Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

venue Code (excent private foundations)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

| | | of the Treasury nue Service | | | | | | | | | |
|--------------------------------|---------------------------|--------------------------------|--|---------------|------------------------------------|-------------------------------|--|--|--|--|--|
| | | | ar year, or tax year beginning a | nd ending | | · · | | | | | |
| Bc | heck if pplicabl | C Name of | forganization | | D Employer identifie | cation number | | | | | |
| X | Addre chang | SEAR | CH INSTITUTE | | | | | | | | |
| | Name chang | | usiness as | | 41-081184 | 42 | | | | | |
| | Initial | | and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | | | | |
| | Final | 2550 | 612-376- | | | | | | | | |
| | return, termin ated | | own, state or province, country, and ZIP or foreign postal code | 200N | G Gross receipts \$ | 1,914,783. | | | | | |
| | Amen return | ded CT | H(a) Is this a group re | | | | | | | | |
| | Applic tion | for subordinates | | | | | | | | | |
| | pendir | | nd address of principal officer: BENJAMIN HOULTBER AS C ABOVE | | H(b) Are all subordinates in | | | | | | |
| IT | ax-ex | empt status: [| X 501(c)(3) 501(c) () (insert no.) 4947(a)(| 1) or 527 | If "No," attach a | list. See instructions | | | | | |
| J۷ | Vebsi | te: WWW. | SEARCH-INSTITUTE.ORG | | H(c) Group exemption | n number | | | | | |
| | | | X Corporation Trust Association Other | L Year | of formation: 1958 | State of legal domicile: MN | | | | | |
| Pa | rt I | Summary | | | | | | | | | |
| đ | 1 | Briefly describ | e the organization's mission or most significant activities: \underline{TO} | PARTNE | R WITH YOUTH- | SERVING | | | | | |
| Š | | ORGANIZ | ATIONS TO CONDUCT AND APPLY RESEA | ARCH TH | AT PROMOTES | POSITIVE | | | | | |
| Governance | | Check this bo | 5 | posed of more | e than 25% of its net ass | | | | | | |
| Ň | | | | | | 14 | | | | | |
| | | | lependent voting members of the governing body (Part VI, line 1b | | | 15 | | | | | |
| es | | | of individuals employed in calendar year 2024 (Part V, line 2a) \dots | | | 33 | | | | | |
| Activities & | | | of volunteers (estimate if necessary) | | | 14 | | | | | |
| Act | | | | | | 0. | | | | | |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0 . Current Year | | | | | |
| | • | O | | | 2,565,659. | 494,371. | | | | | |
| ne | | | and grants (Part VIII, line 1h) | | 1,117,534. | 912,903. | | | | | |
| Revenue | | | ce revenue (Part VIII, line 2g) | | 41,562. | 93,718. | | | | | |
| Be | | | come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 470,855. | 396,351. | | | | | |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12 | | 4,195,610. | 1,897,343. | | | | | |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | |
| | | | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | |
| | | | r compensation, employee benefits (Part IX, column (A), lines 5-10 | | 3,178,221. | 3,544,765. | | | | | |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | |
| ben | | | ing expenses (Part IX, column (D), line 25) 216, | 481. | | | | | | | |
| ы | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,550,448. | 3,026,906. | | | | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,728,669. | 6,571,671. | | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -1,533,059. | -4,674,328. | | | | | |
| or | | | | B | eginning of Current Year | End of Year | | | | | |
| sets | 20 | Total assets (F | Part X, line 16) | | 10,219,790. | 5,627,804. | | | | | |
| Net Assets or Fund Balances | 21 | Total liabilities | (Part X, line 26) | | 750,253. | 606,932. | | | | | |
| | | | fund balances. Subtract line 21 from line 20 | | 9,469,537. | 5,020,872. | | | | | |
| | nrt II | Signature | | | | | | | | | |
| | | | I declare that I have examined this return, including accompanying sched | | | knowledge and belief, it is | | | | | |
| true, | corre | ct, and complete. | Deplaration of preparer (other than officer) is based on all information of | which prepare | r has any knowledge. 14/24/2025 | | | | | | |
| | · · · | Signature of of | | | | | | | | | |
| Sig | | - | | | Date | | | | | | |
| Her | е | Type or print n | N HOULTBERG, PRESIDENT AND CEO | | | | | | | | |
| | | | | | Date Check | PTIN | | | | | |
| Deta | | Preparer's nam | | | 04/22/25 | | | | | | |
| Paid | | MICHAEL | HINSCH MICHAEL HINSCH CLIFTONLARSONALLEN LLP | P | | 1-0746749 | | | | | |
| Prep | arer Only | Firm's name | 220 S 6TH STREET, SUITE 300 | | Firm's EIN 4 | 1-0/40/47 | | | | | |
| 056 | only | rinn s address | MINNEAPOLIS, MN 55402 | | Dhone no 61 | 2-376-4500 | | | | | |
| Max | the I | I 25 die ouee thir | s return with the preparer shown above? See instructions | | | X Yes No | | | | | |
| | | | | 1 12-10-24 | | <u>Form</u> 990 (2024) | | | | | |
| | | | DIILE O FOR ORGANIZATION MISSION S | | | | | | | | |

| | n 990 (2024) SEARCH INSTITUTE rt III Statement of Program Service Accomplishments | 41-0811842 F | Page |
|-------|---|--|--------|
| Fai | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| • | SEARCH INSTITUTE BRIDGES RESEARCH AND PRACTICE | TO HELP YOUNG PEOPLE BE | 2 |
| | AND BECOME THEIR BEST SELVES. SEARCH INSTITUTE | | - |
| | OBJECTIVE IN THREE PRIMARY WAYS: (1) CONDUCTING | | |
| | FINDINGS FROM QUANTITATIVE AND QUALITATIVE STU | | |
| 2 | Did the organization undertake any significant program services during the year which were n | | |
| - | prior Form 990 or 990-EZ? | | No |
| | If "Yes." describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any p | program services? | X No |
| - | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest pro | ogram services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and | | |
| | revenue, if any, for each program service reported. | · · · · | |
| 4a | E 222 021 | 0.) (Revenue \$ 1,301,65 | 52. |
| | SEARCH INSTITUTE STUDIES AND WORKS TO STRENGTHE | | |
| | SCHOOLS, YOUTH PROGRAMS, FAMILIES, AND COMMUNIT | IES. FOUNDED IN 1958, | |
| | SEARCH INSTITUTE WAS A PIONEER IN USING SOCIAL | SCIENCE TO UNDERSTAND | |
| | THE LIVES, BELIEFS, AND VALUES OF YOUNG PEOPLE. | SINCE THAT TIME, MORE | |
| | THAN 5 MILLION CHILDREN AND ADOLESCENTS HAVE PA | | |
| | INSTITUTE STUDIES AND PROJECTS, AND SEARCH INST | | RΕ |
| | THAN 30 BOOKS AND NEARLY 150 JOURNAL ARTICLES A | | |
| | ADDITION, MORE THAN 10,000 YOUTH-SERVING ORGANI | | |
| | THE PRACTICAL RESOURCES THAT SEARCH INSTITUTE H | | 1G |
| | PEOPLE THRIVE. FORMER SECRETARY OF STATE AND FO | | |
| | AMERICA'S PROMISE COLIN POWELL SUMMARIZED SEARC | | |
| | THE FIELDS OF EDUCATION AND YOUTH DEVELOPMENT I | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |
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| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |
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| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Rev | enue \$) | |
| 4e | Total program service expenses 5, 333, 031. | | |
| | | Form 990 |) (202 |
| 32002 | 2 12-10-24 SEE SCHEDULE O FOR CONT | INUATION(S) | |
| | 2 | | |
| 504 | 122 131839 A484986 2024.03030 SEAR | CH INSTITUTE A4 | 484 |
| | | | |

| Form 990 (| | | INSTITUTE |
|------------|-------|---------------------|-----------|
| Part IV | Check | list of Required Sc | hedules |

| | | | Yes | No |
|-----------|--|-----------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | 37 |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| 3 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>X</u> |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 104 | | v |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 13 14a | Did the summing the second state of the second state of the state of t | 14a | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 140 | | |
| 5 | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | <u>X</u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 900 | X (2024) |
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| | | 0811842 | Р | age 4 |
|------------|---|------------|-----|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curren | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No." go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| Ŭ | any tax-exempt bonds? | 24c | | |
| Ь | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| U | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | | 255 | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 25b | | |
| 20 | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | | - 23 |
| 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% control | | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | x |
| | "Yes," complete Schedule L, Part IV | | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| ~~ | "Yes," complete Schedule L, Part IV | | | X X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| • | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| a - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 37 |
| | Part V, line 1 | | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | x |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |

| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 82 | | | | | |
|--------|--|----|----|------|-----|--------|--|--|
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | | | |
| с | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | | | |
| 132004 | ¥ 12-10-24 | | | Form | 990 | (2024) | | |

