
38	DELL OPTIPLEX COMPUTER	070116	SL	5.00	850.		850.	850.	0.
39	DELL DESKTOP COMPUTER	070116	SL	5.00	850.		850.	850.	0.
40	BUILDING SIGN	092717	SL	40.00	1,975.		1,975.	184.	49.
41	COMM. ROOM FURNITURE	121317	SL	10.00	2,414.		2,414.	864.	241.
42	B241 OFFICE REPAIRS	071917	SL	40.00	4,755.		4,755.	466.	119.
43	AC	071917	SL	40.00	1,585.		1,585.	156.	40.
44	65" FLAT SCREEN TV	080618	SL	5.00	780.		780.	455.	156.
45	LEASEHOLD IMPROVEMENTS	080118	SL	39.00	65,265.		65,265.	4,810.	1,673.
46	LEASEHOLD IMPROVEMENTS	103118	SL	39.00	7,600.		7,600.	520.	195.
47	NEW FLOORING	122118	SL	39.00	4,783.		4,783.	307.	123.
48	NEW COMPUTERS	062819	SL	5.00	8,193.		8,193.	3,278.	1,639.
49	IPADS (4)	062819	SL	5.00	3,712.		3,712.	1,484.	742.
50	SURFACE LAPTOPS (2)	062819	SL	5.00	2,336.		2,336.	934.	467.
51	SURFACE BOOKS (3)	062819	SL	5.00	5,124.		5,124.	2,050.	1,025.
52	LEASEHOLD IMPROVEMENTS	092619	SL	39.00	7,250.		7,250.	325.	186.
53	LEASEHOLD IMPROVEMENTS	122820	SL	39.00	12,014.		12,014.	154.	308.
54	LOAN ORGINIATION FEES	072320	SL	15.00	11,356.		11,356.	694.	757.
	* TOTAL 990 PAGE 10 DEPR				196,010.		196,010.	61,050.	9,627.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Taxpayer identification number 65-0363222
--	---

Name and title of officer or person subject to tax
**KAREN CAMPBELL
DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,800,978.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize OFFUTT BARTON SCHLITT, LLC to enter my PIN 09034
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Karen Campbell Date 2/8/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65262132963
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 01/27/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Taxpayer identification number (TIN) 65-0363222
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1555 INDIAN RIVER BLVD B241	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VERO BEACH, FL 32960	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANDREA BERRY, CEO

- The books are in the care of ► **1555 INDIAN RIVER BLVD B241 - VERO BEACH, FL 32960**
Telephone No. ► **(772) 563-9118** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year _____ or
 ► tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

EXTENDED TO MAY 16, 2022

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

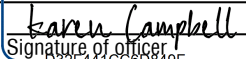
<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1555 INDIAN RIVER BLVD B241</p> <p>City or town, state or province, country, and ZIP or foreign postal code VERO BEACH, FL 32960</p> <p>F Name and address of principal officer: KAREN CAMPBELL 1555 INDIAN RIVER BLVD, SUITE B241, VERO BEA</p>	<p>D Employer identification number 65-0363222</p> <p>E Telephone number (772) 563-9118</p> <p>G Gross receipts \$ 1,800,978.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ WWW.IRCHEALTHYSTART.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1992 M State of legal domicile: FL</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: TO DEVELOP AND SUPPORT A LOCAL SYSTEM OF CARE TO OPTIMIZE THE HEALTH OF MOMS, BABIES AND THEIR</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 7</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7</p> <p>5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 5</p> <p>6 Total number of volunteers (estimate if necessary) 6 150</p> <p>7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.</p> <p>b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.</p>																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,635,602.</td> <td style="text-align: right;">1,451,858.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">837.</td> <td style="text-align: right;">5,813.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">135,516.</td> <td style="text-align: right;">343,307.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,771,955.</td> <td style="text-align: right;">1,800,978.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,635,602.	1,451,858.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	837.	5,813.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,516.	343,307.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,771,955.	1,800,978.						
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">284,623.</td> <td style="text-align: right;">237,781.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,968.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,516,402.</td> <td style="text-align: right;">1,132,815.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,801,025.</td> <td style="text-align: right;">1,370,596.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-29,070.</td> <td style="text-align: right;">430,382.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	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)	284,623.	237,781.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,968.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,516,402.	1,132,815.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,801,025.	1,370,596.	19 Revenue less expenses. Subtract line 18 from line 12	-29,070.	430,382.
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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	<p>Signature of officer: </p> <p>KAREN CAMPBELL, DIRECTOR</p> <p>Type or print name and title</p>	<p>Date: 2/8/2022</p>
Paid Preparer Use Only	<p>Print/Type preparer's name: WILLIAM F. SCHLITT</p> <p>Preparer's signature: _____</p> <p>Date: 01/27/22</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN: P00854938</p> <p>Firm's name: OFFUTT BARTON SCHLITT, LLC</p> <p>Firm's address: 570 BEACHLAND BLVD. VERO BEACH, FL 32963</p> <p>Firm's EIN: 46-1585527</p> <p>Phone no.: (772) 231-2100</p>	

