

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

BusinessName InCareOfNm

Employer identification number EIN

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

Organization501cInd organization501cTypeTxt organization

Organization4947a1NotPFInd Not charitable trust not treated as a private foundation

Organization527Ind

Form 990-PF

Organization501c3ExemptPFInd Private foundation

Organization4947a1TrtdPFInd Charitable trust treated as a private foundation

Organization501c3TaxablePFInd Private foundation

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

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

General Rule

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

Special Rule

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

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

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

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

Name of organization BusinessName InCareOfNm	Employer identification number EN
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution														
ContributorNum	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ContributorBusinessName</td> <td style="width:25%;">ContributorPersonNm</td> <td style="width:25%;">Paid527j1Ind</td> <td style="width:25%;">NameNotApplicableCd</td> </tr> <tr> <td>ContributorUSAAddress</td> <td>ContributorForeignAddress</td> <td colspan="2">AddressNotApplicableCd</td> </tr> </table>	ContributorBusinessName	ContributorPersonNm	Paid527j1Ind	NameNotApplicableCd	ContributorUSAAddress	ContributorForeignAddress	AddressNotApplicableCd		\$ TotalContributionsAmt	<table style="width:100%;"> <tr> <td>Person</td> <td>PersonContributionInd</td> </tr> <tr> <td>Payroll</td> <td>PayrollContributionInd</td> </tr> <tr> <td>Noncash</td> <td>NoncashContributionInd</td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	PersonContributionInd	Payroll	PayrollContributionInd	Noncash	NoncashContributionInd
ContributorBusinessName	ContributorPersonNm	Paid527j1Ind	NameNotApplicableCd														
ContributorUSAAddress	ContributorForeignAddress	AddressNotApplicableCd															
Person	PersonContributionInd																
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Payroll	<input type="checkbox"/>																
Noncash	<input type="checkbox"/>																

Name of organization BusinessName InCareOfNm	Employer identification number EIN
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ **TotalUnder1000ContributionsAmt**

CharitableContributionsDetail Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ContributorNum	GiftPurposeTxt	GiftUseTxt	HowGiftsHeldDesc
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(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
TransfereeNameBusiness TransfereeNameIndividual	RlnOfTransferorToTransfereeTxt
TransfereeUSAddress TransfereeForeignAddress	-----

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