432004 12-10-24

| Part IV Statements Regarding Other IRS Filings and Tax Compliance continued Vis. No. 2a Enter the number of employees reported on FGT W3. Transmittal of Wape and Tax Statements. 2a 3a Vis. No. 3b If at least one is reported on Ine 2a, ddi the organization file all required federal employment tax returns? 2b X 3b Det the organization have enclosed babaines gross on the organization of the authority over, at the organization have an integration have an integration of the authority over, at the organization have an integration have an integration of the authority over, at the organization have an integration have an integration have an integration have an integration have and integration of the authority over, at the organization have and integration have and the organization have in a protein the authority over, at the organization in have and protein that is when the integration of the integration of the integration have and the organization intel it was one in a party to a prohibite tax sheller transaction of any to a prohibite tax sheller transaction of any to a prohibite tax sheller transaction at any to a control baba shell and tax sheller transaction at any control baba shell and tax sheller transactions at any to a prohibite tax sheller transaction at any to a stark baba end Financial accounts (FMA). Es X 11 Yes, ' rold the organization induces with every solicitation an approxe barrely transmitting and the organization shell were any control. Es X 10 Yes, ' rold the organization induces wit | Form | 990 (2024) SEARCH INSTITUTE | | 41-0811 | 842 | P | age 5 | | | |
|---|--------|---|-------------|-------------------|-------------|-----|--------------|--|--|--|
| Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, ted for the calendar year, odd the organization file all regulated federal employment tax returns? 33 3b If the calendar year, odd the organization file all regulated federal employment tax returns? 3a X 3b If Yes?, has the field a Form 3000 Tor this year? 3a X 3a 3c X 3a X 3a X 3c X X X X X 3c X X X X X 3c X X X X X | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | U | | | |
| text by the calendar year ending with or within the year covered by this return 2a 33 b If a least on is reported on line 2, did the organization field alreging dependent tax returns? 3a 3a 3a d) If "Yes", That field a Form 3000 The this year? 3b 3b 3a 3a d) If "Yes", That field a Form 3000 The this year? 3b 3a 3a d) If "Yes", That field a Form 3000 The this year? 3b 3a 3a d) If "Yes", That the name of the fragm contrig 4a X 3b 3a d) If "Yes", The Base A Status in the end on the end on the status in the status in the end on the status in the status in the end on the end on the status in the status in the end on the status in the | | | | | | Yes | No | | | |
| b If a least one is reported on line 2n, di the organization file all required federal employment ta return? 2b X 3b Did the organization have unrised business grows income of \$1,000 or more during the year? 3b X 4b If "Yes," has it filed a Form 990 T for this year? if 'No' to line 3b, provide an explanation on Schedule 0 3b X 4a At any time during the calendar year, did the organization have an interest in, or a lagrature or other authorty over, a family set organization and the toreign country (Sub at as bark account; second; or other financial account; (EBAR), 5a X 5b If "Yes," other the name of the foreign country was or is a party to a prohibited ta scheller transaction? 5b X 5a Did any taxabili party notify the organization that was or is a party to a prohibited tax scheller transaction? 5b X 5a Did any taxabili party notify the organization that are normally greater than \$10,000, and did the organization solid any organization have and tax or is a party to a prohibited tax scheller transaction? 5b X 5b If "Yes' to line 5a or 5b, did the organization that are normally greater than \$10,000, and did the organization solid any organization have express datament that such contributions or gifts were not tax deductible? 5c Ca 6b If "Yes', to line the organization that was receive docutible contribution and party for gonds and senice provide? <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th> <th></th> <th></th> | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| b it is test one in reported on line 2a, did the organization file all required feedral employment tax returns? 2b X 3D Deffection of the organization have on the start of the signal employment tax returns? 3a X 3D Text, 'has it lifed a form 900-Tior file year? (ff the organization have an interact in, or a signal more or their starthority over, a financial accountly such as a bank account, securities account, or other financial accounts (EBAF). 3a X 3E Deffection of films requirements for Financial accounts of the organization have an interaction at any time outing the tax year? 5a X 3D Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E Deffection of films requirements for Financial accounts (EBAF). 5a X 3E TVS*: (film conganization make c | | filed for the calendar year ending with or within the year covered by this return 2a 33 | | | | | | | | |
| ab Dd the organization have unrelated business gross income of \$1,000 or more during the year? ga X b II **ys, "inder the magnet the organization have an interest in, or a signature or other authority over, a financial account? ga X b II **ys, "inder the name of the forsign country iso: the stab sheet transaction at any time during the say sen? ga X b II **ys, "inder the name of the forsign country iso: the stab sheet transaction at any time during the say sen? ga X b D any taxable party notify the organization in the was or is a party to a prohibited tax sheet transaction? ga X c II **vs' is in the account organization in bore accounts in the mose Bat ?? ga X c II **vs' is in the account organization in inclus with me BBB ?? ga X d any taxable party notify the organization inclus with every solicitation an express statement that such contributions or gifts were not tax deductibles of antibable contributions? ga X d II **vs, "idd the organization noteby a prohibited tax sheet transaction? ga X d II **vs, "idd the organization inclus with me BBB ?? ga X d II **vs, "idd the organization inclus with me BBB ?? Ga X d II **vs, "idd the organization notely a prohibited tax sheater transaction? ga X | b | | | | | | | | | |
| b If "Yes," hait if field a Form 900-T for this year? (Wo't form \$1x, provide an exploration on we matched ty over, a francial account in a foreign country (such as a bank account, securities account) or other financial account)? 3b b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have mean party to a prohibited tax where transaction? 5a X b Did any taxable party notify the organization have and tax sor is a party to a prohibited tax sheler transaction? 5a X c If "Yes," to the organization have mean party to a prohibited tax sheler transaction? 5a X b If Yes," to the organization have manual gross necellate contributions or gifts 6a X or to the organization have manual gross necellate contributions and party for poots and services provided to the party? 7a X 0 If Yes," indicate the number of Forms 2822 filed during the year 7a X 0 If Yes," indicate the number of Forms 2822 filed during the year? 7a X 1 If Yes," indicate the number of Forms 2822 filed during the year? 7a< | | | | | | | | | | |
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| See instructions for fing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Se Was the organization and party to a prohibited tax shelter transaction? 58 X D dark taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 58 X Se Desche organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution and greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 58 X D of any contributions that may receive deductible contributions under section 170(c). 74 X 74 X D d the organization neel, example, or otherwise dispose of transport provide. It was required to file Form 8282? 72 7 X D d the organization neel, example, or otherwise dispose of transport prover to track if the was enquired? 76 X D d the organization neel example, or otherwise dispose of transport prover to track? 76 X 1 1 1 75 X D d the organization neel example, or otherwise, so other whice social benefit contract? 76 X 1 1 1 1 1 1 1 1 1 1 1 | | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | | 4a | | Х | | | |
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| 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 11a 11a a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a b If 'yes, "enter the amount of tax-exempt interest received or accrued during the year 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 13a 14a Did the organiz | | | | | | | | | | |
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| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 16 If 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10 | | | | | 14a | | X | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10 | b | | | | 14b | | | | | |
| If "Yes," see the instructions and file Form 4720, Schedule N. I6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. I7 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | | | | | | | | | | |
| If "Yes," see the instructions and file Form 4720, Schedule N. If a log | | | | | 15 | | Х | | | |
| 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16 X 17 If "Yes," complete Form 6069. 16 X | | | | | | | | | | |
| If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 16 | | income? | | 16 | | Х | | | |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10 | | | | | | | | | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10 | 17 | | tivities | | | | | | | |
| If "Yes," complete Form 6069. | | | | | 17 | | | | | |
| | | | | | | | | | | |
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| Form | 990 (2024) SEARCH INSTITUTE | | 41 - 0 | | | Р | age 6 | | | |
|------------|--|-------------|---------------|------------|--------|---------|--------------|--|--|--|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | rough 7 | b below, and | for a "N | lo" re | espon | se | | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | | | | Yes | No | | | |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 14 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 15 | | | | | | |
| _ | 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? | | | | | | | | | |
| 3 | 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? | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | ····· – | 3 4 | | X X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | X | | | |
| 6 | Did the organization have members or stockholders? | | | | 6 | | x | | | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | - | | | | | |
| | more members of the governing body? | | | | 7a | | x | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | F | | | | | | |
| | persons other than the governing body? | | | | 7b | | x | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | | | | | |
| а | The governing body? | - | - | 8 | Ba | Х | | | | |
| | Each committee with authority to act on behalf of the governing body? | | | | 3b | Х | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | F | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | | 9 | | x | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re- | | | | | | | | | |
| | | | , | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | | 0a | | Х | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | ffiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 1 | 0b | | | | | |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| b | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | |
| b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | | | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," des | cribe | | | | | | | |
| | on Schedule O how this was done | | | 1 | 2c | Х | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | L | 13 | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | L· | 14 | X | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | by inde | pendent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 1 | 5a | Х | | | | |
| b | Other officers or key employees of the organization | | | 1 | 5b | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent with | а | | | | | | | |
| | taxable entity during the year? | | | 1 | 6a | | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | icipation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | zation's | | | | | | | | |
| _ | exempt status with respect to such arrangements? | | | 1 | 6b | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed MN, CA, OR, WA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | d 990-T | (section 501 | (c)(3)s oi | nly) a | availal | ole | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | | , | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict of i | nterest polic | y, and fir | nanc | ial | | | | |
| | 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 boo | ks and r | ecords | | | | | | | |
| | ALISON OLIG - (612)376-8955 | 101 | FF11 | | | | | | | |
| | | MN | 55114 | - | | 000 | (000 - | | | |
| 432006 | s 12-10-24 | | | F | -orm | 990 | (2024) | | | |
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| Form 990 (2024) | SEARCH INSTITUTE | 41-0811842 | Page 7 | | | | | | |
|--|---|------------|--------|--|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | | |
| Employees, and Independent Contractors | | | | | | | | | |
| Check if Sch | hedule O contains a response or note to any line in this Part VII | | | | | | | | |
| Section A. Officers, D | Directors, Trustees, Key Employees, and Highest Compensated Emp | oloyees | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | |
| • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. | | | | | | | | | |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
|--------------------------------------|------------------------|--------------------------------|---|---------|--------------|---------------------------------|------------|---------------------------------|----------------------------------|------------------------------|
| Name and title | Average | (do | Position (do not check more than one | | ane | Reportable | Reportable | Estimated | | |
| | hours per | box, unless officer and | | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | | | recio | n/trus | lee) | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | | | the | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | organization |
| | organizations | ruste | al trus | | yee | mpen | | 1099-NEC) | 1000 NEO | and related |
| | below | dual t | Institutional trustee | - | Key employee | Highest compensated employee | er | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highe | Former | | | C C |
| (1) BEN HOULTBERG | 40.00 | | | | | | | | | |
| PRESIDENT AND CEO | | Х | | Х | | | | 224,482. | 0. | 24,510. |
| (2) ALISON OLIG | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | Х | | | | 165,977. | 0. | 3,184. |
| (3) EUGENE ROEHLKEPARTAIN | 40.00 | | | | | | | | | |
| SENIOR SCHOLAR | | | | | | X | | 154,919. | 0. | 16,680. |
| (4) GABRIELA KEEFER | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR OF MARKETING & G& PR | | | | | | X | | 148,566. | 0. | 1,828. |
| (5) JOANNA WILLIAMS | 40.00 | | | | | | | | | |
| SENIOR DIRECTOR OF RESEARCH | | | | | | X | | 151,214. | 0. | 27,443. |
| (6) TOM HOLMAN | 0.50 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (7) JENNIFER MENKE | 0.50 | | | | | | | | | |
| VICE CHAIR/CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (8) ANN CURME SHAW | 0.50 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (9) JACSON MILLER | 0.50 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (10) STEVE KRUGER | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) YER CHANG | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) JIM CUENE | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) MARYAM PESSARAN GARG | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) JODI GRANT | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) ANDREA HUNTER | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) KAREN KINGSLEY | 0.50 | | | | | | | _ | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) MAUREEN PELTON | 0.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. Form 990 (2024) |