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

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO DEVELOP AND SUPPORT A LOCAL SYSTEM OF CARE TO OPTIMIZE THE HEALTH OF MOMS, BABIES AND THEIR FAMILIES LIVING IN INDIAN RIVER COUNTY.

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

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

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

4a (Code:) (Expenses \$ 305,854. including grants of \$) (Revenue \$) HEALTHY START HEALTH EDUCATION SERVICES ARE PROVIDED TO PREGNANT WOMEN AT RISK OF POOR BIRTH OUTCOMES OR INFANTS AT RISK OF INFANT MORTALITY IN THEIR FIRST YEAR OF LIFE.

4b (Code:) (Expenses \$ 232,492. including grants of \$) (Revenue \$) BABIES AND BEYOND FOCUSES ON TOUCHING EVERY MOM, BABY, AND FAMILY IN INDIAN RIVER COUNTY. THE PROGRAM PROVIDES CHILDBIRTH EDUCATION, LACTATION SUPPORT WITHIN THE HOSPITAL, AND NURSE HOME VISITATION TO POSTPARTUM MOMS AND BABIES.

4c (Code:) (Expenses \$ 170,622. including grants of \$) (Revenue \$) PARENTS AS TEACHERS FOCUSES ON PROVIDING THE INFORMATION, SUPPORT AND ENCOURAGEMENT THAT ALL PARENTS NEED TO HELP THEIR CHILDREN DEVELOP OPTIMALLY DURING THE CRUCIAL EARLY YEARS OF LIFE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 407,941. including grants of \$) (Revenue \$)

4e Total program service expenses 1,116,909.

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Form 990 (2020)

65-0363222 Page 3

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>	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>		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>	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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

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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>		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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ANDREA BERRY, CEO - (772) 563-9118
1555 INDIAN RIVER BLVD B241, VERO BEACH, FL 32960

INDIAN RIVER COUNTY HEALTHY START
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA BERRY CEO	40.00			X			87,591.	0.	0.	
(2) KAREN CAMPBELL PRESIDENT	2.00	X		X			0.	0.	0.	
(3) AUDREY RICHARDS, MD VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) CHARLENE KAPLAN TREASURER	2.00	X		X			0.	0.	0.	
(5) KARAN MOREIN SECRETARY	2.00	X		X			0.	0.	0.	
(6) ALAN TEMPLE DIRECTOR	2.00	X					0.	0.	0.	
(7) ALLEN JONES DIRECTOR	2.00	X					0.	0.	0.	
(8) FRIDA RANDOLFI DIRECTOR	2.00	X					0.	0.	0.	

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: INDIAN RIVER MEDICAL CENTER, CARE COORDINATION, 598,028.

