CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2021

Open to Public Inspection

1.General Informat				
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/01	./2021 and Ending	(mm/dd/yyyy) 06/30	/2022
Check if Applicable:	Name of Organization:			Employer Identification Number (EIN):
Address Change	Search and Ca	re, Inc		23-7444790
Name Change	Mailing Address:			NY Registration Number:
Initial Filing	1844 Second A	venue		01-92-50
Final Filing	City / State / ZIP:			Telephone:
Amended Filing	New York, NY	10128		212 289-5300
Reg ID Pending	Website:			Email:
	WWW.SEARCHANI	CARE.ORG		
Check your organization's registration category:		Lonly X DUAL (7A	& EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification				, and a second
See instructions for certifities two signatories.	cation requirements, Impro	per certification is a violatio	n of law that may be subje	ct to penalties. The certification requires
,				
they are	enaities of perjury that we no etrue, correct and complete	aviewed this report, includir in accordance with the law	ig all attachments, and to t is of the State of New York	he best of our knowledge and belief, applicable to this report.
	100 0	io_	Orla Coler	nan / /
President or Authorized (Officer:		President	3/13/23
	Signature		Print Nan	ne and Title Date
11 1			<pre>= Alexander</pre>	Cochran / /
Chief Financial Officer or			Treasurer	3/13/23
	Signature		Print Nan	ne and Title Date
3. Annual Reporting	Exemption			
		v organization in allaimte -		tegory (7A or EPTL only filers) or both
categories (DUAL filers) the	at apply to your maig: 17 you	complete anti-parts 1.3	n exemption under one ca	fegory (7A or EPTL only filers) or both ified Char500. No fee, schedules, or
additional attachments are	menuined if you cannot do	im an exemption or are a D	uiku 3, and soomit the cent	med Charbuu. No tee, schedules, or ne exemption, you must file applicable
achedules and attachment	is and pay applicable fees	an an exemption of all a D	OPIL HER THAT CHAPTES DELLY O	rie exemption, you must tile applicable
·	, , , , , , , , , , , , , , , , , , ,			
3a. 7A filing	exemption: Total contribut	ions from NY State Includir	n residents foundations	government agencies, etc. did not
exceed \$25	,UXX and the organization of	lid not engage a profession	al fund raiser (PFR) or fund	fraising counsel (FRC) to solicit
contribution	is during the fiscal year.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the same of the sa
3b. EPTL fil	ing exemption: Gross receip	nts did not exceed \$25,000	and the market value of a	ssets did not exceed \$25,000 at any time
during the fi	iscal year.	·		and the character of th
4. Schedules and At	tachments			
See the following page	7			
į.	Yes X No 4a. Did	your organization use a pro	fessional fund raiser, fund	raising counsel or commercial co-venturer
schedules and	for fund	raising activity in NY State	? If yes, complete Schedul	e 4a.
attachments to	7 — 7			
complete your filing.	Yes No 4b. Did	the organization receive go	vernment grants? If yes, co	omplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filling fee:	Total fee:	
next page to calculate your			· · · - - ·	Make a single check or money order
fee(s), Indicate fee(s) you				payable to:
are submitting here:	\$ <u>25.</u>	\$ 250.	\$ 275.	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenfiling year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Publication Review Report if you received total revenue and support greater than \$250,000 if the fiscal year begins before that date, an Audit Report is required if total relation. No Review Report or Audit Report is required because total revenue and support greater and support greater than \$1,000,000 if the fiscal year begins before that date, an Audit Report is required if total relation. No Review Report or Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, an Audit Report is required if total relationship to the fiscal year begins before that date, and an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, and an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, and an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before that date, and an Audit Report is required because total revenue and support greater than \$1,000,000 if the fiscal year begins before	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the ic Accountant's Review or Audit Report: 00 and up to \$1,000,000 00 and the fiscal year begins on or after July 1, 2021. evenue and support is greater than \$750,000 port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.Charities.NYS.com .
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
Search and Care, Inc	01-92-50

2. Government Grants

NYS OFFICE FOR THE AGING NYC DEPARTMENT FOR THE AGING O.	Am	ount of Grant
1. SMALL BUSINESS ADMINISTRATION	1.	193,925
2. NYS OFFICE FOR THE AGING	2.	260,000
3. NYC DEPARTMENT FOR THE AGING	3.	37,500
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	491,425

Extended to May 15, 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2021 calendar year, or tax year beginning $\mathrm{JUL}1$, 2021	ng J	UN 30, 2022	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Address	Search and Care, Inc			
	Name change	Doing business as		23-74447	90
	lnitial return		n/suite	E Telephone number	r
	Final return/	1844 Second Avenue		212-289-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,734,509.
	Amende			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: AARON ROONE I		for subordinates	
	pending	same as C above	:	H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. See instructions
		E: ► WWW.SEARCHANDCARE.ORG		H(c) Group exemption	n number 🕨
K	Form of a	organization: X Corporation Trust Association Other	∟ Year o	of formation: 1974 N	State of legal domicile: NY
P	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities: See Sch	nedu	le O	
Activities & Governance					
ü	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets.
Š	3 1	Sumber of voting members of the governing body (Part VI, line 1a)			23
ص ھ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			23
es	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	27
×ξ	6 1	otal number of volunteers (estimate if necessary)		6	83
dct i	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b١	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
	ļ		_	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,475,134.	2,024,621.
en	ı	Program service revenue (Part VIII, line 2g)		175,465.	171,938.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		231,430.	256,199.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,882,029.	2,452,758.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		70,779.	27,198.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,108,883.	1,363,990.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 181,178.		0.	0.
ž				204 020	251 600
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		324,032.	351,682.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,503,694.	1,742,870.
- "		Revenue less expenses. Subtract line 18 from line 12		378,335.	709,888.
IS OF			Be	ginning of Current Year	End of Year
SSE	20 1	otal assets (Part X, line 16)		6,363,156.	6,045,822.
Net Assets Fund Baland	21 ⊺	otal liabilities (Part X, line 26)	·-	6,009,153.	5,844,614.
	22 N art II	let assets or fund balances. Subtract line 21 from line 20		0,009,133.	3,044,014.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	Letatom	ants, and to the hest of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which p			y Knowledge and belief, it is
auc	1, 0011601	, and complete. Declaration of property (other than officer) is based on an information of which p	лорагог	3/15/33	
Sig		Signature of officer		Date	<u></u>
He		AARON ROONEY, EXECUTIVE DIRECTOR		' /	
пе		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	ate Check	PTIN
Pai		Kevin Sunkel Kevin Sunkel	lo	2/21/23 if self-employs	P00706145
	- ⊢	Firm's name ▶ Owen J Flanagan & Co		Firm's EIN	13-2060851
	· L	Firm's address 60 East 42nd Street			
		New York, NY 10165		Phone no.21	2-682-2783
Ma	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No
					000

Form 990 (2021) Search and Care, Inc 23-7444790 Page 3
Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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	i		
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	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			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	rie	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		- 1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	120	- 21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
		13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		<u> </u>
b	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
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	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,			
17	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			
10	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,"			
.5	complete Schedule G, Part III	19		X_
20a	The state of the s	20a	1	X
b	and the second s	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X
		Forr	ո 990	(2021)

Form 990 (2021) Search and Care, Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X_	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	v	
0.4	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
24 a	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		X
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		1
С		28c		X
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	T
29	Did the organization receive more than \$25,000 in non-cash contributions. In 105, complete conservation			
30	contributions? If "Yes," complete Schedule M	30	i	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		İ	١,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	+	+
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
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			
			Yes	N
1:	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	5		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
b		_		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form 990 (2021) Search and Care, Inc
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C In		
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).	72	Х	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	- 21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d	'		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of qualified interlectual property, did the organization file a Form 1098-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organizations maintaining donor advised funds. Bid a donor advised funds as sponsoring organization have excess business holdings at any time during the year?	8		
^	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		-	İ
''a	Gross income from members or shareholders		ļ	}
b	Consider a surgery (De not not amounts due or poid to other sources against			
J	amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	12h	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	\dashv		
c	Enter the amount of reserves on hand	+-	+-	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	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?	10	+	+^
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	—	1	
	If "Yes," complete Form 6069.			