7

432007 12-10-24

Form 990 (2024)

14150422 131839 A484986

| Form 990 (2024) SEARCH INSTITUTE 41-081 | | | | | | | | | | L842 Page 8 | | | | | | | | | | | |
|---|--|--|------------------------|---------|---|---------------------------------|--|---|---|--|--|--|---|--|--|--|--|--|---|--|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | | | | | | | | |
| (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | (do not check more than one box, unless person is both an | | Position (do not check more than one box, unless person is both an | | | Position (do not check more than one box, unless person is both an | | | Position (do not check more than one box, unless person is both a | | | Position heck more than one ss person is both an | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | | | | | | | | | | | |
| (18) TONY SANNEH | 0.50 | | | | | | | | | | | | | | | | | | | | |
| BOARD MEMBER (19) KEISHA VARMA | 0.50 | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | |
| BOARD MEMBER | 0.50 | x | | | | | | 0. | 0. | 0. | | | | | | | | | | | |
| (20) HEDY LEMAR WALLS | 0.50 | | | | | | | | | | | | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 845,158. | 0. | | | | | | | | | | | | |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0. | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 845,158. | 0. | 73,645. | | | | | | | | | | | |
| 2 Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d ab | ove | e) wn | o re | eceived more than \$100 | UUU of reportable | 11 | | | | | | | | | | | |
| | | | | | | | | | | Yes No | | | | | | | | | | | |
| 3 Did the organization list any former officer, | - | | | • | - | | | | | | | | | | | | | | | | |
| line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su | | | | | | | | | | 3 X | | | | | | | | | | | |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | - | - | 4 X | | | | | | | | | | | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," com | plete Schedule | e J fo | or su | ich r | oers | on . | | | | 5 X | | | | | | | | | | | |
| Section B. Independent Contractors | | | | | | | | | | | | | | | | | | | | | |
| Complete this table for your five highest con the organization. Report compensation for t | - | - | | | | | | | | ation from | | | | | | | | | | | |
| (A) | | | - Tuli | ig w | | <u> </u> | | (B) | | (C) | | | | | | | | | | | |
| Name and business | | | | | | | | Description of s | | Compensation | | | | | | | | | | | |
| COLLABORATIVE COMMUNICATI 1029 VERMONT AVE NW, WASH | | | - | | | 5 | | PROVIDES PRO MANAGEMENT/B | | 576 050 | | | | | | | | | | | |
| ALL IN ONE ACCOUNTING, 17 | | | | | | | _ | PROVIDES ACC | | 576,050. | | | | | | | | | | | |
| ROAD, SUITE 305, EAGAN, MN 55121 | | | | | | | | SERVICES | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | _ | _ | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (ir | cluding but p | ot lin | niter | t to t | thos | se lie | ted | above) who received m | ore than | | | | | | | | | | | | |
| \$100,000 of compensation from the organiz | • | 2 | | | 2 | 2 | | | | | | | | | | | | | | | |

Form 990 (2024)

