

29492135187011

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning December 31, 2019, and ending December 31, 2020

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

C Name of organization **12**
Thrive Non-Profit Family Medical Center
 Number and street (or P.O. box if mail is not delivered to street address) **24**
110 N Water St
 City or town, state or province, country, and ZIP or foreign postal code
Henderson, KY 42420 **03**

D Employer identification number **25**
85-4172650

E Telephone number
270 213 0841

F Group Exemption Number ▶ **28**
03

G Accounting Method: Cash Accrual Other (specify) N/A

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

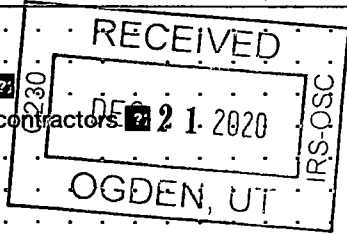
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **29**
Check if the organization used Schedule O to respond to any question in this Part I

03
04

| | | | | |
|-----------|---|-----------|-----------|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | | 1 | <u>0</u> |
| 2 | Program service revenue including government fees and contracts | | 2 | <u>0</u> |
| 3 | Membership dues and assessments | | 3 | <u>0</u> |
| 4 | Investment income | | 4 | <u>0</u> |
| 5a | Gross amount from sale of assets other than inventory | 5a | | <u>0</u> |
| b | Less: cost or other basis and sales expenses | 5b | | <u>0</u> |
| c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | 5c | <u>0</u> |
| 6 | Gaming and fundraising events: | | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | <u>0</u> |
| b | Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | <u>0</u> |
| c | Less: direct expenses from gaming and fundraising events | 6c | | <u>0</u> |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | <u>0</u> |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | <u>0</u> |
| b | Less: cost of goods sold | 7b | | <u>0</u> |
| c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | 7c | <u>0</u> |
| 8 | Other revenue (describe in Schedule O) | | 8 | <u>0</u> |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | <u>0</u> |
| 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | <u>0</u> |
| 11 | Benefits paid to or for members | | 11 | <u>0</u> |
| 12 | Salaries, other compensation, and employee benefits 27 | | 12 | <u>0</u> |
| 13 | Professional fees and other payments to independent contractors 28 | | 13 | <u>0</u> |
| 14 | Occupancy, rent, utilities, and maintenance | | 14 | <u>0</u> |
| 15 | Printing, publications, postage, and shipping | | 15 | <u>0</u> |
| 16 | Other expenses (describe in Schedule O) 29 | | 16 | <u>0</u> |
| 17 | Total expenses. Add lines 10 through 16 | | 17 | <u>0</u> |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | 18 | <u>0</u> |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | <u>0</u> |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | <u>0</u> |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | <u>0</u> |



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | Yes | No |
|---|-----|-------------------------------------|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | <input checked="" type="checkbox"/> |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | | <input checked="" type="checkbox"/> |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | <input checked="" type="checkbox"/> |
| 35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | <input checked="" type="checkbox"/> |
| 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | <input checked="" type="checkbox"/> |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/> | | |
| 37b Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | <input checked="" type="checkbox"/> |
| 38b If "Yes," complete Schedule L, Part II, and enter the total amount involved | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| 39a Initiation fees and capital contributions included on line 9 | | |
| 39b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/> | | |
| 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | <input checked="" type="checkbox"/> |
| 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/> | | |
| 40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/> | | |
| 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed <input type="text" value="Kentucky"/> | | |
| 42a The organization's books are in care of <input type="text" value="Rebecca Hagar"/> Telephone no. <input type="text" value="270-213-0841"/> Located at <input type="text" value="14137 US 51A Conley, KY"/> ZIP + 4 <input type="text" value="42406"/> | | |
| 42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | | <input checked="" type="checkbox"/> |
| 42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country | | <input checked="" type="checkbox"/> |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/> | | <input type="checkbox"/> |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> |
| 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | <input checked="" type="checkbox"/> |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | | |
|----|-----|-------------------------------------|
| | Yes | No |
| 46 | | <input checked="" type="checkbox"/> |

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Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | | |
|----|-----|-------------------------------------|
| | Yes | No |
| 47 | | <input checked="" type="checkbox"/> |

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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|----|-----|-------------------------------------|
| | Yes | No |
| 48 | | <input checked="" type="checkbox"/> |

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49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|-----|-----|-------------------------------------|
| | Yes | No |
| 49a | | <input checked="" type="checkbox"/> |

b If "Yes," was the related organization a section 527 organization?

| | | |
|-----|-----|-------------------------------------|
| | Yes | No |
| 49b | | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 NONE

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 Date

Signature of officer [Signature] 12/13/20

Type or print name and title Rebecca Hopper MD

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

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