Form 990 (2021) Search and Care, Inc 23-7444790 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	_8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	İ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			İ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		.,	
12a		12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	· · · · · · · · · · · · · · · · · · ·			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	١		
а	<u>u</u>	15a	X	v
b		15b	ł	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		1	İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
	taxable entity during the year?	16a	 	
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
_	exempt status with respect to such arrangements?	TOD		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s onl	v) avai	able
18		2,0 0111	,,	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)			
	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ıncial	
19				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 212-289-5300			
	The Organization - 212-289-3300 1844 Second Avenue, New York, NY 10128			

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(C Posi	;) tion			(D)	(E)	(F)
Name and title	Average		not cl	heck r	more	than		Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation from related	amount of other
	week (list any						Ė	the	organizations	compensation
	hours for	individual trustee or director				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	er.	Key employee	est c	le l			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) Brian Kravitz	40.00							154 245		12 120
Executive Director		<u> </u>	-	X		<u> </u>		164,346.	0.	12,129.
(2) Natasha S. Brown	3.00						i	_		
Director		X				_		0.	0.	0.
(3) Nina Sumers Myers	5.00									_
Vice President		X		X		_	<u> </u>	0.	0.	0.
(4) Caroline M. Tripp	3.00									_
Director		X						0.	0.	0,
(5) Neil E. Botwinoff	5.00								_	
Secretary		X		X			_	0.	0.	0 .
(6) J. Peyton Carr	3.00									
Director		X						0.	0.	0 .
(7) Melissa B. Epperly	3.00									
Director		X					_	0.	0.	0 .
(8) Brian Boye	3.00						ı			
Director		X					\perp	0.	. 0.	0
(9) Margaret Diaz-Cruz	3.00									
Director		X						0 .	0.	0
(10) Suzanne Goldhirsch	3.00									
Director		X				<u> </u>	\perp	0 .	. 0.	0
(11) Barbara D. Hayes	3.00									
Director		X				\perp		0	. 0.	0
(12) Ann Hall Kaplan	3.00									_
Director		X	\perp					0	. 0.	0
(13) B. Hunt Lawrence	3.00									_
Director		X	<u> </u>		ļ.,		\perp	0	. 0.	. 0
(14) Kathleen B. Linburn	3.00						i			
Director		X	_	-	_		1.	0	. 0.	. 0
(15) Alexander Cochran	5.00							_	_	
Treasurer		X	\perp	X	\perp	_	1	0	. 0.	. 0
(16) Susan M. Relyea	3.00							_		
Director		X	_	\perp	1	ļ.,	\perp	0	. 0.	. 0
(17) Orla Coleman	20.00									
President		X	1	<u> X</u>				0	. 0	. 0 Earm 990 (202

132007 12-09-21

Form **990** (2021)

Form 990 (2021) Search a									23-7444	<u> 790</u>	Pa	ige 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C				(F)	
(A)	(B) Average			(C Posi				(D)	(E)	Ec	(F) timate	d
Name and title	hours per		not c	heck r	more	than o		Reportable compensation	Reportable compensation		iiiiaie iount (
	week			ss per ıd a di				from	from related		other	<i>)</i>
	(list any	tor						the	organizations		pensa	tion
	hours for	direc				pa Ba		organization	(W-2/1099-MISC/	l	om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	org	anizati	on
	organizations	al trus	onal tr		loyee	co mb		1099-NEC)			d relate	
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizatio	ons
(18) Christine L. Robinson	3.00	드	투	0	ž	π 5	Œ					
Director	3,00	X						0.	0.			0.
(19) Claudia G. Thompson	3.00											
Director		X	ļ					0.	0.	-		0.
(20) Kate A. Karet	3.00								0			0
Director	3.00	X	-				_	0.	0.			0.
(21) Bernadette Cruz	3.00	X						0.	0.			0.
Director (22) Jennifer Hoblyn	3.00	11				T-						
Director		X						0.	0.		_	0.
(23) Matthew James	3.00											•
Director	2 00	X	ļ	ļ	-	-		0.	0.	-		0.
(24) Jacques Anderson	3.00	X						0.	0.			0.
Director		1	+		-	\vdash						
		1										
				<u> </u>		1		164,346.	0.	1	2,1	29.
1b Subtotal							-	0.				0.
d Total (add lines 1b and 1c)							<u> </u>	164,346.	0.	. 1	2,1	29.
2 Total number of individuals (including but	not limited to t	hose	e list	ed a	bov	e) w	ho r	received more than \$10	0,000 of reportable			_
compensation from the organization											Yes	No
	P		1		المارما		- hi	about companyated om	nlovee on		163	140
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for									ployee on	3		X
4 For any individual listed on line 1a, is the									the organization		1	
and related organizations greater than \$1										4	X	
5 Did any person listed on line 1a receive o	r accrue compe	ensa	ition	from	n an	y un	rela	ted organization or indi	vidual for services			l
rendered to the organization? If "Yes," co	mplete Schedu	ıle J	for s	such	per	rson				5	<u> </u>	X
Section B. Independent Contractors						traat	010	that received more than	\$100,000 of compen	sation	from	
Complete this table for your five highest of the organization. Report compensation for	compensated in or the calendar	vear raet	ena enc	lent o lina i	with	ıracı ı or v	ors vithi	in the organization's tax	year.	Jacion		
(A)	Title Galerida	j ou.	01.10	9				(B)		(C)	
Name and busines	ss address	N	ION	E				Description of	services	Comp	ensatio	on
						-						
							-					
2 Total number of independent contractors		not	limit	ed to	o th	ose	liste	ed above) who received	more than			
\$100,000 of compensation from the orga	nization >					U				Forn	990	(2021

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b Fundraising events 1c 126,998. d Related organizations 491,425 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,406,198 similar amounts not included above ... 1f 115,840. g Noncash contributions included in lines 1a-1f | 1g |\$ 2,024,621 h Total. Add lines 1a-1f Business Code 171,938. 624100 171,938. 2 a CLIENT SERVICES Program Service f All other program service revenue 171,938. Total. Add lines 2a-2f Investment income (including dividends, interest, and 53,638. 53,638. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 7a 415,034. assets other than inventory **b** Less: cost or other basis 7b 212,473 Other Revenue and sales expenses c Gain or (loss) ________7c |202,561. 202,561. 202,561. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 126,998. of contributions reported on line 1c). See 69,278. Part IV, line 18 8b 69,278. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a d All other revenue e Total. Add lines 11a-11d 256,199. 452,758. 171,938. 12 Total revenue. See instructions Form **990** (2021)

