Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Second Copy - Original filed 9493- 2427333 -Return of Jrganization 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.

2	A F	or the 2	019 calendar year, or tax year beginning and	ending_		
Í	B Ch	neck if plicable.	C Name of organization		D Employer identific	ation number
		Address change	FOUR RIVERS HEALTH CARE			
]Name]change	Doing business as		93-130453	36
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		Final return/	PO BOX 460	İ	(541)889-	-3078
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	296,751.
		Amended	ONTARIO, OR 97914		H(a) Is this a group re	turn
		Applica-	F Name and address of principal officer: JOE RECLA		for subordinates?	Yes X No
		pending	PO BOX 460, ONTARIO, OR 97914	$-\Delta 2$	H(b) Are all subordinates in	cluded? Yes No
_	1 T	ax-exen	npt status: X 501(c)(3)	or 527	If "No," attach a l	ist. (see instructions)
M			:▶ 4RIVERSHEALTHCARE.ORG	<u> </u>	H(c) Group exemption	number 🕨
_			rganization: X Corporation Trust Association Other	L Year	of formation: 2000 M	State of legal domicile: OR
10	[Pa	rtil) 3	Summary	! 		
10	ايو		riefly describe the organization's mission or most significant activities: ${ m {f TO}}{ m {f P}}$			
	Ç <mark>igyerh</mark> ance	_	OW-INCOME FAMILIES IN THE COMMUNITY AND		OVIDE SERVI	
	(5)	2 C	heck this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
		3 N	umber of voting members of the governing body (Part VI, line 1a)		<u>3</u>	4
	مې≍ چوھ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	4
	Activities &	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5	8
	ž.		otal number of volunteers (estimate if necessary)		6	0
	ر في ا		otal unrelated business revenue from Part VIII, column (C), line 12	••	<u>7a</u>	0.
	$\overline{}$	b N	let unrelated business taxable income from Form 990 Pine 39 VFD	· _		0.
10 2021	Ш		Santah standard grants (Bost VIII Ind 1h)	<u> </u>	Prior Year	Current Year
2	SEGMENTE		contributions and grants (Part VIII, line III) \(\oldsymbol{Q} \cdot		94,604.	98,714.
0	8	l	141		0.	0.
T	(<u>@</u>		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1.	<u>-1,698.</u>
FEB	עש		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10q, anti-NIIe) T.	<u> </u>	<u>178,981.</u>	<u>173,341.</u>
LL			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		273,586.	<u>270,357.</u>
1		1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· ·	0.	<u> </u>
6.	ِ و	1	Benefits paid to or for members (Part IX, column (A), line 4)	· ·	132,964.	160,502.
0/	Ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	132,304.	100,302.
S	2 Sense	l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	 	
2	~~~		Total fundraising expenses (Part IX, column (D), line 25) Dither expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	_ <u></u>	101,545.	98,634.
M	~		other expenses (Part IX, column (A), lines 11a, 11a, 11r,24e) [Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · ·	234,509.	259,136.
2	'n		Revenue less expenses. Subtract line 18 from line 12	·	39,077.	11,221.
6	7		tovernde lead experience. Construct mile 12	B	eginning of Current Year	End of Year
	sets or	20	Fotal assets (Part X, line 16)	<u> </u>	636,659.	636,337.
	ASS	21	Fotal liabilities (Part X, line 26)	⋯	329,404.	317,861.
	Set Set	: 1	Net assets or fund balances. Subtract line 21 from line 20		307,255.	318,476.
	P		Signature Block	 		
4	Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	les and stater	ments, and to the best of m	y knowledge and belief, it is
7	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	er has any knowledge.	
\odot			Jun		10.2	7-20
\mathcal{I}	Sig	ın	Signature of officer		Date	
	He	re	JOE RECLA, DIRECTOR			
			Type or print name and title			
	_		Print/Type preparer's name Preparer's signature	\mathscr{S}	Date Check [X PTIN
	Pai		STEPHEN D. LONG	Sonas	CPA If self-empto	
		parer	Firm's name STEPHEN D. LONG, CPA	/-/-	Firm's EIN	93-0726474
	US	Only	Firm's address 1289 S.W. 6TH AVENUE	\bigcup		44) 000 5040
	<u></u>	ne than IF	ONTARIO, OR 97914		Phone no. (5	41) 889-7249
		001 01-2	AS discuss this return with the preparer shown above? (see instructions) 0-20 LHA For Paperwork Reduction Act Notice, see the separate instruc	tions		X Yes No Form 990 (2019)
	B32	JUL 101-2	e-co - e-// rour aberwork neulicion acriboiice. See ine sebarate instruc	HUHA.		(COM) (JOSEP)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	IIII Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 E	Briefly describe the organization's mission:
	FO PROVIDE HEALTH SERVICES TO LOW-INCOME FAMILIES IN THE COMMUNITY AND
	TO PROVIDE SERVICES FOR IMMIGRANTS AND REFUEES.
4	TO FROVIDE SERVICES FOR IMMIGRANIS AND REPUBES.
-	
	Did the organization undertake any significant program services during the year which were not listed on the
	onor Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O.
3 [Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	f "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
,	(Code) (Expenses \$ 147,255. Including grants of \$) (Revenue \$)
-	THE ORGANIZATION PROVIDES HEALTH SERVICES TO LOW-INCOME FAMILIES IN THE
-	COMMUNITY. CLINIC CUSTOMERS ARE NOT REQUIRED TO PAY FOR THE SERVICES
	PROVIDED. THE EXPENSES INCLUDE MEDICAL SUPPLIES, ASSISTANCE WITH THE
:	PURCHASE OF PRESCRIPTIONS FOR CUSTOMERS, AND OTHER COSTS OF OPERATING
1	THE CLINIC AND THE BUILDING SUPPLY STORE.
•	
4b	(Code) (Expenses \$ 83 , 164 • including grants of \$) (Revenue \$)
	IN COLLABORATION WITH COMMUNITY MEMBERS AND ORGANIZATIONS A
	COMMUNITY-BASED SYSTEM OF SERVICES ARE PROVIDED SUCH AS LEGAL
	INFORMATION/ADVICE AND REPRESENTATION, BASIC HUMAN NEEDS AND OUTREACH
	AND ADVOCACY FOR IMMIGRANTS AND REFUGEES.
	1
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
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4c	(Code:) (Expenses \$ Including grants of \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$
4c	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)