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

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 143,038.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 503,475.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 805,345.				
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		1,451,858.			
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)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a 127,867.			
			(ii) Personal				
				6b 0.			
	c	Rental income or (loss)	6c 127,867.				
	d	Net rental income or (loss)		127,867.	127,867.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a 5,813.			
			(ii) Other				
				7b 0.			
	c	Gain or (loss)	7c 5,813.				
	d	Net gain or (loss)		5,813.	5,813.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a 212,410.			
			8b 0.				
c	Net income or (loss) from fundraising events		212,410.		212,410.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a				
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a				
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	3,030.	3,030.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		3,030.			
12	Total revenue. See instructions		1,800,978.	136,710.	0.	212,410.	

**INDIAN RIVER COUNTY HEALTHY START
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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				
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	87,592.	68,322.	16,642.	2,628.
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	109,912.	85,302.	21,022.	3,588.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	40,277.	28,201.	10,946.	1,130.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	91,090.	31,533.	29,295.	30,262.
12 Advertising and promotion	26,930.		26,225.	705.
13 Office expenses	13,063.	3,845.	8,719.	499.
14 Information technology				
15 Royalties				
16 Occupancy	40,693.	38,817.	1,876.	
17 Travel	3,194.	3,194.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	34,032.		34,032.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,814.	37,183.	5,313.	1,318.
23 Insurance	13,103.	6,693.	6,108.	302.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	740,210.	740,210.		
b SUPPLIES	39,135.	29,569.	2,853.	6,713.
c TRAINING	35,186.	14,175.	20,911.	100.
d TELEPHONE	13,707.	13,707.	0.	0.
e All other expenses	38,658.	16,158.	18,777.	3,723.
25 Total functional expenses. Add lines 1 through 24e	1,370,596.	1,116,909.	202,719.	50,968.
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)

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	521,492.	1	635,451.
	2 Savings and temporary cash investments	655,076.	2	533,446.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	330,241.	4	247,259.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	46,428.	7	42,133.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,590.	9	8,870.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,454,183.		
	b Less: accumulated depreciation	10b 189,865.	1,295,361.	10c 1,264,318.
	11 Investments - publicly traded securities		11	
	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	41,776.	15	56,435.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,905,964.	16	2,787,912.	
Liabilities	17 Accounts payable and accrued expenses	153,028.	17	99,659.
	18 Grants payable		18	
	19 Deferred revenue	208,566.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	886,867.	23	557,876.
	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	25,011.	25	67,503.
	26 Total liabilities. Add lines 17 through 25	1,273,472.	26	725,038.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,510,109.	27	1,932,071.
	28 Net assets with donor restrictions	122,383.	28	130,803.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,632,492.	32	2,062,874.
33 Total liabilities and net assets/fund balances	2,905,964.	33	2,787,912.	

Form 990 (2020)

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,800,978.
2	Total expenses (must equal Part IX, column (A), line 25)	1,370,596.
3	Revenue less expenses. Subtract line 2 from line 1	430,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,632,492.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	2,062,874.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.		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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **INDIAN RIVER COUNTY HEALTHY START COALITION, INC.** Employer identification number **65-0363222**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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).

(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						

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1279781.	1417307.	1535002.	1635602.	1451858.	7319550.
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	1279781.	1417307.	1535002.	1635602.	1451858.	7319550.
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)						
6 Public support. Subtract line 5 from line 4.						7319550.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1279781.	1417307.	1535002.	1635602.	1451858.	7319550.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		68,533.	129,456.	132,479.	127,867.	458,335.
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.)	9,519.	6,183.	2,039.	3,037.	3,030.	23,808.
11 Total support. Add lines 7 through 10						7801693.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.82 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.25 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

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

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

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

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 line 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>		

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2020

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2020 COALITION, INC.

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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.)