432008 12-10-24

| Form | 1 990 | D (2 | 2024) SEARCH INST | ITU | JTE | | | 41-0811 | 842 Page 9 |
|---|-------|--------|--|-----------|--------------------|-----------------------------|-------------------|---|--|
| Pa | rt V | /111 | Statement of Revenue | | | | | | |
| | | | Check if Schedule O contains a respor | nse oi | r note to any lin | e in this Part VIII | (B) | <u></u> | |
| | | | | | | (A) Total revenue | Related or exempt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ς Ω | 1 | а | Federated campaigns | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues 1b | | | | | | |
| D G | | | Fundraising events | | | | | | |
| ífts, r Ai | | | Related organizations 1d | | | | | | |
| , Gi | | | Government grants (contributions) 1e | | | | | | |
| Sins | | | All other contributions, gifts, grants, and | | | | | | |
| utic | | • | similar amounts not included above 1f | 4 | 194,371. | | | | |
| trib Otl | | a | Noncash contributions included in lines 1a-1f | | | | | | |
|)on | | • | Total. Add lines 1a-1f | | | 494,371. | | | |
| 0 0 | | | | | Business Code | 191/9/10 | | | |
| <i>c</i> | 0 | ~ | CURRICULUM SALES | - | 611710 | 672,141. | 672,141. | | |
| /ice | | | CONTRACTS SERVICES | — | 611710 | 240,762. | 240,762. | | |
| ser, ue | | | | | 011/10 | 240,702. | 240,702. | | |
| yen ven | | c d | | | | | | | |
| Program Service Revenue | | | | - + | | | | | |
| , Lo | | e 4 | All other pregram convice revenue | | | | | | |
| - | | | 1 3 | | | 912,903. | | | |
| | 3 | y | Total. Add lines 2a-2f Investment income (including dividends, in | | | 512,505. | | | |
| | 3 | | | | | 93,718. | | | 93,718. |
| | 4 | | other similar amounts) Income from investment of tax-exempt bor | | | 5577100 | | | 5577100 |
| | 5 | | Royalties | | 000003 | 4,418. | | | 4,418. |
| | 3 | | (i) Real | | (ii) Personal | 1/1101 | | | 1/1100 |
| | 6 | 2 | Gross rents | | () • • • • • • • • | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | | | | | | |
| | | | Gross amount from sales of (i) Securitie | ies | (ii) Other | | | | |
| | • | | assets other than inventory 7a | | () | | | | |
| | | b | Less: cost or other basis | | | | | | |
| e | | | and sales expenses 7b | | | | | | |
| evenue | | с | Gain or (loss) 7c | | | | | | |
| | | | Net gain or (loss) | | | | | | |
| er R | | | Gross income from fundraising events (not | | | | | | |
| Other | - | | including \$ of | | | | | | |
| • | | | contributions reported on line 1c). See | | | | | | |
| | | | | 8a | | | | | |
| | | b | Less: direct expenses | 8b | | | | | |
| | | | Net income or (loss) from fundraising event | ts . | | | | | |
| | 9 | а | Gross income from gaming activities. See | | | | | | |
| | | | Part IV, line 19 | 9a | | | | | |
| | | b | Less: direct expenses | 9b | | | | | |
| | | с | Net income or (loss) from gaming activities | s <u></u> | | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | | |
| | | | | | 106,189. | | | | |
| | | b | Less: cost of goods sold | 10b | 17,440. | | | | |
| | | с | Net income or (loss) from sales of inventor | | | 388,749. | 388,749. | | |
| s | | | | | Business Code | 0.404 | | | |
| e e | 11 | а | MISCELLANEOUS | _ | 900099 | 3,184. | | | 3,184. |
| Miscellaneous Revenue | | b | | | | | | | |
| Sev. | | С | | | | | | | |
| Mis | | | All other revenue | | | 2 104 | | | |
| | | | Total. Add lines 11a-11d | | | 3,184. | 1 201 (52 | | 101 200 |
| | 12 | | Total revenue. See instructions | | | 1,897,343. | µ,з∪1,05∠. | 0. | |
| 43200 | 9 12- | 10- | 24 | | | | | | Form 990 (2024) |

Management

Legal

Accounting Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

а

b

С

d

е

f

g

12

13

14 15

16

17

18

19 20

21

22

23

24

а b С d е

25

26

Interest

Insurance

69.

2,199.

5,693.

4,449.

25,040.

82,063.

81,335.

73,710.

25,642.

103,866.

11,778.

19,090.

7,708.

23,835.

1,022,159.

214,502.

17,213.

770,411.

92,770.

90,576.

16,392.

65,123.

46.

154,048.

7,577.

1,131,771.

| Ū | | | | 41 0 | 011040 40 |
|------------|--|------------------------------|---|--|---------------------------------------|
| Forn Pa | n 990 (2024) SEARCH INST: rt IX Statement of Functional Expense | | | 41-0 | 811842 Page 10 |
| | ion 501(c)(3) and 501(c)(4) organizations must com | | r organizations must cor | mplete column (A). | |
| <u></u> | Check if Schedule O contains a respor | | | | X |
| | not include amounts reported on lines 6b, 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 | 418,053. | 355,345. | 62,708. | |
| 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 | 2,567,133. | 2,160,414. | 236,452. | 170,267. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 48,722. | 41,020. | 4,609. | 3,093. |
| 9 | Other employee benefits | 278,239. | 234,302. | 26,618. | 17,319. |
| 10 | Payroll taxes | 232,618. | 196,023. | 23,203. | 13,392. |
| 11 | Fees for services (nonemployees): | | | | |

25,040.

231,715.

852,543.

168,679.

200,135.

165,826.

35,482.

77,280.

23,881.

6,571,671.

33,219.

1,213,106.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 432010 12-10-24

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined

Joint costs. Complete this line only if the organization

Form 990 (2024)

216,481.

All other expenses

5,333,031.

SEARCH INSTITUTE

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

Form 990 (2024)
Part X Balance Sheet

ice Sheet

| | | Check if Schedule O contains a response or note | | | (A) | | (B) |
|-----------------------------|----------|---|------------|---------------------|-------------------|----------|------------------------|
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 265,529. | 2 | 408,751. |
| | 3 | Pledges and grants receivable, net | | | 3,635,042. | 3 | 1,101,799. |
| | 4 | Accounts receivable, net | | | 154,500. | 4 | 123,092. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial c | contributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e pers | ons | | 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 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 26,917. | 8 | 15,420. |
| Ä | 9 | – | | | 143,975. | 9 | 112,613. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 702,363. | | | |
| | b | Less: accumulated depreciation | 10b | 666,861. | 101,614. | 10c | 35,502. |
| | 11 | Investments - publicly traded securities | | | 5,772,623. | 11 | 3,620,682. |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 119,590. | 15 | 209,945. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 10,219,790. | 16 | 5,627,804. |
| | 17 | Accounts payable and accrued expenses | 528,994. | 17 | 363,181. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 83,597. | 19 | 73,178. | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | | | | | |
| lab. | | controlled entity or family member of any of thes | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | , | · | 137,662. | 05 | 170,573. |
| | 00 | of Schedule D | | | 750,253. | 25 26 | 606,932. |
| | 26 | Total liabilities. Add lines 17 through 25 | | e X | 750,255. | 20 | 000,952. |
| ş | | Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. | ck ner | | | | |
| Ű | 27 | | | | 2,291,404. | 27 | 1,859,033. |
| 3ala | 28 | | | | 7,178,133. | 28 | 3,161,839. |
| Б | 20 | Organizations that do not follow FASB ASC 95 | | | ,,1,0,100, | 20 | 5,101,0550 |
| Fun | | and complete lines 29 through 33. | <i>, c</i> | | | | |
| P | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 29 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 9,469,537. | 32 | 5,020,872. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 10,219,790. | 33 | 5,627,804. |
| | - | | | | . , . | _ | Form 990 (2024) |

Form **990** (2024)

432011 12-10-24

| Form | 990 (2024) SEARCH INSTITUTE | 41-0 | 811842 | Pag | _{ge} 12 |
|------|---|----------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,897 | ',34 | 43. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,571 | .,6 | 71. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,674 | .,32 | 28. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9,469 | , 53 | <u>37.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | 223 | 6,68 | <u>31.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 1 | .,98 | 82. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 5,020 | , 81 | 72. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | 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: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 200 | |

Form **990** (2024)

432012 12-10-24

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| SCHI | EDULE A | | Dublic Cho | rity Status an | | lia C. | unnart | | OMB No. 1545-0047 |
|--|-------------------|--------------------------|---|--|-------------------------------------|----------------------------------|-----------------|---------------|---------------------------------|
| (Form 990) | | | | rity Status an | | | | | 2024 |
| | | Co | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | | | | | | 2024 |
| Department of the Treasury Internal Revenue Service | | | Attach to Form 990 or Form 990-EZ. | | | | | | Open to Public |
| | | | Go to www.irs.gov/ | Form990 for instruction | ns and the | latest inf | ormation. | _ . | Inspection |
| Name o | of the organizati | | CU INCOIDU | mæ | | | | | identification number 1-0811842 |
| Part | Reason - | | <u>CH INSTITU'</u> Charity Status | 그 면 (All organizations must c | omploto th | nic part) S | an instruction | | 1-0011042 |
| | | | | For lines 1 through 12, c | | | ee instruction | 5. | |
| 11e org | | | | on of churches described | | | IVAVi) | | |
| 2 | | | | Attach Schedule E (Forn | | | ·//~///· | | |
| 3 | | | | anization described in so | | (b)(1)(A)(ii | i). | | |
| 4 | • | • | | njunction with a hospital | | | • |)(iii). Enter | the hospital's name, |
| | city, and stat | e: | | | | | | | - |
| 5 | An organizati | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in |
| | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | A federal, sta | te, or local go | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | An organizati | on that norma | Illy receives a substa | ntial part of its support fi | om a gove | ernmental | unit or from th | ne general p | oublic described in |
| | section 170(| b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | - | - | - | in section 170(b)(1)(A)(| | - | | - | - |
| | | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| 10 X | university: | | | 11 00 1 /00/ | | | | | |
| 10 [Δ | - 0 | | | than 33 1/3% of its supp | | | | | |
| | | | | t to certain exceptions; a (less section 511 tax) fro | | | | | • |
| | | | mplete Part III.) | | | ses acqui | | janization a | |
| 11 | | | | ively to test for public sa | fetv See | section 50 |)9(a)(4). | | |
| 12 | - | - | - | ively for the benefit of, to | • | | | rrv out the | purposes of one or |
| | - | - | - | d in section 509(a)(1) o | - | | | - | |
| | | | | f supporting organizatior | | | | | |
| а | | - | • • | upervised, or controlled | | | | - | giving |
| | the suppor | ted organizatio | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting |
| | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | Type II. A s | supporting org | anization supervised | or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ring |
| | control or r | nanagement o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| | 0 | . , | t complete Part IV, | | | | | | |
| с | •• | - | • • • • | g organization operated | | | | ly integrate | d with, |
| | | • | . , . |). You must complete I | | | - | | |
| d | | - | | porting organization oper | | | | 0 | |
| | | | 0 0 | ation generally must sat | | | • | anallenin | reness |
| е | • | , | , | written determination fro | | | | II Type III | |
| C | | 0 | | nally integrated supporti | | | iype i, iype | n, rype n | |
| fΕ | nter the number | | | | | | | | |
| | | | n about the supporte | | | | | | |
| | (i) Name of supp | orted | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed ng document? | (v) Amount of | - | (vi) Amount of other |
| | organizatior | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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Total