Form 990 (2019) • FOUR RIV AS HEALTH CARE Part IV Checklist of Required Schedules

Page 3

	г		Yes	<u>No</u>
	s'the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Ì	<u></u> Ì	
	If "Yes," complete Schedule A	1	X	
	s the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Ì	77
	public office? If "Yes," complete Schedule C, Part I	3	\dashv	<u>X</u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	- 1	v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_ <u>X</u> _
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا ہ		х
	Schedule D, Part III	8		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	V-1	1280
• •	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	***************************************	MARKET AND	
-	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	, , , ,		$\overline{}$
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		}	1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	\
	complete Schedule G, Part III	19	 -	X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> 21</u>		X

Form 990 (2019) FOUR RIV S HEALTH CARE
Partily Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		Ì	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Ì]]	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete]]]	
	Schedule L, Part I	25b_	\vdash	<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%))	77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1603 ME.	SAMEN .
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	泛蓝		
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	RECEEM	TOTAL COM	THE PERM
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	 	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
	contributions? If "Yes," complete Schedule M	30	İ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		T -	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
t	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	+	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
ξ D -	Note: All Form 990 filers are required to complete Schedule O	38	<u> X</u>	1
દૂ ર				
	Check if Schedule O contains a response or note to any line in this Part V		T.,	
. ف	Enter the number reported in Poy 2 of Form 1006 Enter 0 (fact and land)	∩ balloon	Yes	No September
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	심		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	gambling) winnings to prize winners?	100	T. Land	
9220	(garnoing) withings to prize withers?	1c		(2019)
9320	++ ++ ++ ++	ı Qr	550	(2013)