1

Form 990 (2021) Search and Care, Inc Part IX Statement of Functional Expenses

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

Do not	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1 Gr	ants and other assistance to domestic organizations				
ar	nd domestic governments. See Part IV, line 21				
2 G	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22	27,198.	27,198.		
3 G	rants and other assistance to foreign				
10	ganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
	ompensation of current officers, directors,		100 100	00 000	F.C. 41 F
	ustees, and key employees	188,055.	103,430.	28,208.	56,417.
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	006 100		100 563	61,190.
	other salaries and wages	936,128.	772,375.	102,563.	61,190.
	ension plan accruals and contributions (include	21 000	26 752	2 220	1 044
	ection 401(k) and 403(b) employer contributions)	31,027.	26,753.	3,230. 14,218.	1,044. 12,345.
	other employee benefits	122,997.	96,434.	9,947.	8,791.
	ayroll taxes	85,783.	67,045.	9,947.	0,131.
	ees for services (nonemployees):				
	Management				
	egal	43,913.	15,848.	28,065.	
	accounting	43,913.	15,040.	20,003.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				10-10-10-10-10-10-10-10-10-10-10-10-10-1
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	07 202	76,111.	11,292.	9,980.
	olumn (A), amount, list line 11g expenses on Sch 0.)	97,383.	/0,111.	11,232.	3,300
	Advertising and promotion	34,443.	28,558.	3,124.	2,761.
	Office expenses	34,443.	20,330.	5,124.	2,101
	nformation technology				
	Royalties	88,307.	69,016.	10,240.	9,051
	Decupancy	00,307.	03,010.	10,240.	3,031
	Fravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	21,340.	16,678.	2,475.	2,187
		12,532.	20/01/01	12,532.	
	nsurance Other expenses. Itemize expenses not covered	12,332.			
2	above. (List miscellaneous expenses on line 24e. If				
١	ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	Other Operating	50,309.	28,647.	4,250.	17,412
-	Client Services	3,455.	3,455.		
-	CITCHE BELVIOUS				
c ₋					
-	All other expenses				
-	Total functional expenses. Add lines 1 through 24e	1,742,870.	1,331,548.	230,144.	181,178
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,223,323.	2	1,626,535 .
	3	Pledges and grants receivable, net	98,500.	3	500,802.
	4	Accounts receivable, net	51,560.	4	36,059.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	10,676.	9	17,691.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 374, 246.	,		
	b	Less: accumulated depreciation 10b 340,053.			34,193.
	11	Investments - publicly traded securities	3,576,655.	11	2,983,482.
	12	Investments - other securities. See Part IV, line 11	1,322,691.	12	797,833.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	55,133.	15	49,227.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,363,156.	16	6,045,822.
	17	Accounts payable and accrued expenses	95,237.		126,981.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	1	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	250 766	٥٢	74,227.
		of Schedule D	258,766. 354,003.		201,208.
	26	Total liabilities. Add lines 17 through 25	334,003	20	201,200.
Ś		Organizations that follow FASB ASC 958, check here ► X			
nce		and complete lines 27, 28, 32, and 33.	5,287,218.	27	4,718,707.
ala	27	Net assets without donor restrictions	721 025		1,125,907.
D B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	121,555	20	1/123/50/1
Fun					
<u>~</u>	00	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	29	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	30	Retained earnings, endowment, accumulated income, or other funds		31	-
Net Assets or Fund Balances	31	Total net assets or fund balances	C 000 1E2	+	5,844,614.
Z	32	Total liabilities and net assets/fund balances	6,363,156		6,045,822.
	აა	Total habilities and first assets/fully balaness		•	Form 990 (2021)

23-	7444	790	Page 12
4.3	/ = = =		raue L

Ollin	OCO (ECE)				
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,74		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,00		
5	Net unrealized gains (losses) on investments	5	-87	4,4	<u>27.</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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,84	4,6	<u>14.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				للا
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne 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 So	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			37
	Act and OMB Circular A-133?		3a	-	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	<u> </u>
			Form	990	(2021)

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7444790 Search and Care, Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

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

Sec	tion A. Public Support			· · · · ·			
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1415435.	1048891.	1374085.	1475134.	2024621.	7338166.
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					Ì	
	the organization without charge						
4	Total. Add lines 1 through 3	1415435.	1048891.	1374085.	1475134.	2024621.	7338166.
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)						938,903.
	Public support. Subtract line 5 from line 4.						6399263.
	tion B. Total Support	r				***	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1415435.	1048891.	1374085.	1475134.	2024621.	7338166.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F0 000	00 000	07 470	40 005	F2 620	227 105
	and income from similar sources	59,022.	88,830.	87,470.	48,235.	53,638.	337,195.
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.)						7675361.
	Total support. Add lines 7 through 10 Gross receipts from related activities.	oto (soo instructi	(nc)		<u></u>	12	878,922.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax		L	010,522.
13	organization, check this box and stop					001(0)(0)	
Sec	etion C. Computation of Publ						
14	Public support percentage for 2021 (column (f))		14	83.37 %
15	Public support percentage from 2020					15	80.92 %
	33 1/3% support test - 2021. If the					nore, check this bo	ox and
	stop here. The organization qualifies						.
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qua						- 1 1
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac-	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	st - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ						▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		(Form 990) 2021

Schedule A (Form 990) 2021 Search and Care, Inc Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	ow, prodes some	5.5.5 + G. F,	****			· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						i
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						<u></u>
Section B. Total Support		T				
Calendar year (or fiscal year beginning in) ► 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here		<u></u>				.
Section C. Computation of Publi						
15 Public support percentage for 2021 (li			column (f))			%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20						%
18 Investment income percentage from 2						9/
19a 33 1/3% support tests - 2021. If the						1 / is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						>
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check	this box and see i	nstructions	> L

Part IV | Supporting Organizations

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

Section	A. /	All S	upporting	10	rganizations

- 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")? If "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
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

2021.05050 Search and Care, Inc

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	74		
	4b		
	4c		
		i	
	5a		
	5b		
	5c		
	6	-	
	_		
	7		
	8	-	
	9a		
	9b		
	9c		
	10a	-	-
	10b		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Search and Care, Inc
Part IV Supporting Organizations (continued)

			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		
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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	ction 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			
<u> </u>	supported organizations played in this regard.	3	l	L
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a				
b	The state of the s	structio	nsl	
2	Activities Test. Answer lines 2a and 2b below.	.51,401/0	Yes	No
2 a	State of the first of the state		1.03	1.50
d	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
•	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	District the state of the state			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Support		·····	
1 Check here if the organization satisfied the Integral Part Test as a qualif			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functio	nally integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990) 2021

1

instructions).

Schedule A (Form 990) 2021

1

a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 23-7444790 Search and Care, Inc

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in		funds
Ŭ	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (for example, recre		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		
0	Number of conservation easements on a certified historic s		
C	Number of conservation easements included in (c) acquired		
d	listed in the National Register		
2	Number of conservation easements modified, transferred, r	released extinguished or terminated by the o	rganization during the tax
3		ologood, oluligationed, and an analysis of	ÿ ÿ
	year ▶ Number of states where property subject to conservation e	easement is located >	
4	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	n handling of violations, and enforcing conser	rvation easements during the year
0	Stall and volunteer hours devoted to marketing, inspecting	,	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on easements during the year
′	\$		
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)	i(4)(B)(i)
O	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense s	tatement and
9	balance sheet, and include, if applicable, the text of the foo	otnote to the organization's financial statemen	its that describes the
	organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Fol	rm 990, Part IV, line 8.	
	If the organization elected, as permitted under FASB ASC		d balance sheet works
	of art, historical treasures, or other similar assets held for p	public exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fir	nancial statements that describes these items	
h	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and ba	alance sheet works of
~	art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical	treasures, or other similar assets for financial (gain, provide
-	the following amounts required to be reported under FASE		
а	D : I ded as Farm 000 Dort VIII line 1		• \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

2021.05050 Search and Care, Inc

23-7444790 Page 2 Search and Care, Inc Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research Other h С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No Yes on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d 1e e Distributions during the year 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Part V (e) Four years back (c) Two years back (d) Three years back (b) Prior year (a) Current year 2 280 698. 2,580,445 2,362,568 3,602,761 2,716,080, 1a Beginning of year balance 200,000 155,000 5,000, 5,000 150,000 **b** Contributions 166,426. 155,191 c Net investment earnings, gains, and losses 620,260 792,250, 230 055 d Grants or scholarships Other expenditures for facilities 99 420 92,314 89,556, 105 569 122,912 and programs Administrative expenses 2,362,568, 2,716,080. 2,580,445 g End of year balance 3,009,589, 3,602,761, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 100 Board designated or quasi-endowment b Permanent endowment ► .0000 Term endowment ▶ _____% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No by: Х 3a(i) (i) Unrelated organizations 3a(ii) (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0 200
c Leasehold improvements		287,727.	279,425.	8,302.
d Equipment				05 004
e Other		86,519.	60,628.	<u>25,891.</u>
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, colur	mn (B), line 10c.)	<u></u>	34,193.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		441 0 5 000 D 1 V 1 10	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Certificates of Deposit	797,833.	Cost	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	797,833.		
Part VIII Investments - Program Related.	= 000 D . N/ E	14 0 5 000 P-1V F-10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description		(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)	ne 15)	>	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for (3) Refundable advance liability	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for (3) Refundable advance liability (4)	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for (3) Refundable advance liability (4) (5)	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for (3) Refundable advance liability (4) (5) (6)	on Form 990, Part IV, line		49,227
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Custodial Funds Held for (3) Refundable advance liability (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 49,227 25,000