| Sch | | ARCH INST | | | | 41-081 | L842 Page 2 |
|------|---|---------------------|---|--------------------------|-----------------------|------------------------|--------------|
| Pa | IT II Support Schedule for | Organizations | Described in | Sections 170(| b)(1)(A)(iv) and | 170(b)(1)(A)(vi | |
| | (Complete only if you checked | d the box on line 5 | , 7, or 8 of Part I o | r if the organizatio | n failed to qualify u | inder Part III. If the | organization |
| | fails to qualify under the tests | listed below, plea | se complete Part I | II.) | | | |
| Se | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Se | ction B. Total Support | I | I | I | 1 | | |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | • | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 13 | First 5 years. If the Form 990 is for th | 0 | | - | • | | |
| 50 | organization, check this box and stop | | | | | | |
| | ction C. Computation of Public | | | oolump (f [\]) | | 44 | 07 |
| 14 | Public support percentage for 2024 (I | | | | | | <u>%</u> |
| 15 | Public support percentage from 2023 | | | | | 15 | <u>%</u> |
| 168 | 33 1/3% support test - 2024. If the c | | | | | | |
| L | stop here. The organization qualifies | | - | | | or mara abaali thi | |
| Ľ | 33 1/3% support test - 2023. If the c | | | | | | |
| 17- | and stop here. The organization qual 10% -facts-and-circumstances test | | | | | | |
| 1/2 | | | | | | | |
| | and if the organization meets the facts | | | - | - | - | |
| L | meets the facts-and-circumstances te 10% -facts-and-circumstances test | - | - | • • • • | | 17a and line 15 is 1 | |
| Ľ | more, and if the organization meets the | | | | | | 070 01 |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | - | | | | |

Schedule A (Form 990) 2024

432022 01-14-25

Schedule A (Form 990) 2024 Part III Support Schedule for Organizations Described in Section 509(a)(2)

SEARCH INSTITUTE

(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 gualify under the tests listed below, please complete Part II.)

Section A. Public Support (c) 2022 (d) 2023 Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (e) 2024 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1694213 8801891 4152868. 2565659. 494,371.17709002. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1725087. 1647173. 1582455. 1319092. 1405399. 7679206. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 3099612.10526978. 5800041. 4148114. 1813463.25388208. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3594707. 2224331. 21,950.14676870. 1194036. 7641846 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 1194036. 7641846. 3594707. 2224331 $\overline{21}$ 950.14676870 10711338. Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2022 Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (d) 2023 (e) 2024 (f) Total 5800041 4148114 1813463.25388208. 9 Amounts from line 6 3099612.10526978. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 56,984. 53,447. 98,136. 49,968. 16,114. 274,649. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 49,968. 16,114. 56,984. 53,447. 98,136. 274,649. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 331. 10,490. 29,142. 3,184. 43,147. assets (Explain in Part VI.) 3149580.10543423. 5867515. 4230703. 1914783.25706004. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 41.67 % Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 15 40.49 16 Public support percentage from 2023 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.07 17 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) % 1.00 18 18 Investment income percentage from 2023 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2024. 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 _____X 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 - 2023. 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 gualifies 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 Schedule A (Form 990) 2024 432023 01-14-25 15

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

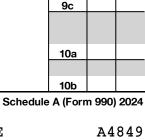
Schedule A (Form 990) 2024 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| | dule A (Form 990) 2024 SEARCH INSTITUTE 41-08 t IV Supporting Organizations (continued) 41-08 | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i> | | | |
| | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| • | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2 | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s) | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | 0,. | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a governmental | | | |
| | entity (see instructions). | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the summaries to a lower institution (a) to which the summination was associated (4) (4) at the sine Dort VI identify | | | |

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2024

2a

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3b

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| che | dule A (Form 990) 2024 SEARCH INSTITUTE | | 4 | 41-0811842 Pag |
|------|--|----------------|---------------------------|--------------------------------|
| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | ov. 20, 1970 (explain in | Part VI). See instruction |
| | All other Type III non-functionally integrated supporting organizations mus | t complete S | Sections A through E. | - |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | Ilv integrated | Type III supporting orga | nization (see |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2024

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| _ | Schedule A (Form 990) 2024 SEARCH INSTITUTE 41-0811842 Page | | | | | | | |
|-------|--|-------------------------------|--|----|--------------------------------------|----|--|--|
| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
| Secti | on D - Distributions | | | | Current Yea | ar | | |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | ; | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide 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 | e organization is responsive | | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | | |
| 9 | Distributable amount for 2024 from Section C, line 6 | | | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | | (iii) Distributab Amount for 2 | | | |
| 1 | Distributable amount for 2024 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reason- | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | | | | | |
| a | From 2019 | | | | | | | |
| b | From 2020 | | | | | | | |
| с | From 2021 | | | | | | | |
| d | From 2022 | | | | | | | |
| е | From 2023 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| g | Applied to under distributions of prior years | | | | | | | |
| h | Applied to 2024 distributable amount | | | | | | | |
| i | Carryover from 2019 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2024 from Section D, | | | | | | | |
| | line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2024 distributable amount | | | | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j | | | | | | | |
| | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| а | Excess from 2020 | | | | | | | |
| b | Excess from 2021 | | | | | | | |
| c | Excess from 2022 | | | | | | | |
| d | Excess from 2023 | | | | | | | |
| е | Excess from 2024 | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990) 2024

| Schedule A (Form 990) 2024 SEARCH INSTITUTE 41-0811 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; 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 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, Ine 1; Part V, Section B, lines 3 and 3; Part V, Section B, 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.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. 2024 AMOUNT: \$ 3,184. | Section C, |
|---|---------------|
| 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 B, 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 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.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | Section C, |
| 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.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | 1e; Part V, |
| (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | |
| SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | |
| MISCELLANEOUS INCOME 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | |
| 2021 AMOUNT: \$ 331. 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | |
| 2022 AMOUNT: \$ 10,490. 2023 AMOUNT: \$ 29,142. | |
| 2023 AMOUNT: \$ 29,142. | |
| | |
| ZUZ4 AMOUNI: \$ 5,104. | |
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

Name of the organization

Organization type (check one):

Schedule B

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

(Form 990)

SEARCH INSTITUTE

OMB No. 1545-0047

Employer identification number

41-0811842

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

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

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

General Rule

X 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), 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 for an *exclusively* set in the set in t

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

SEARCH INSTITUTE

41 - 0811842

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 1</u> | | - \$ <u>106,901.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | - \$\$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | - \$\$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | | \$ <u>200,048.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions.) le B (Form 990) (Rev. 12-2024) |

Schedule B (Form 990) (Rev. 12-2024)

24

A4849861

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

SEARCH INSTITUTE

41 - 0811842

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|--|---------------------------------|---|
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (Rev. 12-2024)