Horizontal lines for supplemental information input.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

Employer identification number

65-0363222

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH 4042 BALD CYPRESS WAY TALLAHASSEE, FL 32399	\$ 304,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEALTHY START MOMCARE NETWORK, INC. 1311 N. PAUL RUSSELL ROAD, STE. A204 TALLAHASSEE, FL 32301	\$ 342,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVENUE VERO BEACH, FL 32960	\$ 143,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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

2020

Open to Public Inspection

Name of the organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC. **Employer identification number** 65-0363222

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Schedule D (Form 990) 2020

65-0363222 Page 2

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,127.				
b Contributions		25,000.			
c Net investment earnings, gains, and losses	6,354.	1,127.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	294.				
g End of year balance	32,187.	26,127.			

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,271,941.	129,994.	1,141,947.
c Leasehold improvements		103,252.	7,317.	95,935.
d Equipment		78,990.	52,554.	26,436.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,264,318.

Schedule D (Form 990) 2020

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

Schedule D (Form 990) 2020

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) OTHER LIABILITIES	13,011.
(3) REFUNDABLE ADVANCE	54,492.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	67,503.

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

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Schedule D (Form 990) 2020

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	1,795,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,813.
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	-5,813.
3	Subtract line 2e from line 1	3	1,800,978.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,800,978.

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	1,336,564.
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	1,336,564.
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	
b	Other (Describe in Part XIII.)	4b	34,032.
c	Add lines 4a and 4b	4c	34,032.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,370,596.

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.

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

2020

Open to Public
Inspection

Name of the organization	INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number	65-0363222
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES LIVING IN INDIAN RIVER COUNTY.

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

CLEVELAND CLINIC INDIAN RIVER HOSPITAL AND AT PARTNERS IN WOMAN'S CARE.

IN ADDITION, THE PROGRAM IS PROMOTED AT ALL OB/GYN PRACTICES IN THE

COUNTY. PROGRAM INFORMATION IS ALSO MADE AVAILABLE AT PEDIATRICIAN

OFFICES THROUGHOUT THE COUNTY, AT THE LOCAL HEALTH DEPARTMENT, AND WIC

OFFICES. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY QUAIL

VALLEY CHARITIES (BOOK AND ONESIES), UNITED WAY, CHILDREN'S SERVICES

ADVISORY COUNCIL AND THE INDIAN RIVER COUNTY HOSPITAL DISTRICT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILDREN'S SERVICES ADVISORY COUNCIL, AND GRAND HARBOR COMMUNITY

OUTREACH (BOOK GRANT).

COORDINATED INTAKE AND REFERRAL IS THE GATEWAY TO ALL INDIAN RIVER

COUNTY HEALTHY START COALITION'S PROGRAMS AND SERVICES. THE STATE OF

FLORIDA HAS TASKED THE HEALTHY START COALITIONS WITH ESTABLISHING AND

MAINTAINING A CI&R SYSTEM OF CARE IN EVERY COUNTY THROUGHOUT THE STATE.

IT'S THROUGH CI&R THAT PARTICIPANTS ARE CONTACTED, ASSESSED, PROVIDED

INFORMATION, AND CONNECTED TO HOME VISITING PROGRAMS AND OTHER

COMMUNITY SERVICES. ELIGIBILITY FOR CI&R PROGRAMS BEGINS WHEN A

PREGNANT WOMAN OR AN INFANT/CHILD IS REFERRED TO CI&R BY A HEALTH CARE

PROVIDER, A COMMUNITY SERVICE PROVIDER, OR THROUGH A SELF-REFERRAL.