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

chedule D (Form 990) 2021 Search and Care, Inc			23-7	444790 i	age 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per l	Return.	-	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1 Total revenue, gains, and other support per audited financial statements			1	1,578,3	31.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a	-874,427	•		
b Donated services and use of facilities	2b				
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d		4 !		
e Add lines 2a through 2d				-874,	
3 Subtract line 2e from line 1			3	2,452,	58.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b Other (Describe in Part XIII.)	4b		4		•
c Add lines 4a and 4b				0.450	<u> </u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,452,	<u>/58.</u>
Part XII Reconciliation of Expenses per Audited Financial Sta		n Expenses pe	r Retui	rn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			1 540	270
1 Total expenses and losses per audited financial statements			1	1,742,	370.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
a Donated services and use of facilities	2a		-		
b Prior year adjustments	2b		-		
c Other losses	2c		_		
d Other (Describe in Part XIII.)	2d		-		^
e Add lines 2a through 2d				1 510	0.
3 Subtract line 2e from line 1			3	1,742,	370
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<u>.)</u>		. 5	1,742,	370
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			e 4; Part	X, line 2; Part X	,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional infor	mation.			
Part V, line 4:					
	a	-ndormont	fund	58 of	_
Search & Care maintains a board restricted	d quasi-e	endowment	Luna	. 56 01	_a_
C 12 C 12 C	-1 -	-ha fund i	a ro	loagod	
three year trailing average of the fair v	alue of	the rund i	s re	Ieaseu	
an in a contract to contract		oomating o	oat a		
annually to help offset Search & Care's g	eneral o	berating C	USUS	•	
Part X, Line 2:					
THE PROPERTY OF THE PROPERTY O	ZAMTON U	AC NO IINCE	ד גיייסיג	ነ ጥልሄ	
MANAGEMENT HAS DETERMINED THAT THE ORGANI	ZATION H.	AS NO UNCI	PKINT	N IAA	
				TD / OP	
	a measuration	ひせいへいれてやてく	ואי אור	D/ OK	
	ATEMENT	RECOGNITIO	N AN		
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Schedule D	(Form 990) 2021	Search and	Care,	Inc	23-7444790 Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (continued)			
					
	M				
					

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number

Search a	nd Care,	Inc				23-7444	790
Part I Fundraising Activities. (ed "Ye	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Par b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the compensated. 	oral agreement w rt VII) or entity in c duals or entities (f	e Solicitati f Solicitati g Special f with any individual connection with pr	on of i on of g undra (includ ofessi	non-go goverrising e ling of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Ac	tivity	(iii) fundr. have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
Total 3 List all states in which the organization or licensing.	n is registered or l	licensed to solicit	contrib	. >	s or has been notifie	d it is exempt from	registration

132081 10-21-21

1

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

23-7444790 Page 2 Schedule G (Form 990) 2021 Search and Care, Inc Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events YORKVILLE ANNUAL None (add col. (a) through BALL BENEFIT col. (c)) (total number) (event type) (event type) Revenue 127,654. 68,622. 196,276. Gross receipts 126,998. 75,000. 51,998. 2 Less: Contributions 69,278. 3 Gross income (line 1 minus line 2) 52,654. 16,624. 4 Cash prizes Noncash prizes Direct Expenses 15,000. 15,000. Rent/facility costs 41,311. 25,600. 15,711. 7 Food and beverages 5,400. 5,400. 8 Entertainment 7,567. 913. 6,654. Other direct expenses 69,278. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

1

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

<u>Sc</u> h	edule G (Form 990) 2021 Search and Care, Inc 2.	<u>3 – 74</u>	44790) Page 3
_	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Entot the harro and address of the person three properties and organization of grant and organization of the person of the person three properties and organization of the person of the			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	t		
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party:			
	Name >			
	Address >		*	
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Independent contractor			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
D:	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, lines	9, 9b, 10b,
L	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
-	13b, 13c, 10, and 17b, as applicable. Also provide any assuments			
_				
_				

Schedule G	(Form 990)	Search and	Care,	Inc	23-7444790 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
			····		
			_		

SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service

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

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

OMB No. 1545-0047	2021	Open to Public	Inspection
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► Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

ame of the organization							Employer identification number
Search and	Care,	Inc					23-7444790
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	[
criteria used to award the grants or assistance?	ınce?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organi ,000. Part II can	zations and Domesti be duplicated if addit	c Governments. Cional space is need	complete if the orga Jed.	anization answered "\	res" on Form 990, Part	.IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	government or	ganizations listed in the	listed in the line 1 table				A
3 Enter total number of other organizations listed in the line 1 table	isted in the line	1 table					A
۱,	ee the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

Page 2 23-7444790 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Search and Care, Inc Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 0 27, 198, (c) Amount of cash grant 89 (b) Number of recipients The Organization provides grants to its clients on an as-need-basis to help with emergencies at home (a) Type of grant or assistance and to care for their pets.

SCHEDULE J (Form 990)

Compensation Information

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

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

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Search and Care, Inc

Employer identification number 23-7444790

A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First class or charter travel				Yes	No
First class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions Payments or business use of personal residence Tax indemnification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1b 1b 1c the provision of all of the expenses described above? If "No," complete Part III to explain 1b 1c expenses of the compensation of the provision of all of the expenses described above? If "No," complete Part III to explain 1b 1c explain 1c explain 1c explain 1c explain 1c expenses of the compensation of the provision of all of the expenses described above? If "No," complete Part III to explain 1c ex		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Independent compensation consultant 3 Porm 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment form as applemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Any related organization? 6 Any related organization? 6 Any related organization? 1 Pryes" on line 5 are 5b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Fig. 1 Part III. 8 Were any amounts reported on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described in Fegulations section 53.4958 4(a)(3)?		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Compensation contract Compensation contract Compensation survey or study Part		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
Solidicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee Part VIII, Section A, line 1a, with respect to the filling organization or a related organization: A X Approval by the board or compensation committee A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: A X Participate in or receive payment from a supplemental nonqualified retirement plan? A A X A X Participate in or receive payment from a supplemental nonqualified retirement plan? A A X X Y Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III. A X Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III. A X X X X X X X X X	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
Solidicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee Part VIII, Section A, line 1a, with respect to the filling organization or a related organization: A X Approval by the board or compensation committee A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: A X Participate in or receive payment from a supplemental nonqualified retirement plan? A A X A X Participate in or receive payment from a supplemental nonqualified retirement plan? A A X X Y Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III. A X Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III. A X X X X X X X X X			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee	_				
X Compensation committee					
Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958 4(a)(3)? If "Yes," describe in Part III.					
X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? 4a X X Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X X C Participate in or receive payment from an equity-based compensation arrangement? 4c X X Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III.					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III 8 X		Approvar by the board of compensation committee			
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a Receive a severance payment or change of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	4				
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III.		•	10		v
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.				-	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III.	-				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a	С		4c	<u> </u>	<u> </u>
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	а	The organization?	. 5a	-	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	b	Any related organization?	5b		<u> </u>
contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X		If "Yes" on line 5a or 5b, describe in Part III.			
a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X		contingent on the net earnings of:			
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X	а	The organization?	6a		X
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X	b		6b		X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8				
	-		. 8		X
9 II 185 OII III B O. UIU II B OI UAI IZALIOII AISO IOIIOW II B I BDULLADIE DI BOULTIDIOI I DI OCEUTE GESCINOGI II	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	•		9		

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

Schedule J (Form 990) 2021

Search and Care, Inc Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). 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

	(B) Breakdown	of W-2 ar	id/or 1099-MISC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	00	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Brian Kravitz	(i) 154,346	9	10,000.	0	10,815.	1,314.	176,47	0
cutive Director		0	0	0.	0	0	0	0
	()							
	(ii)							
	(E)							
	(ii)							
	(i)							
	(ii)							
	(E)							
)	(ii)							
	(i)							
	(E)							
	Θ							
	(E)							
	(1)							
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	(i)							
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	9							
	(ii)					-		
	(1)							
	(ii)							
	(1)							
	(ii)							
	(i)							
<u> </u>	(ii)							
	(j)							
	(ii)							
	(E)							
	(ii)							
	(3)							
	(ii)							
							Schedu	Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Search and Care, Inc

