

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BusinessName InCareOfNm

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

Employer identification number

EIN

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

IdDisregardedEntitiesGrp

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Includes sub-headers for US/Foreign addresses, EIN, and state/country codes.

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

IdRelatedTaxExemptOrgGrp

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? Includes sub-headers for US/Foreign addresses, EIN, and Yes/No indicators.

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

(a) Name, address, and EIN of related organization <u>RelatedOrganizationName</u> <u>USAddress</u> <u>ForeignAddress</u> EIN	(b) Primary activity <u>PrimaryActivitiesTxt</u>	(c) Legal domicile (state or foreign country) <u>LegalDomicileStateCd</u> <u>LegalDomicileForeignCountryCd</u>	(d) Direct controlling entity <u>DirectControllingEntityName</u> <u>DirectControllingNACd</u>	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>PredominantIncomeTypeTxt</u>	(f) Share of total income <u>ShareOfTotalIncomeAmt</u>	(g) Share of end-of-year assets <u>ShareOfEOYAssetsAmt</u>	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) <u>UBICodeVAmt</u>	(j) General or managing partner?		(k) Percentage ownership <u>OwnershipPc</u>
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization <u>RelatedOrganizationName</u> <u>USAddress</u> <u>ForeignAddress</u> EIN	(b) Primary activity <u>PrimaryActivitiesTxt</u>	(c) Legal domicile (state or foreign country) <u>LegalDomicileStateCd</u> <u>LegalDomicileForeignCountryCd</u>	(d) Direct controlling entity <u>DirectControllingEntityName</u> <u>DirectControllingNACd</u>	(e) Type of entity (C corp, S corp, or trust) <u>EntityTypeTxt</u>	(f) Share of total income <u>ShareOfTotalIncomeAmt</u>	(g) Share of end-of-year assets <u>ShareOfEOYAssetsAmt</u>	(h) Percentage ownership <u>OwnershipPct</u>	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									<u>ControlledOrganizationInd</u>
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a ReceiptOfIntAnntsRntsRyItsInd		
1b GiftGrntOrCapContriToOthOrgInd		
1c GiftGrntCapContriFromOthOrgInd		
1d LoansOrGuaranteesToOthOrgInd		
1e LoansOrGuaranteesFromOthOrgInd		
1f DivRelatedOrganizationInd		
1g AssetSaleToOtherOrgInd		
1h AssetPurchaseFromOtherOrgInd		
1i AssetExchangeInd		
1j RentalOfFacilitiesToOthOrgInd		
1k RentalOfFacilitiesFromOthOrgInd		
1l PerformOfServicesForOthOrgInd		
1m PerformOfServicesByOtherOrgInd		
1n SharingOfFacilitiesInd		
1o PaidEmployeesSharingInd		
1p ReimbursementPaidToOtherOrgInd		
1q ReimbursementPaidByOtherOrgInd		
1r TransferToOtherOrgInd		
1s TransferFromOtherOrgInd		

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

UnrelatedOrgTxblPartnershipGrp

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

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

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

	(a) Name, address, and EIN of entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	BusinessName	EIN				USAddress	ForeignAddress			Yes	No		Yes	No	
	TransactionsRelatedOrgGrp		PrimaryActivitiesTxt	LegalDomicileStateCd	PredominateIncomeDesc	AllPartnersC3Ind	ShareOfTotalIncomeAmt	ShareOfEOYAssetsAmt	DisproportionateAllocationsInd	GeneralOrManagingPartnerInd	UBICodeVAmt				
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

Part VII

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

SupplementalInformationDetail

FormAndLineReferenceDesc

ExplanationTxt

Informational Copy
Do Not File