

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BusinessName InCareOfNm

Employer identification number

EIN

Part I Questions Regarding Compensation

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

- FirstClassOrCharterTravelInd Charter travel
TravelForCompanionsInd Companions
IndemnificationGrossUpPmntsInd In and gross-up payments
DiscretionarySpendingAcctInd Spending account
HousingAllowanceOrResidenceInd or residence for personal use
PaymentsForUseOfResidenceInd Business use of personal residence
ClubDuesOrFeesInd Social club dues or initiation fees
PersonalServicesInd Services (such as maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the 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.

- CompensationCommitteeInd Compensation committee
WrittenEmploymentContractInd Written employment contract
IndependentConsultantInd Compensation consultant
CompensationSurveyInd Compensation survey or study
Form990OfOtherOrganizationsln Form 990 of other organizations
BoardOrCommitteeApprovalInd 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:

- 4a Receive a severance payment or change-of-control payment?
4b Participate in or receive payment from a supplemental nonqualified retirement plan?
4c 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:

- 5a The organization?
5b 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:

- 6a The organization?
6b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Table with 2 columns: Yes, No. Rows correspond to questions 1a, 1b, 2, 3, 4a, 4b, 4c, 5, 5b, 6a, 6b, 7, 8, 9. Includes checkboxes for 'Yes' and 'No' and labels for each question.

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

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

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

	(A) Name and Title			(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i) PersonNm	(ii) BusinessName	(iii) TitleTxt	CompensationBasedOnRltdOrgsAmt BaseCompensationFilingOrgAmt	BonusRelatedOrganizationsAmt BonusFilingOrganizationAmount	OtherCompensationRltdOrgsAmt OtherCompensationFilingOrgAmt	DeferredCompRltdOrgsAmt DeferredCompensationFilingOrgAmt	NontaxableBenefitsRltdOrgsAmt NontaxableBenefitsFilingOrgAmt	TotalCompensationRltdOrgsAmt TotalCompensationFilingOrgAmt	CompReportPrior990RltdOrgsAmt CompReportPrior990FilingOrgAmt
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RltdOrgOfficerTrstKeyEmplGrp

Part III Supplemental information

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

FormAndLineReferenceDesc	ExplanationTxt
SupplementalInformationDetail	

Area with horizontal dashed lines for supplemental information.