Employer identification number 23-7444790

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	8	115,840.	FV at date	of gi	ft
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests					-	
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential	·					
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory					district and	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz		= -				
	for which the organization completed Form 828	33, Part V, [Donee Acknowledg	ement 29]			
						Ye	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date			•			37
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	naliay that =	oguiros tha ravis	of any populandard contribe	itions?		v
31	Does the organization have a gift acceptance property of the organization hire or use third parties of the organization hire or use third parties of the organization hire or use the organization have a gift acceptance property of the organization have a gift acceptance property	•	•	•		31	X
SZa			J	, ,		32a	X
h	contributions? If "Yes," describe in Part II.					SZd	^_
33	If the organization didn't report an amount in co	olumn (c) fo	or a type of propert	v for which column (a) is che	ecked		
00	describe in Part II.	S.G. 111 (O) 10	a type of propert	, is willow column (a) is one	onou,		
	222230 4			•			

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

Schedule M	(Form 990) 2021	<u>Search</u>	<u>and</u>	<u>Car</u> e,	Inc				23-744	4790	Page 2
Part II	Supplemental is reporting in Part this part for any ac	l Information (b),	on. Pro	vide the info	ormation req	uired by Part I ne number of it	, lines 30b, 32b ems received, c	, and 33, a	nd whether t	ne organizat	tion

w***											
								-			

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Inspection Employer identification number

Search and Care, Inc	23-7444790
Form 990, Part I, Line 1, Description of Organization Mi	ssion:
Search and Care is a 501(c)(3) not-for-profit, non-sectar	rian
organization, which assists vulnerable Upper East Side,	Upper West Side
and East Harlem elders.	
Form 990, Part VI, Section B, line 11b:	
A committee of Board members and the Executive Director	review the Draft
990 in conjunction with the auditors prior to electronic	distribution to
the entire Board and filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The audit committee monitors compliance with the conflic	t of interest
policy.	
Form 990, Part VI, Section B, Line 15a:	
Annual compensation for the Executive Director is determ	nined and approved
by the members of the Board of Directors Executive Commi	ttee. The
President interviews the Executive Director about annual	accomplishments,
researches compensation comparability data published by	the Non Profit
Coordinating Committee, then recommends a total annual of	compensation package
to the members of the Executive Committee. Discussion e	ensues, agreement on
a compensation package is reached, in person notification	on and explanation
is made to the Executive Director, and documents in writ	ing to the
Controller.	

Form 990, Part VI, Section C, Line 19:

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

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
Search and Care, Inc	23-7444790
The Organization makes all governing documents, including	by-laws and the
conflict of interest policy, available to the public upon	request.

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

Attach to your tax return. Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

Search and Care, Inc		Form	n 990 Pag	ae 10		23-7444790
Part I Election To Expense Certain Proper	ty Under Section 17				V before yo	
					4	1,050,000.
2 Total cost of section 179 property place						
3 Threshold cost of section 179 property						2,620,000.
4 Reduction in limitation. Subtract line 3 f						
5 Dollar limitation for tax year. Subtract line 4 from line			***************************************			
6 (a) Description of pro		(b) Cost (busine		(c) Elected		** · · · · · · · · · · · · · · · · · ·
O (7)	·					
7 Listed supports Futurable amount from	line 20		7			
7 Listed property. Enter the amount from		in column (a) lines 6 and 1			8	
8 Total elected cost of section 179 prope						
9 Tentative deduction. Enter the smaller					1 1	
10 Carryover of disallowed deduction from						
11 Business income limitation. Enter the sr						
12 Section 179 expense deduction. Add lin					12	
13 Carryover of disallowed deduction to 20			🕨 13		<u> </u>	
Note: Don't use Part II or Part III below for			listed property	`		
Part II Special Depreciation Allowa						
14 Special depreciation allowance for qual						
					1 1	
15 Property subject to section 168(f)(1) ele	ection				15	
					16	
Part III MACRS Depreciation (Don't	include listed prop					
		Section A				14 000
17 MACRS deductions for assets placed i	n service in tax ye	ars heginning hefore 2021				
					17	14,882.
18 If you are electing to group any assets placed in serv	vice during the tax year i	into one or more general asset acco	unts, check here	> _		
	Placed in Service	into one or more general asset acco e During 2021 Tax Year U	unts, check here	> _		
	vice during the tax year i	into one or more general asset acco	unts, check here	> _	ation Syste	
Section B - Assets (a) Classification of property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gener (d) Recovery period	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use	Jsing the General (d) Recovery	ral Depreci	ation Syste	em
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gener (d) Recovery period	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gener (d) Recovery period	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gener (d) Recovery period	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gener (d) Recovery period	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General (d) Recovery period 3 Yrs.	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General (d) Recovery period (3 Yrs.	ral Depreci	ation Syste	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General (d) Recovery period 3 Yrs. 25 yrs. 27.5 yrs.	ral Depreci (e) Convention HY	sation Syste (f) Method SL S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs.	ral Depreci (e) Convention HY MM MM	sation System (f) Method SL S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	Placed in Service (b) Month and year placed	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General (d) Recovery period 3 Yrs. 25 yrs. 27.5 yrs.	ral Depreci (e) Convention HY MM MM MM	sation System (f) Method SL S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs.	mai Depreci (e) Convention HY MM MM MM MM	sation Syste (f) Method SL S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	mai Depreci (e) Convention HY MM MM MM MM	sation System (f) Method SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs.	mai Depreci (e) Convention HY MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs. sing the Alterna	mal Depreciate (e) Convention HY MM MM MM MM MM MM MM MM MM MM MM MM M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs. sing the Alternational of	mative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs. sing the Alterna	mal Depreciate (e) Convention HY MM MM MM MM MM MM MM MM MM MM MM MM M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.)	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545.	25 yrs. 27.5 yrs. 39 yrs. sing the Alternational of	mative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545. During 2021 Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Sing the Alternative Alternati	mative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service // // e 28 14 through 17, lin	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545. During 2021 Tax Year Usines 19 and 20 in column (g	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	mai Depreci (e) Convention HY MM MM MM MM MM MM MM MM MM MM MM MM M	S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines Enter here and on the appropriate lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service 14 through 17, lines of your return. Parents of the service of	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545. During 2021 Tax Year Usines 19 and 20 in column (gartnerships and S corpora	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	mai Depreci (e) Convention HY MM MM MM MM MM MM MM MM MM MM MM MM M	S/L S/L	(g) Depreciation deduction 2,640.
Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service // // e 28 14 through 17, lines of your return. Paservice during the service dur	into one or more general asset accore During 2021 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 29,545. During 2021 Tax Year Usiness 19 and 20 in column (gartnerships and S corporate current year, enter the	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	mai Depreci (e) Convention HY MM MM MM MM MM MM MM MM MM MM MM MM M	S/L S/L	(g) Depreciation deduction 2,640.