14150422 131839 A484986

| | 3 (Form 990) (Rev. 12-2024) | | Page 3 |
|------------------------------|---|---|--------------------------------|
| Name of or | ganization | | Employer identification number |
| SEARCH | I INSTITUTE | | 41-0811842 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | 1. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| 6_ | | \$99,6 | 91. 05/22/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions. | |
| | | \$ | |

423453 01-09-25

| | orm 990) (Rev. 12-2024) | | | | Page |
|--------------------------------|--|---|--------------------|---|--------|
| lame of organ | lization | | | Employer identification n | umber |
| | INSTITUTE | | | 41-0811842 | |
| fro | om any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c | through (e) and the following lir haritable, etc., contributions of \$1,00 | ne entry. For orga |)(7), (8), or (10) that total more than \$1,000 for the nizations ear. (Enter this info. once.) \$ | he yea |
| (a) No. | se duplicate copies of Part III if additional s | | | | |
| 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, ar | nd ZIP + 4 | Rela | ationship 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 (| | | |
| | Transferee's name, address, a | nd ZIP + 4 | Rela | ationship of transferor to transferee | |
| (-) No. | | | | | |
| (a) No. from Part I — | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | | | | | |
| | Transferee's name, address, ar | (e) Transfer (nd ZIP + 4 | | tionship 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 o | of gift | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Rela | ationship of transferor to transferee | |
| | | _ | | | |
| 23454 01-09-25 | | | | Schedule B (Form 990) (Rev. | 12-20 |

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| | HEDULE D | | al Financial Statements | | OMB No. 1545-0047 | 7 |
|--------|---|---|---|---------------------------------------|---|------|
| • | m 990) December 2024) | | nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | |
| | tment of the Treasury al Revenue Service | | Attach to Form 990. 10 for instructions and the latest information. | | Open to Public Inspection | ; |
| | e of the organizati | | | Employe | r identification numb | ber |
| | | SEARCH INSTITUTE | | | 1-0811842 | |
| Pa | | - | d Funds or Other Similar Funds or Ac | counts. | Complete if the | |
| | organizatio | n answered "Yes" on Form 990, Part IV, lir | | | | |
| | | | (a) Donor advised funds (| b) Funds an | d other accounts | |
| 1 | | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 4 | | f grants from (during year) t end of year | | | | |
| 5 | | | writing that the assets held in donor advised func | ls | | |
| • | - | | exclusive legal control? | | Yes | No |
| 6 | | | dvisors in writing that grant funds can be used or | | | |
| | • | | or donor advisor, or for any other purpose conferri | 2 | | |
| | impermissible priv | | · | | Yes | No |
| Pa | rt II Conserv | ation Easements. Complete if the or | ganization answered "Yes" on Form 990, Part IV, | line 7. | | |
| 1 | Purpose(s) of cons | servation easements held by the organizati | | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) | prically impo | rtant land area | |
| | | of natural habitat | Preservation of a certi | fied historic | structure | |
| - | | n of open space | | | | |
| 2 | day of the tax year | o o . | fied conservation contribution in the form of a cor | | asement on the last at the End of the Tax Ye | |
| | | | | | | |
| a b | | | | 2a 2b | | |
| c | - | vation easements on a certified historic str | ucture included on line 2a | 20 2c | | |
| d | | vation easements included on line 2c acqu | •••••••••••••••••••••• | 20 | | |
| | | | | 2d | | |
| 3 | | | leased, extinguished, or terminated by the organize | · · · · · · · · · · · · · · · · · · · | g the tax | |
| | year | | | | | |
| 4 | Number of states | where property subject to conservation eas | sement is located | | | |
| 5 | Does the organiza | tion have a written policy regarding the pe | riodic monitoring, inspection, handling of | | | |
| | violations, and enf | forcement of the conservation easements in | t holds? | | Yes | No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violations, and enforcing conservatio | n easement | s during the year | |
| _ | | | | | | |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation eas | sements dur | ing the year | |
| • | | | a satisfy the requirements of section $1.70(h)(4)(P)(i)$ | | | |
| 8 | | | e satisfy the requirements of section 170(h)(4)(B)(i) | | Yes | No |
| 9 | | | on easements in its revenue and expense statem | | 165 | NO |
| 5 | | • | note to the organization's financial statements that | | the | |
| | | counting for conservation easements. | | | | |
| Pa | | | f Art, Historical Treasures, or Other S | imilar As | sets. | |
| | Complete if | f the organization answered "Yes" on Form | 1 990, Part IV, line 8. | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | i8, not to report in its revenue statement and bala | ance sheet v | vorks | |
| | of art, historical tre | easures, or other similar assets held for pul | olic exhibition, education, or research in furtheran | ice of public | | |
| | service, provide in | Part XIII the text of the footnote to its final | ncial statements that describes these items. | | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | i8, to report in its revenue statement and balance | sheet work | s of | |
| | art, historical treas | sures, or other similar assets held for public | c exhibition, education, or research in furtherance | of public se | ervice, | |
| | • | ing amounts relating to these items. | | | | |
| | | | | | | |
| - | ., | | | | | |
| 2 | • | | asures, or other similar assets for financial gain, p | provide | | |
| - | • | unts required to be reported under FASB A | Ŭ | ¢ | | |
| a b | | | | | | |
| | | ion Act Notice, see the Instructions for F | form 990 Set | | orm 990) (Rev. 12-20 | 1241 |
| LHA | • | | 5 550. 501 | | 2 | ·~+) |
| | | | 28 | | | |
| | | | | | | |

| | dule D (Form 990) (Rev. 12-2024) SEARCH | INSTITUTE | | | | 41-08 | | |
|----------|---|---------------------------------------|-----------------------------|--------------------------|-------------|---------------|-------------------|---|
| | t III Organizations Maintaining C | | | | | | (continu | ued) |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that make s | significant | use of its | | |
| | collection items (check all that apply). | | — . | | | | | |
| а | Public exhibition | d | | hange program | | | | |
| b | Scholarly research | e | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | - | - | - | | se in Part | XIII. | |
| 5 | During the year, did the organization solicit o | | | | r assets | | - | |
| Der | to be sold to raise funds rather than to be ma | | | | | | Yes | No |
| Par | <u>t IV</u> Escrow and Custodial Arran | | e if the organization | answered "Yes" on | Form 990 | , Part IV, li | ne 9, or | |
| | reported an amount on Form 990, Par | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | ٦ | |
| | on Form 990, Part X? | | | | | L | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | | A | |
| | | | | | | | Amount | |
| | Beginning balance | | | | | | | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | | | |
| | Ending balance | | | | | | 7 | <u> </u> |
| | Did the organization include an amount on Fe | | | | llity? | L | Yes | |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | |
| I ai | t V Endowment Funds Complete if | | (b) Prior year | | (d) Three | voare baek | | years back |
| | | (a) Current year | | (c) Two years back | | · | (e) Four | years Dack |
| | Beginning of year balance | 32,254. | 956,197. | 829,799. | - | 31,154. | | |
| | Contributions | 1 090 | 112 200 | 85,636. | , | | | |
| | Net investment earnings, gains, and losses | 1,982. | 112,200. | 40,762. | | 4,082. | | |
| | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | 1 026 142 | | | | | |
| _ | and programs | | 1,036,143. | | | | | |
| t | Administrative expenses | 34,236. | 22.254 | 056 107 | | 20 700 | | |
| g | End of year balance | , | 32,254. | | | 29,799. | | |
| 2 | Provide the estimated percentage of the curr | • | |) held as: | | | | |
| a | Board designated or quasi-endowment Permanent endowment100 | .0000 | _% | | | | | |
| | | % | | | | | | |
| с | | % | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | Kana dha da anna ha alal an | d a destatata a diferent | l | | | |
| Ja | Are there endowment funds not in the posse | ssion of the organization | tion that are held an | ia administered for t | ne | | 5 | Yes No |
| | organization by: | | | | | | | X |
| | (i) Unrelated organizations? | | | | | | | X |
| h | (ii) Related organizations? If "Yes" on line 3a(ii), are the related organiza | tiona listad os require | | | | | 3a(ii) | |
| | | | | | | | 3b | |
| 4 Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | vment lunds. | | | | | |
| | Complete if the organization answere | | Part IV line 11a S | ee Form 990 Part X | line 10 | | | |
| | Description of property | (a) Cost or of | | | Accumulate | ad | (d) Book | value |
| | Description of property | basis (investm | • • | | epreciation | | (u) BOOK | value |
| 10 | Land | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Land | | | | | | | |
| | Buildings Leasehold improvements | | 26 | 3,950. | 257,8 | 82. | 6 | ,068. |
| - | | | | 8,413. | 408,9 | | | ,434. |
| d | Equipment | | | <u>, 113 (</u> | 200,5 | · · • | | , - , - , - , - , - , - , - , - , - , - |
| | Other | | V line 10a calum | | | | 35 | ,502. |
| i Jidi | | <u>uuai ruini 990. Part /</u> | <u>. ine roc. column</u> | | | | | , |