THE NURSE FAMILY PARTNERSHIP IS AN EMPOWERMENT PROGRAM FOR FIRST-TIME

MOMS. THE PROGRAM HELPS TRANSFORM NEW MOMS LIVES AND CREATE BETTER

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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FUTURES FOR THEMSELVES AND THEIR BABIES. THE PROGRAM WORKS BY HAVING TRAINED REGISTERED NURSES (RN) REGULARLY VISIT YOUNG, FIRST-TIME MOMS-TO-BE, EARLY IN THE FIRST TRIMESTER, AND CONTINUING TO THE CHILD'S SECOND BIRTHDAY. EXPECTANT MOTHERS BENEFIT BY RECEIVING THE CARE AND SUPPORT NEEDED TO HAVE A HEALTHY PREGNANCY. PROGRAM COMPLETION CONSTITUTES THREE YEARS OF ACTIVE PARTICIPATION IN THE NFP PROGRAM. THE PROGRAM PARTICIPANT WILL VOLUNTARILY ACCEPT SERVICES FROM THE RN DURING THE PRENATAL PERIOD AND TWO YEARS AFTER, UNTIL THE CHILD IS TWO YEARS OLD. NURSE FAMILY PARTNERSHIP RN'S PROVIDE ASSISTANCE TO MOTHERS, BABIES AND FAMILY TO ATTAIN A STABLE LIFE ENVIRONMENT AND SUCCEED IN RAISING THEIR CHILD/CHILDREN. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL, JOHN'S ISLAND SERVICE LEAGUE AND THE INDIAN RIVER COUNTY HOSPITAL DISTRICT. THE HEALTHY START DOULA PROGRAM SUPPORTS, EDUCATES, AND EMPOWERS PREGNANT WOMEN TO TAKE CONTROL OF THEIR HEALTH. A DOULA IS A TRAINED NON-MEDICAL PROFESSIONAL WHO PROVIDES CONTINUOUS PHYSICAL, EMOTIONAL, AND INFORMATION SUPPORT TO A MOTHER BEFORE, DURING, AND SHORTLY AFTER CHILDBIRTH (POSTNATALLY). A DOULA HELPS ENSURE THAT THE MOTHER ACHIEVES THE HEALTHIEST, MOST REWARDING BIRTH EXPERIENCE POSSIBLE. THIS PROGRAM AIMS TO IMPROVE BIRTH OUTCOMES AND HEALTH LITERACY FOR RESIDENTS OF INDIAN RIVER COUNTY. THIS IS ACHIEVED BY PROVIDING PRENATAL EDUCATIONAL SUPPORT AND CONTINUOUS SUPPORT TO THE LABORING WOMEN AT THE HOSPITAL. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY CHILDREN'S SERVICES ADVISORY COUNCIL AND JOHN'S ISLAND SERVICE LEAGUE. EXPENSES \$ 407,941. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS REVIEWED BY TREASUER OF THE BOARD AND THEN SUBMITTED

Name of the organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
--	--

TO THE GROUP BOARD MEETING FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE EDUCATED ON WHAT CONSTITUTES A CONFLICT OF INTEREST, AND ARE REQUIRED TO DISCLOSE IN BOARD MEETINGS ANY CONFLICT OF INTEREST THEY MIGHT HAVE.

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

THE ORGANIZATION FORMED A COMMITTEE TO FIND ELIGIBLE EXECUTIVE DIRECTOR CANDIDATES. THEN THE BOARD SELECTED AN EXECUTIVE DIRECTOR FROM A SHORT LIST OF QUALIFIED CANDIDATES. DATA ON SALARIES IS BROUGHT TO THE BOARD OF DIRECTOR MEETING FOR APPROVAL.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. BOARD MEETINGS WHERE GOVERNING DOCUMENTS ARE DISCUSSED, ADOPTED, AMENDED, OR RESCINDED ARE ALSO OPEN TO PUBLIC INSPECTION.

FORM 990 PART XII LINE 2C

BOARD MEMBERS SELECT AND OVERSEE INDEPENDENT AUDITOR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **INDIAN RIVER COUNTY HEALTHY START COALITION, INC.** Employer identification number **65-0363222**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IRCHSC PROPERTIES LLC 1555 INDIAN RIVER BLVD B241 VERO BEACH, FL 32960	HOLDING COMPANY	FLORIDA	127,887.	1,294,977.	INDIAN RIVER COUNTY HEALTHY START COALITION INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.

Schedule R (Form 990) 2020

65-0363222 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**INDIAN RIVER COUNTY HEALTHY START
COALITION, INC.**

FORM 990 PAGE 10

65-0363222

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,295.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,295.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44