Form 990 (2019) FOUR RIV S HEALTH CARE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	NO.		
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ZCE 777 277	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3</u> a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		
4a	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)?	4a	Tata (469)	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	i de la companya de l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a	├	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		
7	Organizations that may receive deductible contributions under section 170(c).	6b	Selve.	
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ERRORE	X
'a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	-21
0	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		\vdash
C	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ANT MARTINE	AMERICAN.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	9b	1 750	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			T.
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12		12a	N SAME OF	S. S. C. S.
t 40	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		新草体系化
í		13a	# 1915 F	e design
	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
•			1	
	organization is licensed to issue qualified health plans			
14:		14a	D 75 15 15	X
	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	146		+**
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	+	1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	13	2	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	38 25 25 25	X
_	If "Yes," complete Form 4720, Schedule O.			
		10-20-01		

KS HEALTH CARE 93-1304536 Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates?

104	Did the diganization have local chapters, Dianones, or animates	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		ļ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SE, Y		المناسا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			İ
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	31 A 3 Th	J 15	1.20
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			المستخدمة
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	17.	10 h	المخيد و
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	The second	140	1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15	01.2	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	الشيئة الم	61	. E.
	exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			

17	List the states with	which a co	opy of this Form 990 is required to be filed OR	_

ONTARIO,

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

97914

OR

	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JOE RECLA - (541)889-3078

460,

Form	990	(2019))

FOUR RIV. S HEALTH CARE

93-1304536

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization in	or any related	orga	nıza	tion	con	nper	nsa	ted any current officer, o	lirector, or trustee.	
(A)	(B)			_ (C)			(D)	(E)	(F)
Name and title	Average	(40	not c	Posi			000	Reportable	Reportable	Estimated
	hours per	box,	unle	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ecto					1	the	organizations	compensation
	hours for	or di	, e			ated	İ	organization	(W-2/1099-MISC)	from the
	related	ste	truste			Bels	1	(W-2/1099-MISC)		organization
	organizations	퍒	onal		ploye	8 8	ŀ			and related
	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				organizations
	line)	트	트	5	¥ .	<u>∓ 5</u>	먑	ļ-·		
(1) JOE RECLA	40.00	┨		٠,				01 000		•
EXECUTIVE DIRECTOR	10 00	├—		X	-	-	┾	21,200.	0.	0.
(2) DAVID POE	10.00	-	l	1	ļ		1			
PRESIDENT	<u> </u>	<u> </u>		<u> </u>		ļ	_	0.	0.	0.
(3) JULI RECLA	10.00	1	ļ	1	1	1	}			
SECRETARY		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	L	L	L			0.	0.	0.
(4) JODY STARK, FNP	10.00]			İ					
DIRECTOR					L			0.	0.	0.
(5) LUKE OWENS	10.00									
DIRECTOR		1				1	1	0.	0.	_0.
(6) KIM RECLA	10.00	T	Γ				1			
DIRECTOR		1			1			0.	0.	0.
DIRECTOR	 	†	T	! -	t	✝	T	† <u>-</u> -		
	<u> </u>	1					1			
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(A) Name and title	(A) Name and title Name and title Average hours per week (do not check me box, unless perso officer and a dire		tion more son i	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) timated nount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	org	pensation om the anization d related anizations
											-
		-	-		_						
		+			-						
		╁╾				-	-		<u> </u>		
		<u> </u>	<u> </u>		-	-	-				
		_	-	-	\vdash	-	 				
1b Subtotal	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u>L</u> _	1_	<u> </u>	21,200.		0.	0.
c Total from continuation sheets to Part							>	21,200		0.	0.
Total number of individuals (including but compensation from the organization	it not limited to t		_	ed a	bov	e) w	ho r)	0
		tee	kev.	amr	Nove	20.0	r bic	sheet compensated om	nlovee on	100 m	Yes No
line 1a? If "Yes," complete Schedule J fo	or such individua	a/ .								3	X
4 For any individual listed on line 1a, is the and related organizations greater than \$										4	X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," c						-		ted organization or ındi	vidual for services	5	X
Section B. Independent Contractors 1 Complete this table for your five highest	compensated	ndep	end	ient		tract	ors	that received more that	\$100,000 of com	pensation	from
the organization. Report compensation (A)									•		(C)
Name and busing	ess address	N	ON	Œ				Description of	services		ensation
Total number of independent contractor \$100,000 of compensation from the organization.		t not	lımıl	ted t	o th	ose 0	liste	d above) who received	more than		
Troctor of compensation from the ort	gar HEMILOTT				_	<u> </u>				Eor	n 990 (2019