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | LEASE LIABILITY | 170,573. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | 1 | |
| (7) | 1 | |
| (8) | 1 | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 170,573. |

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

vided in Part XIII ... X

Schedule D (Form 990) (Rev. 12-2024)

432053 01-02-25

| Schedule D (Form 990) (Rev. 12-2024) SEARCH INSTITUTE | | | 41- | 0811842 | Page 4 |
|---|------------|------------------------|----------|-------------------|--------------|
| Part XI Reconciliation of Revenue per Audited Financial Statemen | ts With | Revenue per Re | | | <u> </u> |
| 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 | 2,140 | ,446. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a Net unrealized gains (losses) on investments | 2a | 223,681. | | | |
| b Donated services and use of facilities | 2b | | | | |
| c Recoveries of prior year grants | 2c | | | | |
| d Other (Describe in Part XIII.) | 2d | 19,422. | | | |
| e Add lines 2a through 2d | | | 2e | 243 1,897 | ,103. |
| 3 Subtract line 2e from line 1 | | | 3 | 1,897 | ,343. |
| 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 | 1,897 | ,343. |
| Part XII Reconciliation of Expenses per Audited Financial Statemer | nts With | I Expenses per l | Retur | n | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 Total expenses and losses per audited financial statements | | | 1 | 6,589 | <u>,111.</u> |
| 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 | 17,440. | | | |
| e Add lines 2a through 2d | | | 2e | <u> </u> | ,440. |
| 3 Subtract line 2e from line 1 | | | 3 | 6,571 | <u>,671.</u> |
| 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 | | | | |
| c Add lines 4a and 4b | | | 4c | | Ο. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 6,571 | ,671. |
| 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 2 | X, line 2; Part X | I, |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi | | nation | | | |

PART V, LINE 4: SEARCH INSTITUTE HAS BENEFITED FROM AN ENDOWMENT TO SUPPORT THE NEXT GENERATION OF ASSET CHAMPIONS.

PART X, LINE 2:

THE INSTITUTE QUALIFIES AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. AS SUCH, IT IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON NET UNRELATED BUSINESS INCOME. THE INSTITUTE CURRENTLY HAS NO UNRELATED BUSINESS INCOME.

THE INSTITUTE FOLLOWS A POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
|--|---------|
| COST OF GOODS SOLD | 17,440. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST | 1,982. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 19,422. |
| | |

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PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD

432054 01-02-25

17,440.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) SEARCH INSTITUTE Part XIII Supplemental Information (continued)

Schedule D (Form 990) (Rev. 12-2024)

432055 01-02-25

| SCHEDULE F (Form 990) | | | ivities Outside the U | | | OMB | No. 1545-0047 |
|--|--------------------------|------------------------------|---|--------------------|-----------------------------------|------------|------------------------------|
| (Rev. December 2024) Department of the Treasury | | , or gamzation o | Attach to Form 990. | , | | | n to Public |
| Internal Revenue Service | Go to w | ww.irs.gov/Forn | 1990 for instructions and the lates | information. | | Inspection | |
| Name of the organization | | | | | Employer | identific | ation number |
| SEARCH INSTITU | ГЕ | | | | 41-083 | 11842 | 2 |
| Part I General Info | ormation on A | ctivities Out | side the United States. Com | plete if the orgar | nization answ | ered "Ye | es" on |
| Form 990, Part | IV, line 14b. | | | | | | |
| | | | ds to substantiate the amount of its g the selection criteria used to award th | | | 🗆 🕻 | res 🗌 No |
| 2 For grantmakers. Des United States. | scribe in Part V the | e organization's | procedures for monitoring the use of | ts grants and of | her assistand | ce outsid | le the |
| | | | an be duplicated if additional space is | | | (N | (0 |
| (a) Region | (b) Number of offices | (c) Number of employees, | (d) Activities conducted in the regio (by type) (such as, fundraising, pro- | | ivity listed in (gram service | `´ I | (f) Total expenditures |
| | in the region | agents, and independent | gram services, investments, grants t | | e specific typ | · | for and |
| | | contractors in the region | recipients located in the region) | | e(s) in the reg | | investments in the region |
| NORTH AMERICA - | | | | | | | |
| CANADA AND MEXICO, | | | | | | | |
| BUT NOT THE UNITED | | | SALES OF SERVICES AND | SALES OF SI | ERVICES AND | D | |
| STATES | 0 | 0 | CURRICULUM | CURRICULUM | | | 0. |
| | | | | | | | |
| CENTRAL AMERICA AND | | | SALES OF SERVICES AND | SALES OF SH | DUTCES AN | | |
| THE CARIBBEAN | 0 | 0 | CURRICULUM | CURRICULUM | SRVICES AN | | 0. |
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| | - | | | | | | |
| 3 a Subtotal | | 0 | | | | | 0. |
| b Total from continuation | | | | | | | 0 |
| sheets to Part I | 0 | 0 | | | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | | | 0. |

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

Schedule F (Form 990) (Rev. 12-2024)

LHA 432071 01-15-25

Schedule F (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

41-0811842

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|------------|-----------------------------|-----------------------------|---------------------------------|---|---|---|
| | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

Page 2

Schedule F (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

| Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. | | | | | | | | | |
|--|------------|--------------------------|---------------------------------|---------------------------------|--|---------------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) | | |
| | | | | | | | | | |
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Schedule F (Form 990) (Rev. 12-2024)

41-0811842

Page 3

Schedule F (Form 990) (Rev. 12-2024) SEARCH INSTITUTE Part IV Foreign Forms

| 4 | | | |
|---|--|-----|-----------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," | | |
| | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign | | T7 |
| | Corporation (see the Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may | | |
| | be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and | | |
| | Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a | | |
| | U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| | | | |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," | | |
| | the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | | |
| | Certain Foreign Corporations (see the Instructions for Form 5471) | Yes | X No |
| | | | |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a | | |
| | qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | | |
| | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing | | |
| | Fund (see the Instructions for Form 8621) | Yes | XNo |
| | | | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," | | |
| | the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain | | |
| | Foreign Partnerships (see the Instructions for Form 8865) | Yes | X No |
| | | | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If | | |
| | "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see | | |
| | the Instructions for Form 5713; don't file with Form 990) | Yes | X No |
| | · · · · | | |

Schedule F (Form 990) (Rev. 12-2024)

432074 01-15-25

Part V Supplemental Information

Schedule F (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| 432075 01-15-25 150422 131839 A484986 | Schedule F (Form 990) (Rev. 12-2024) 37 2024.03030 SEARCH INSTITUTE A4849 |
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Docusign Envelope ID: AA070EF2-8D3B-4E81-AD01-04AE40CB56C5

| | HEDULE J rm 990) | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest | | OMB No. 1 | 1545-00 | 047 | |
|-------|---|---|----------|--------------|---------|----------|--|
| (Rev | Exp. December 2024) Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | lic | |
| Depar | partment of the Treasury Attach to Form 990. | | | | | | |
| | nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | |
| INdii | Name of the organization Employer identify SEARCH INSTITUTE 41-0811 | | | | | | |
| Pa | rt I Question | s Regarding Compensation | 41- | 001104 | 2 | | |
| 14 | ducotion | | | | Yes | No | |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990 | | 165 | | |
| ia | | line 1a. Complete Part III to provide any relevant information regarding these items. | 550, | | | | |
| | First-class or c | | naluse | | | | |
| | Travel for com | i i i i i i i i i i i i i i i i i i i | | | | | |
| | | cation and gross-up payments I Health or social club dues or initiation fee | | | | | |
| | _ | spending account | | | | | |
| | | | , | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | • | provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| | | | | | | | |
| 3 | Indicate which, if a | ny, of the following the organization used to establish the compensation of the organization's | ; | | | | |
| | CEO/Executive Dire | ector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | | |
| | establish compensat | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation committee Written employment contract | | | | | | |
| | Independent compensation consultant Compensation survey or study | | | | | | |
| | X Form 990 of o | ther organizations X Approval by the board or compensation c | ommittee | | | | |
| | | | | | | | |
| 4 | During the year, did | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | |
| а | a Receive a severance payment or change-of-control payment? | | | | | X | |
| b | | | | | | X | |
| С | | | | | | X | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | Only continue 504(s | (10) $(0.1/2)(4)$ and $(0.1/2)(0)$ as a single second constant in $(0.1/2)(4)$ | | | | | |
| F | | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | - | | | | |
| э | - | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 11 | | | | |
| • | contingent on the r | | | 50 | | x | |
| | | ation? | | | | X | |
| D | | ation? or 5b, describe in Part III. | | 50 | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | | |
| 0 | | | 41 | | | | |
| а | contingent on the net earnings of: a The organization? | | | | | x | |
| | | ation? | | | | X | |
| 5 | | pr 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| • | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | x | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | ····· ' | | <u> </u> | |
| 5 | | | | 8 | | x | |
| 9 | | | | | | | |
| 5 | | a the organization also follow the reputtable presumption procedure described in a same set of the | | 9 | | | |
| For | | | | orm 990) (Re | v. 12- | ·2024) | |

