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

**2024**

**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 10/01, 2024, and ending 09/30, 20 25

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

C Name of organization: Family Community Clinic, Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 1420 E Washington St
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Louisville, KY 40206

D Employer identification number: **-***4215

E Telephone number: (502) 384-8444

G Gross receipts: $ 1,427,773.

F Name and address of principal officer: Ellen Wells 1420 E Washington St Louisville, KY 40206

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
H(c) Group exemption number

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

J Website: www.famcomclinic.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009

M State of legal domicile: KY



## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Community based organization to meet the health care needs of the indigent and uninsured

2 Check this box ☐ 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 2024 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 250 |
| 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. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 388,761. | 1,328,132. |
| 9 | Program service revenue (Part VIII, line 2g) | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,094. | 25,793. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 73,848. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 400,855. | 1,427,773. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 250,083. | 361,543. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 39,704. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 313,476. | 1,032,118. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 563,559. | 1,393,661. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -162,704. | 34,112. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 976,915. | 1,011,027. |
| 21 | Total liabilities (Part X, line 26) | | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 976,915. | 1,011,027. |

## 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**

Ellen M. Wells — Signature of officer — Date: 2/13/2026

Ellen Wells, Executive Director — Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Marcy E Grube | Marcy E Grube | 02/11/2026 | | P****7323 |

Firm's name: Grube CPA — Firm's EIN: **-***4940

Firm's address: 5150 Charlestown Rd Ste 1B New Albany, IN 47150 — Phone no.: (812) 913-5362

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2024)

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