Form 990 (2019) FOUR RIV

			Check if Schedule O contains a response or	r note to any line	in this Part VIII			. \square
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants ilar Amounts	1 a b c d	N F	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	A S	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	98,714.	98,714.			
Program Service Revenue	2 a			Business Code				
Program Rev	f		All other program service revenue	>				
	3 4 5	1	Investment income (including dividends, interest other similar amounts),	roceeds	2.	2.	A TANKET PARTITION OF THE STATE	ALEXPRISING PURCH LIVE, CHARTEN SAME PING
	6 a	b C	(i) Real Gross rents Less: rental expenses Rental income or (loss) (i) Real 19,925. 6b 0. 6c 19,925.	(ii) Personal	19,925.	19,925		
ue	7 :	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(II) Other		19,925		
Other Revenue		c d a	Gain or (loss)	-1,700. ▶	-1,700	-1,700		
		b	contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events		18,342			18,342.
	9	a b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities					
, <i>.</i>		a b	Gross sales of inventory, less returns	158,070. 22,996.	135,074	. 135,074	•	
Miscellaneous Revenue	11	b c		Business Code				
Mis	12	е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		270,357	. 153,301	. 0	18,342.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			<u> </u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u>.</u>		
	and domestic governments. See Part IV, line 21 🔒 📙				
2	Grants and other assistance to domestic) 2		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		100		
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members		\$		
	Compensation of current officers, directors,				
	trustees, and key employees	21,200.	16,960.	4,240.	
	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123,995.	123,995.		
	Pension plan accruals and contributions (include		123,773.		
0	•				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,307.	14,041.	1,266.	
10	Payroll taxes	15,307.	14,041.	1,400.	
11	Fees for services (nonemployees):	ļ			
	Management				
	Legal	0.45	650	100	
	Accounting	847.	650.	197.	
	Lobbying		Deligeration as endografischer in	Car et Bergarden Tabele et Merker bergen in de	
e	Professional fundraising services. See Part IV, line 17			然作为2004年初 次次编	
f	Investment management fees				
, g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,469.		769.	
12	Advertising and promotion	2,959.		559.	
13	Office expenses	4,514.	2,356.	2,158.	
14	Information technology	665.	112.	553.	
15	Royalties				
16	Occupancy	21,911.	18,967.	2,944.	
17	Travel	763.	509.	254.	
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	18,738.	14,990.	3,748.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,540.	6,071.	8,469.	
23	Insurance	8,559.	7,182.	1,377.	
24	Other expenses. Itemize expenses not covered				
~~	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	11 600	11 117	E01	PACIFIC CONTRACTOR OF THE PACIFIC CONTRACTOR
a		11,698.		581.	
b		4,757			
C		3,647.		9.	·
c		1,686.		337.	
	All other expenses	881.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	259,136.	230,419.	28,717.	. 0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> L,,_</u>	<u> </u>		<u> </u>
9320	10 01-20-20				Form 990 (2019

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 54,116. 42,893. 1 1 12,181. 17,503. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 4,320. Inventories for sale or use 3,741 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 672,241 104,853. 561,047. 567,388. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments · other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 2,995 2,812. Intangible assets 14 14 2,000. 2,000. Other assets. See Part IV, line 11 15 15 636,659. 636,337. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 18 18 19 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 327,007. 314,721. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,397. 329.404 317.861 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 307*.*255. 27 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 307,255 318,476. 32 32 636,337. Total liabilities and net assets/fund balances -- - - ... 6367659

Form **990** (2019)

	990 (2019) FOUR RIV_\S HEALTH CARE	93-1304	536	Page	12
<u>Par</u>	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	270	35,	<u>7.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	259	,13	6.
3	Revenue less expenses. Subtract line 2 from line 1	3	11	.,22	1.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	307	7,25	5.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	318	3,47	6.
Par	Financial Statements and Reporting		•	_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	[
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		整理		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				18.0
ͺ b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			-179
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A:133?		3 <u>a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audıt			
	or guidite, explain why on Schodule O and describe any stans taken to undergo such guidte		26	1	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