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (a) through (c	e) of Section A, a	ll of Section B, a	and Section C	if appl	licable.					
	Section A -	Depreciation	on and Other Inf	ormation (Cau	tion: See the i	instruc	tions for lir	nits for pas	senge	r automobiles	.)	
24a	Do you have evidence to s				Yes		1			ce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depr (business/inve	estment	(f) Recovery period	(g) Method Conventi		(h) Depreciation deduction	secti	(i) ected ion 179 cost
25	Special depreciation allo	owance for q	ualified listed pro	operty placed in	service during	g the ta	ax year an	d				
	used more than 50% in	a qualified b	usiness use						25			
26	Property used more tha	n 50% in a q	ualified busines	s use:								
		L	%									
			%									
			%									
27	Property used 50% or le	ess in a quali	fied business us	e:								
-			%					S/L -				
			%					S/L·				
			%					S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and on li	ne 21, page 1				28			
29	Add amounts in column	ı (i), line 26. E	nter here and or	n line 7, page 1						29		
			Sed	ction B - Inform	ation on Use	of Vel	hicles					
Coi	mplete this section for ve	ehicles used	by a sole proprie	etor, partner, or	other "more th	nan 5%	owner," o	or related pe	erson.	If you provide	d vehicle	es
	our employees, first ans											
				(a)	(b)		(c)	(d)		(e)		(f)
30	Total business/investment	miles driven d	luring the	Vehicle	Vehicle	\	/ehicle	Vehicle		Vehicle	Ve	hicle
	year (den't include commu		-									

30	Total business/investment miles driven during the	(a Veh	•	(b Veh	•	(c Veh	-	(c Veh	•	(e Veh	•	(f Veh	•
31 32	year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization									
(a) Description of		(b) amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year			
42 Amortization of costs tha	at begins during your 202	1 tax year:							
		: :							
43 Amortization of costs tha	43 Amortization of costs that began before your 2021 tax year								
44 Total, Add amounts in c	44								

Form **4562** (2021)

OWEN J. FLANAGAN & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS 60 EAST 42ND STREET, SUITE 1400 NEW YORK, NEW YORK 10165

OWEN J. FLANAGAN, CPA (1925-1996)

KEVIN C. SUNKEL, CPA JOHN L. CORCORAN, CPA LAUREN A. REALE, CPA (212) 682-2783 FAX (212) 697-5843 WWW.OJFLANAGAN.COM MEMBERS OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Search and Care, Inc.

Opinion

We have audited the accompanying financial statements of the Search and Care, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Search and Care, Inc. as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Independent Auditor's Report Page 2

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but not absolute assurance, and therefore is not a guarantee that an audit conducted in accordance with Generally Accepted Auditing Standards (GAAS) will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control—related matters that we identified during the audit.

Report Summarized Comparative Information

Owen J. Flanagan & Co.

We have previously audited Search and Care, Inc.'s June 30, 2021 financial statements, and we have expressed an unmodified audit opinion on those audited financial statements in our report dated September 22, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2021 is consistent, in all material respects, with the audited financial statements from which it has been derived.

September 14, 2022

SEARCH AND CARE, INC. STATEMENT OF FINANCIAL POSITION

JUNE 30, 2022

(WITH COMPARATIVE TOTALS FOR 2021)

	2022	2021
<u>ASSETS</u>		
Cash and cash equivalents Contributions receivable Other receivables Prepaid expenses and other assets Investments at fair value Cash held for clients Equipment and leasehold improvements, net	\$ 1,586,096 500,802 36,059 17,691 3,821,754 49,227 34,193	\$ 1,177,872 98,500 51,560 10,676 4,944,797 55,133 24,618
Total Assets	\$ 6,045,822	\$ 6,363,156
LIABILITIES AND NET ASSETS		
Liabilities Accounts payable and accrued expenses Loan payable Refundable advance liability Custodial funds	\$ 126,981 - 25,000 49,227 	\$ 95,237 193,925 9,708 55,133
Total Liabilities Net Assets Net Assets without Donor Restrictions Board-designated funds Available for use	3,009,589 1,709,118 4,718,707	3,602,761 1,684,457 5,287,218
Net Assets with Donor Restrictions	1,125,907	721,935
Total Net Assets (Exhibit B)	5,844,614	6,009,153
Total Liabilities and Net Assets	\$ 6,045,822	\$ 6,363,156

SEARCH AND CARE, INC. STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 2022

(WITH COMPARATIVE TOTALS FOR 2021)

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total 2022	Total 2021
Operating Revenue Grants and contributions Program revenue Allocated investment income Income from events and activities, net of expenses of \$69,278 and	\$ 1,080,149 171,938 127,798	\$ 817,474 - -	\$ 1,897,623 171,938 127,798	\$ 1,400,693 175,465 113,133
\$8,304 in 2022 and 2021, respectively In-kind donations	126,998	<u> </u>	126,998	74,441 617
	1,506,883	817,474	2,324,357	1,764,349
Net assets released from restriction	413,502	(413,502)	-	
Total Operating Revenue	1,920,385	403,972	2,324,357	1,764,349
Operating Expenses Program services Management and general Fund-raising	1,331,548 230,144 181,178		1,331,548 230,144 181,178	1,162,853 173,034 168,424
Total Operating Expenses	1,742,870		1,742,870	1,504,311
Excess (deficiency) of operating revenue over operating expenses	177,515	403,972	581,487	260,038
Non-operating items Net investment return Released for operations	(618,228) (127,798)	<u> </u>	(618,228) (127,798)	799,471 (113,133)
Net non-operating items	(746,026)		(746,026)	686,338
Change in Net Assets for Year	(568,511)	403,972	(164,539)	946,376
Net Assets, beginning of year	5,287,218	721,935	6,009,153	5,062,777
Net Assets, End of Year	\$ 4,718,707	\$ 1,125,907	\$ 5,844,614	\$ 6,009,153

SEARCH AND CARE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2022 (WITH COMPARATIVE TOTALS FOR 2021)

Support Services

		Cappon				
	Program	Management		Total Support	Total	Total
	Services	and General	Fund-raising	Services	2022	2021
Salaries	\$ 869,135	\$ 128,952	\$ 113.968	\$ 242,920	\$ 1,112,055	\$ 885,048
Payroll taxes and benefits	196,903	29,214	25,819	55,033	251,936	223,832
Occupancy	52,060	7,724	6,827	14,551	66,611	58,380
Office expenses	21,053	3,124	2,761	5,885	26,938	16,470
Printing and publications	7,504	-	-	-	7,504	2,093
Telephone and utilities	16,956	2,516	2,224	4,740	21,696	19,182
Insurance	-	12,532	<u>-</u>	12,532	12,532	16,373
Client services and grants	30,653	-	-	-	30,653	73,420
Professional fees	15,848	28,065	-	28,065	43,913	103,683
Consultants	76,111	11,292	9,980	21,272	97,383	56,960
Depreciation and amortization	16,678	2,475	2,187	4,662	21,340	15,356
Other operating expenses	28,647	4,250	17,412	21,662	50,309	33,514
Total	\$ 1,331,548	\$ 230,144	\$ 181,178	\$ 411,322	\$ 1,742,870	\$ 1,504,311
Comparative Totals - 2021	\$ 1,162,853	\$ 173,034	\$ 168,424			

The accompanying notes are an integral part of these financial statements.

SEARCH AND CARE, INC. STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2022

(WITH COMPARATIVE TOTALS FOR 2021)

	2022	2021
Cash Flows from Operating Activities:		
Change in Net Assets for Year	\$ (164,539)	\$ 946,376
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation expense	21,340	15,356
Net realized and unrealized loss (gain) on investments (Increase) decrease in assets:	671,866	(751,235)
Contributions receivable	(402,302)	33,192
Other receivables	15,501	41,038
Prepaid expenses and other assets Decrease (increase) in liabilities:	(7,015)	3,268
Custodial funds	(5,906)	171
Refundable advance liability	15,292	(4,500)
Accounts payable and accrued expenses	31,744	(2,547)
Cash Provided by Operating Activities	175,981	281,119
Cash Flows from Investing Activities:		
Purchase of equipment	(30,915)	(1,997)
Proceeds from sale of investments	829,063	250,433
Purchase of investments	(377,886)	(922,094)
Cash Provided by (Used in) Investing Activities	420,262	(673,658)
Cash Flows from Financing Activities:		
Proceeds from loans	-	193,925
Repayment of loans	(193,925)	(190,745)
Cash (Used in) Provided by Financing Activities	(193,925)	3,180
Net Increase (Decrease) in Cash for Year	402,318	(389,359)
Cash, beginning of year	1,233,005	1,622,364
Cash, End of Year	\$ 1,635,323	\$ 1,233,005
Reconciliation to total cash:		
Cash and cash equivalents	\$ 1,586,096	\$ 1,177,872
Cash held for clients	49,227	55,133
	\$ 1,635,323	\$ 1,233,005

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NOTE 1 Organization and Tax Status

Search and Care, Inc. (Search and Care), incorporated in 1974, seeks out and assists the aged and homebound primarily in the Yorkville, Carnegie Hill and East Harlem areas of New York City. Search and Care initiated services commencing July 1, 2021 along the upper West Side (UWS) at the urging of many foundations, faith and community partners who felt the UWS geography lacked genuine social service providers. The UWS expansion includes care management and supportive services for the same population on the upper East Side which include the aged and homebound. Search and Care is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code as a publicly supported organization described in Section 509(a). The Organization's support comes primarily through grants and contributions from private foundations, individuals, corporations, Board fundraising and other friends.

