

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 for instructions and the latest information.

OMB No. 1545-0047
2023
 Open to Public Inspection

A For the 2023 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: **Urgent Care Foundation**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **1911 W Wilson St, Suite A #437**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **Batavia IL 60510-1680**

D Employer identification number: **27-4216985**

E Telephone number: **331-472-3741**

G Gross receipts: **678,500**

F Name and address of principal officer:
Steve Sellars
1911 W Wilson St, Suite A #437
Batavia IL 60510-1680

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: **www.urgentcareassociation.org/**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010** **M** State of legal domicile: **IL**

(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,224,634	678,461
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101	39
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,224,735	678,500
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	200,932	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,019,768	679,840
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,019,768	679,840	
19 Revenue less expenses. Subtract line 18 from line 12	204,967	-1,340	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	811,950	505,144
	22 Net assets or fund balances. Subtract line 21 from line 20	339,655	34,189
		472,295	470,955

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: *Steve Sellars* Date: _____
 Type or print name and title: **Steve Sellars Chair**

Paid Preparer Use Only

Print/Type preparer's name: **Kevin D Wrobel CPA** Preparer's signature: _____ Date: **08/06/24** Check if self-employed if PTIN **P00470873**

Firm's name: **WROBEL ACCOUNTING** Firm's EIN: **20-1764119**

Firm's address: **900 Lithia Pinecrest Rd Brandon, FL 33511** Phone no.: **813-514-8273**

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