LHA 432111 01-15-25

Schedule J (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W | -2 and/or 1099-MISC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) BEN HOULTBERG | (i) | 214,482. | 10,000. | 0. | 2,500. | 22,010. | 248,992. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | 165,977. | 0. | 0. | 2,500. | 684. | 169,161. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | 154,919. | 0. | 0. | 2,500. | 14,180. | 171,599. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) GABRIELA KEEFER | (i) | 148,566. | 0. | 0. | 1,202. | 626. | 150,394. | 0. |
| SENIOR DIRECTOR OF MARKETING & G& PR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JOANNA WILLIAMS | (i) | 151,214. | 0. | 0. | 0. | 27,443. | 178,657. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) (Rev. 12-2024)

Page 2

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Schedule J (Form 990) (Rev. 12-2024) SEARCH INSTITUTE

Part III Supplemental Information

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

SEARCH USES THEIR EXECUTIVE COMMITTEE AS THEIR COMPENSATION COMMITTEE FOR ANNUAL REVIEW OF PRESIDENT AND CEO'S COMPENSATION. THE COMMITTEE RELIED UPON OTHER ORGANIZATIONS' FORM 990 INFORMATION TO MAKE THEIR DETERMINATION OF HIS SALARY. THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD WHO APPROVES THE FINAL COMPENSATION OF THE PRESIDENT AND CEO.

Schedule J (Form 990) (Rev. 12-2024)

| SCHEDULE O (Form 990) | Supplemental Information to Form 990 or 990- | ·EΖ | OMB No. 1545-0047 |
|--|--|------------|------------------------------|
| (Rev. December 2024) Department of the Treasury | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. | | Open to Public Inspection |
| Internal Revenue Service Name of the organization | | | identification number |
| FORM 990, PA | SEARCH INSTITUTE RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | | 811842 |
| YOUTH DEVELO | • • | | |
| | | | |
| FORM 990, PA | • • | | |
| UNDERSTANDIN | | | |
| | 2) DESIGNING AND DELIVERING WORKSHOPS, SURVEYS | | OTHER |
| PRACTICAL RE | | | |
| | ORT THEY PROVIDE TO YOUNG PEOPLE, AND (3) PART G ORGANIZATIONS TO STRENGTHEN PROGRAMS, POLIC | NERING | WITH |
| | ND CULTURES TO PROVIDE ALL YOUNG PEOPLE WITH W | | EY NEED |
| TO THRIVE. | | | |
| | | | |
| FORM 990, PA | RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN | TS: | |
| INSTITUTE IS | A NATIONAL TREASURE. IT PROVIDES THE NEW IDEA | S AND ' | ГНЕ |
| RESEARCH AME | RICA NEEDS TO GROW HEALTHY AND SUCCESSFUL YOUT | | DAY |
| SEARCH INSTI | | | |
| | L RELATIONSHIPS IN YOUNG PEOPLE'S LIVES THAT P | UT THE | M ON |
| THE PATH TO | BECOMING THRIVING AND CONTRIBUTING ADULTS. | | |
| | RT VI, SECTION A, LINE 1A: | | |
| THE EXECUTIVE | | СНАТР | SECRETARY, |
| | WO MEMBERS-AT-LARGE, AND THE CEO OF SEARCH INS | , | |
| | MMITTEE PERFORMS INVESTIGATIVE AND INFORMATION | | |
| | BEHALF OF THE BOARD OF DIRECTORS AS A WHOLE AN | | |
| | RECOMMENDATIONS BACK TO THE BOARD. THE EXECUT | | |
| ALSO PERFORM | S BOARD ADMINISTRATIVE TASKS ON BEHALF OF THE | BOARD | AS A WHOLE. |
| THE EXECUTIV | E COMMITTEE HAS LIMITED DECISION MAKING AUTHOR | ITY AP | ART FROM |
| THE BOARD AS | A WHOLE. | | |
| | | | |
| FORM 990, PA | RT VI, SECTION B, LINE 11B: UAL BOARD MEMBER IS PROVIDED WITH A DRAFT COPY | | E COMPLETED |
| | OR TO FILING. MEMBERS HAVE SUFFICIENT TIME TO | | |
| | EVIEW AND COMMENT BEFORE THE FORM IS PRESENTED | | |
| | PROVAL. THE FINAL FORM IS PRESENTED FOR DISCUS | | |
| | BOARD MEETING. FORM 990 IS FILED AFTER BOARD | | |
| | | | |
| FORM 990, PA | RT VI, SECTION B, LINE 12C: | | |
| | OF THE BOARD OF DIRECTORS MUST ANNUALLY COMPLE | | |
| | CLOSURE FORM. COMPLETED FORMS ARE INITIALLY RE | | |
| | RETURNED TO THE EXECUTIVE COMMITTEE TO DETERMI | | |
| | INTEREST EXISTS AND FORMULATE ANY RECOMMENDED | | |
| | PPARENT CONFLICTS ARE REPORTED TO THE FULL BOAT MMITTEE RECOMMENDATIONS. THE BOARD REVIEWS, DI | | |
| | LUTION OR TAKE OTHER ACTION TO ELIMINATE A REAL | | |
| | NFLICTS OF INTEREST ARE DECIDED OR RESOLVED BY | | |
| | ARD MEETING WITH A QUORUM, NOT INCLUDING THE C | | |
| | CONFLICTED MEMBER MAY BE PRESENT FOR DISCUSSIO | | |
| | THE CONFLICT AND MUST LEAVE FOR THE VOTE. THE | | |
| | N THE MEETING MINUTES OF THE BOARD. FILES OF A | | |
| DOCUMENTS RE | LATED TO CONFLICTS OF INTEREST ARE MAINTAINED | BY SEA | RCH |
| INSTITUTE'S | CHIEF OPERATING OFFICER. | | |
| Fan Dan second D. J. J. | ion Act Nation, and the Instructions for Form 000 or 000 F7 | adul: 0 /5 | rm 000) (Boy 12 2024) |

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

| Schedule O (Form 990) 2024 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| SEARCH INSTITUTE | 41-0811842 |
| FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS AND APPROVES THE | |
| PRESIDENT & CEO USING A NUMBER OF SALARY STUDIES FOR SIMIL | |
| COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMMITEE WILL MAKE | |
| TO THE FULL BOARD FOR APPROVAL. THE REVIEW PROCESS FOR THE | |
| WAS MOST RECENTLY CONDUCTED IN 2024. | |
| | |
| THE CEO ANNUALLY REVIEWS AND APPROVES THE SALARIES OF THE | |
| LEADERSHIP TEAM USING A NUMBER OF SALARY STUDIES FOR SIMIL | |
| COMPARABLE ORGANIZATIONS. THE REVIEW PROCESS WAS MOST RECE 2024. | NTLY CONDUCTED IN |
| 2024. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF I | NTEREST POLICY, |
| FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO THE PUBLIC | ON THE |
| INSTITUTE'S WEBSITE AND UPON REQUEST. | |
| FORM 000 FARM TY I THE 110 OWNED BEEG. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: SPEAKERS: | |
| PROGRAM SERVICE EXPENSES | 90,213. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 90,213. |
| | |
| WRITERS: | 0.750 |
| PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES | <u> </u> |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 8,750. |
| | |
| OTHER CONSULTANTS AND PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 671,448. |
| MANAGEMENT AND GENERAL EXPENSES | 82,063. |
| FUNDRAISING EXPENSES TOTAL EXPENSES | <u> </u> |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 852,543. |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN VALUE OF BENEFICIAL INTEREST | 1,982. |
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Schedule O (Form 990) 2024