NOTE 2 Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

Search and Care prepares its financial statements on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Search and Care's management to make certain estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingencies at the date of financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Method of Presentation

The financial statements report amounts separately by class of net assets. Net assets without donor restriction are those currently available at the discretion of the Board for use in Search and Care's operations. Net assets with donor restriction consist of net assets that are to be spent on a specific operating purpose as stipulated by the donor and amounts that are to be held in perpetuity in accordance with donor wishes. All contributions are considered available for use, unless specifically restricted by the donor or subject to other legal restrictions

Cash and Cash Equivalents

Cash and cash equivalents consist of cash held in checking and savings accounts as well as certificates of deposit which have a maturity date of three months or less.

Functional Allocation of Expenses

The cost of providing various programs and other activities has been summarized on a functional basis on the statement of activities and on the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and support services benefited. The Organization allocates these expenses based on estimates of time and effort per employee which is a reasonable basis that is consistently applied. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of Search and Care.

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NOTE 2 Summary of Significant Accounting Policies (Continued)

Investments

Investments are held in a combined portfolio and carried at fair value based on quoted market prices. Changes in the fair value of investments are reported in the statement of activities as net realized and unrealized gain or loss. Realized gains and losses from the sale of investments are determined by comparison of cost to proceeds on the average cost method. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investment Policy

The Organization's objectives are to safeguard its financial assets and ensure that they are readily available to the Organization for its programmatic needs, while obtaining a reasonable return on assets. The Organization's cash-flow structure and liquidity needs are such that it has only a moderate risk tolerance.

Fair Value Measurement of Investments

Investments are carried at fair value based on quoted market prices. Search and Care follows Financial Accounting Standards Board (FASB) guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable input and are used to the extent that observable inputs do not exist.

Equipment and Leasehold Improvements

Equipment and leasehold improvements, purchased over \$1,000 are recorded at cost or, if donated, at the estimated fair value of the assets at the date of donation. Costs for repair and maintenance are charged to expense as incurred. All equipment and leasehold improvements are depreciated over their estimated useful lives using the straight-line method. Estimated useful lives used to calculate depreciation are as follows:

Lease term Equipment and computers Lease term 3 years

In-kind Donations

Members of the Board of Directors and certain other volunteers have contributed time to Search and Care. The financial statements do not reflect the value of these contributed services because they do not meet the criteria required for such recognition.

Contributed services from professionals, that would otherwise have been paid for, are recognized and recorded in the financial statements at the estimated fair value. Donated goods are recorded at their estimated fair value on the date of gift.

NOTE 2 Summary of Significant Accounting Policies (Continued)

Grants and Contributions

Grants and contributions received, including unconditional promises to give, are recognized as revenue in the period received at their fair values. Long term pledge receivables, if any, are discounted to present value using the Prime Rate. Contributions restricted to purchase equipment are released from restriction when the asset is placed in service unless the donor requires a specific period use.

Stock Donations

The Organization has a policy to sell all stock gifts immediately upon receipt.

Summarized Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with Search and Care's financial statements for the year ended June 30, 2021 from which the summarized information was derived.

Measure of Operations

In its statement of activities, the Organization includes in its definition of operations all revenues and expenses that are an integral part of its programs and supporting activities. Investment income, including net realized and unrealized gains and losses, earned in excess of the Organization's aggregate authorized spending amount are recognized as non-operating revenue.

Accounting for Uncertainty in Income Taxes

Search and Care recognizes the effect of income tax positions only if these positions are more likely than not to be sustained. Management has determined that the Organization has no uncertain tax positions that would require financial statement recognition and/or disclosure. Search and Care is no longer subject to examination by applicable taxing jurisdictions prior to 2019.

Subsequent Events

In connection with the preparation of the financial statements, Search and Care evaluated subsequent events after the statement of financial position date of June 30, 2022 through September 14, 2022 which was the date the financial statements were available to be issued.

NOTE 3 Concentration of Credit Risk

Search and Care maintains cash balances with banking institutions that at times during the year exceed the Federal Deposit Insurance Corporation's insurable limits. This potentially subjects Search and Care to a concentration of credit risk. Search and Care has not experienced any losses in such accounts. The investment portfolio is diversified by type of investments and industry concentrations so that no individual investment or group of investments represents a significant concentration of credit risk.

NOTE 4 Equipment and Leasehold Improvements

Equipment and leasehold improvements consist of the following at June 30, 2022 and 2021:

	2022	2021
Leasehold improvements	\$287,727	\$286,357
Office equipment	86,519	56,974
	374,246	343,331
Less: Accumulated depreciation	(340,053)	(318,713)
	\$ 34,193	\$ 24,618

NOTE 5 Investments and Investment Return

The investments at June 30, 2022 and 2021, respectively, consist of the following:

	20	22	20	21
	Cost	Fair Value	Cost	Fair Value
Short-term cash Certificates of deposit Multi-strategy mutual funds	\$ 40,439 797,833 2,905,600	\$ 40,439 797,833 2,983,482	\$ 45,451 1,322,691 2,624,348	\$ 45,451 1,322,691 3,576,655
	\$3,743,872	\$3,821,754	\$3,992,490	\$4,944,797

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NOTE 5 Investments and Investment Return (Continued)

The following are major categories of investments measured at fair value as of June 30:

	2022					
	Level 1	Level 2	Total			
Short-term cash Certificates of deposit Multi-strategy mutual funds	\$ 40,439 - 2,983,482	\$ - 797,833 	\$ 40,439 797,833 2,983,482			
Total	\$3,023,921	\$ 797,833	\$3,821,754			
		2021	•			
	Level 1	2021 Level 2	Total			
Short-term cash Certificates of deposit Multi-strategy mutual funds	Level 1 \$ 45,451 - 3,576,655		Total \$ 45,451 1,322,691 3,576,655			

In 2022, Level 2 investments consisted of one certificate of deposit (CD) with a three-month maturity date of September 10, 2022. In 2021, Level 2 investments consisted of two certificates of deposit (CD). One was a twelve-month CD with a maturity date of September 10, 2021 and the other was a twelve-month CD with a maturity date of March 10, 2022.

Investment return for the years ended June 30, 2022 and 2021 consists of the following:

	2022	2021
Dividend and interest income Realized and unrealized gain on investments	\$ 53,638 (671,866)	•
	<u>\$(618,228)</u>	<u>\$799,471</u>

For purposes of the statement of activities, Search and Care considers Board authorized spending amounts to be available for operations which are included in operating revenue. The excess or deficiency of actual investment return over such authorized amounts is considered non-operating.

	2022	2021
Investment income for operations	\$ 127,798	\$113,133
Non-operating investment income (loss)	(746,026)	686,338
	<u>\$(618,228)</u>	<u>\$799,471</u>

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NOTE 6 Custodial Funds

Search and Care provides assistance to certain elderly clients who require help in managing their finances. Clients' funds are maintained in a separately administered, commingled account from which expenses are paid on behalf of each client. Search and Care collects no fees for these services.

A summary of the activity for such clients' custodial funds at June 30, 2022 and 2021 is as follows:

	2022	2021
Beginning cash balance	\$ 55,133	\$ 54,962
Funds received	115,637	<u> 121,475</u>
	170,770	176,437
Funds disbursed	(121,543)	(121,304)
Ending cash balance	\$ 49,227	\$ 55,133

NOTE 7 Commitment and Contingencies

Search and Care occupies office space pursuant to a lease agreement expiring April 14, 2023. Future annual minimum lease payments at June 30, 2022 are \$45,125 for fiscal year 2023.

Occupancy expense totaled \$66,611 and \$58,380 for the years ended June 30, 2022 and 2021, respectively.

