

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** , **and ending** ,

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **LCG ICARE FOUNDATION**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 7187** \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code  
**NOVI MI 48376-9998**

**D** Employer identification number: **81-0683487**  
**E** Telephone number: **248-675-1991**  
**G** Gross receipts: **698,912**

**F** Name and address of principal officer:  
**EMILY PIPESH**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **HTTPS://LCGICAREFOUNDATION.ORG/**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2015** **M** State of legal domicile: **MI**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	531,155	686,758
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,416	3,680
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-45,815	-62,519
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	487,756	627,919
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,386	404,015
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,529
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	28,976	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,749	25,097
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	242,135	495,641
19 Revenue less expenses. Subtract line 18 from line 12	245,621	132,278	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,597,165	End of Year 1,729,817
	21 Total liabilities (Part X, line 26)	0	4,992
	22 Net assets or fund balances. Subtract line 21 from line 20	1,597,165	1,724,825

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: **YOLANDA BENSON** CO-TREASURER Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **DANIEL T. ALLEMAN** Preparer's signature: **DANIEL T. ALLEMAN** Date: **11/07/23** Check  if PTIN self-employed **P01460902**  
 Firm's name: **SCHLAUPITZ MADHAVAN, P.C.** Firm's EIN: **75-3148637**  
 Firm's address: **820 KIRTS BLVD., SUITE 100 TROY, MI 48084** Phone no.: **248-649-1600**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No