NOTE 8 Renewable Grant Contract

A Department for the Aging grant was awarded to Lenox Hill Neighborhood House, with Search and Care listed as one of the subcontractors. This grant is to support the implementation of case management services for elders living between East 59th Street and East 125th Street in New York City, for which Search and Care received \$163,055 during fiscal year 2022. As of July 1, 2022 this contract was renewed for the fiscal year ending June 30, 2023 for approximately \$163,055.

NOTE 9 Contingent Grant

In 2022, a contingent grant of \$90,000 was received with a portion of contractual requirements that were not met at year-end and therefore not reflected as revenue in these financial statements. During 2022, the Organization received \$40,000 of this grant of which \$25,000 is reflected as a refundable advance liability on the Statement of Financial Position and \$15,000 is reflected as grants and contributions on the Statement of Activities. During 2021, the remaining amount of the conditional grant from 2020 of \$38,000 was received of which \$42,500 was reclassed and reflected as grants and contributions on the Statement of Activities and \$9,708 was reflected as a refundable advance liability on the Statement of Financial Position.

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NOTE 10 Fundraising Events and Activities

Search and Care sponsored different events and activities during the years ended June 30, 2022 and 2021 to raise additional funds for its charitable activities. These events and the net income derived are as follows:

	June 30, 2022			
	Income	Expenses Net Income		
Yorkville Ball Annual Benefit	\$127,654 68,622	\$ 52,654 \$ 75,000 16,624 51,998		
	\$196,276	<u>\$ 69,278</u> <u>\$126,998</u>		
		June 30, 2021		
	Income	Expenses Net Income		
Theatre Benefit Annual Benefit	\$ 45,930 36,815	\$ 1,901 \$ 44,029 6,403 30,412		
	\$ 82,745	\$ 8,304 \$ 74,441		

NOTE 11 Board Designated Funds

The board designated funds were established by the Board with the purpose of creating a quasiendowment that would generate income to support the administrative expenses of Search and Care. Under the Board's investment and spending policy, a sum equal to 5% of a three-year trailing average of the fair value of investments is released for the use by Search and Care for its general purposes.

In September 2011, the Board initiated a multi-year 40th Anniversary appeal designed to both strengthen and expand upon existing agency programs and services, and ensure that these programs will be available in subsequent years for future elders, despite any downturns or turbulence in the economic environment. The funds were held in a liquid money market account up until March 2018, at which point they were transferred to a multi-strategy mutual fund.

The board designated funds for administrative expenses had the following activity for the years ended June 30, 2022 and 2021:

	2022	2021
Balance, beginning of year	\$2,991,739	\$2,239,928
New designated funds Investment return Funds released	150,000 (516,287) (122,912)	200,000 657,380 (105,569)
Balance, end of year	\$2,502,540	\$2,991,739

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NOTE 11 Board Designated Funds (Continued)

The board designated fund under the 40th anniversary appeal had the following activity for the year ended June 30, 2022 and 2021:

	2022	2021
Balance, beginning of year	\$ 611,022	\$476,152
Investment return	(103,973)	134,870
	\$ 507,049	\$611,022

NOTE 12 Net Assets with Donor Restriction

Net assets with Donor Restriction at June 30, 2022 and 2021 are available for certain donor stipulated purposes as follows:

	2022	2021
Pet and elder empowerment East Harlem expansion and programs Money Matters program Client programs	\$ 219,567 9,817 - 112,317	\$112,363 35,630 5,388 118,641
Support for care manager positions, occupational therapist, nurse and homecare worker Capital improvements and purchases Time restricted Upper West Side expansion and programs	 543,873 - 150,000 90,333	398,577 1,336 - 50,000
	\$ 1,125,907	\$721,935

Net assets were released from donor restrictions by incurring expenses for the following purposes:

		2022	2	021
Pet and elder empowerment	\$	58,410		7,064
East Harlem expansion and programs		75,813	4	3,134
Money Matters program		5,388	1	5,726
Client programs		50,184	7	7,014
Support for care manager positions, occupational				
therapist, nurse and homecare worker		147,704	8	32,934
Capital improvements and purchases		16,336		3,664
Upper West Side expansion and programs		59,667	_23	37,500
	<u>\$</u>	413,502	<u>\$ 50</u>	7,036

JUNE 30, 2022

NOTE 13 Contributions Receivable

Grants and pledges receivable of \$500,802 at June 30, 2022 are expected to be collected within fiscal year ended June 30, 2023.

NOTE 14 Pension Plan

Search and Care has a defined contribution pension plan that covers substantially all of its full-time employees. Plan expense is based upon a percentage of employee compensation and totaled \$41,841 and \$48,884 for the years ended June 30, 2022 and 2021, respectively.

NOTE 15 Liquidity and Availability of Financial Assets

The following reflects Search and Care's financial assets as of June 30, 2022 and 2021, reduced by amounts not available for general expenditures within one year of the statement of financial position date:

	2022	2021
Cash and cash equivalents	\$1,586,096	\$1,177,872
Cash held for clients	49,227	55,133
Investments	3,821,754	4,944,797
Contributions receivable	500,802	98,500
Other receivables	36,059	51,560
	5,993,938	6,327,862
Less:		
Custodial cash held for clients	49,227	55,133
Donor-imposed time or purpose restriction	1,125,907	721,935
Board Designations	3,009,589	_3,602,761
Financial assets available to meet cash needs		
for general expenditure within one year	\$1,809,215	<u>\$1,948,033</u>

Search and Care's financial assets are all liquid in nature. The Board of Directors has created two quasi-endowments. One is set up to assist with covering the occupancy costs of the organization through a monthly draw based on a spending policy as described in Note 11. The other is reserved to fund future needs. Search and Care monitors its cash flow monthly and transfers cash as needed into its operating account.

NOTE 16 Loan Payable

In April 2020, Search and Care was granted a loan in the amount of \$190,745, pursuant to the Paycheck Protection Program (the "PPP) under Division A, Title I of the CARES Act, which was enacted March 27, 2020. The loan matures after two years and bears interest at a rate of 1% per annum, payable monthly after six months. Funds from the loan may be used for payroll costs, health care benefits, mortgage payments, rent, utilities, and interest on other debt obligations incurred after February 15, 2020. Under the terms of the PPP, certain amounts of the loan may be forgiven if they are used for qualifying expenses as described in the CARES Act. Search and Care received forgiveness on the loan in May 2021 and recognized it as grants and contributions revenue during fiscal year 2021.

In January 2021 the U.S. Small Business Administration, in consultation with the Treasury Department, announced that the Paycheck Protection Program (the "PPP) reopened for new and certain existing PPP borrowers under certain limitations. During February 2021, Search and Care was granted a loan during the second round in the amount of \$193,925 subject to the same general loan terms as their first draw. Search and Care received forgiveness on the loan in December 2021 and recognized it as grants and contributions revenue during fiscal year 2022.

NOTE 17 Subsequent Events – 50th Anniversary Gala

In November 2022, Search and Care is hosting a Gala at the Yacht Club. Search and Care is initiating this momentous benefit, in part, to informally raise funds that will support the client programs and services that the agency offers on both the Eastside and Westside. In anticipation of the upcoming 50th Anniversary of Search and Care, the agency has also raised funds as part of a campaign during fiscal year 2022. Search and Care has been awarded approximately \$250,000 which is part of grants and contributions on the Statement of Activities and includes a \$150,000 pledge that is part of time restricted net assets with donor restrictions.

NOTE 18 COVID-19

In March 2020, the World Health Organization declared the incidence of COVID-19 to be a pandemic. As a result, the fiscal year 2022 Theatre Benefit and Jazz Event and fiscal year 2021 Annual Benefit and Yorkville Ball were cancelled. The fiscal year 2021 Theatre Benefit was held virtually. The COVID-19 pandemic has resulted in substantial volatility in global financial markets. As the outbreak continues, Search and Care may continue to experience a disruption in operations as well as a decline in contributions received or level or contributions and fair value of investments. Due to changing market conditions, an estimate of the total loss due to the outbreak, if any, cannot be determined as this time.