FOUR RIVERS HEALTH CARE 93-1304536 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10) organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 FOUR LIVERS HEALTH CARE 93-13045

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
aler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	Į					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to			l			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to]	
	the organization without charge	ļ			L		
4	Total. Add lines 1 through 3	<u> </u>			ļ		
5	The portion of total contributions		ļ			ł	l
	by each person (other than a	ľ	•				
	governmental unit or publicly				1		1
	supported organization) included	I					
	on line 1 that exceeds 2% of the	}			1		
	amount shown on line 11,				1		1
_	column (f)	ļ	 	 	 	ļ	ļ <u> —</u>
_	Public support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>	<u> </u>	J		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(0) 2010	10,2011	10/2010	(e) 2013	(i) i Otal
8	Gross income from interest,		 	†	 	 	
Ŭ	dividends, payments received on						
	secunties loans, rents, royalties,						1
	and income from similar sources		1				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part VI.)					<u> </u>	
11	Total support. Add lines 7 through 10	L	<u></u>	<u> </u>	<u> </u>		<u> </u>
12	•					12	
13	First five years. If the Form 990 is for	•	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	. —
<u>~</u>	organization, check this box and stoction C. Computation of Pub	p here	ercentage				
_				column (6)		Tal	0.
	Public support percentage for 2019 Public support percentage from 2019	• • • • • • • • • • • • • • • • • • • •	•				%
15	a 33 1/3% support test - 2019. If the						
.0	stop here. The organization qualifie						▶ □
	b 33 1/3% support test - 2018. If the		· -				this box
	and stop here. The organization qu						▶[
17	a 10% -facts-and-circumstances te			•• •	*** * *		6 or more.
	and if the organization meets the "fa						
	meets the "facts-and-circumstances			•	•		. ▶□
	b 10% -facts-and-circumstances te		•		•		s 10% or
	more, and if the organization meets						
	organization meets the "facts-and-c						
_18	Private foundation. If the organization						
							0 or 990-EZ) 201
	/					-	-
	/						

Schedule A (Form 990 or 990-EZ) 2019 FOUR XIVERS HEALTH CARE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	-9,595.	8,342.	_3,775.	94,604.	75,614.	172,740.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	175,279.			174,570.		
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	165,684.	184,890.	194,086.	269,174.	233,686.	1047520.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b	TO CONTRACT STATE OF THE PARTY.	ALSO GENERALISMO	WAR COME SAFEGRA AND MARK	as alternatively like with the	been to mike a make the	0.
	Public support. (Subtract line 7c from line 6)	Direct and the second	The second of th	A STATE OF THE STA			1047520.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	165,684.	184,890.	194,086.	269,174.	233,686.	1047520.
1	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	165,684	184,890	194,086	269,174.	233,686	1047520.
14	First five years. If the Form 990 is for	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
	ection C. Computation of Pub						100 00
15	., ,			, column (f))		15	100.00 %
<u>16</u>						16	100.00 %
	ection D. Computation of Inve				, ,		00
17						17	.00 %
18	, ,					18	%
19	a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box			-		·	17 is not ►X
	b 33 1/3% support tests - 2018. If th		=			•	
	line 18 is not more than 33 1/3%, cl						
20	Private foundation. If the organizat					•	

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Kar	Supporting Organizations (continued)	
	•	Yes No
11 .	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	tion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	· · · · · · · · · · · · · · · · · · ·	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	20/20/20 P. P. P. P. P. P. P. P. P. P. P. P. P.
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
<u></u>	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Sec	tion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	ction E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c		nstructions)
2	Activities Test. Answer (a) and (b) below.	Yes No
a		经股票股票
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a -
t		
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
^	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
•		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1						
	other Type III non-functionally integrated supporting organizations must con					
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1_	Net short-term capital gain	1				
2_	Recoveries of prior-year distributions	2				
3_	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or	1 1				
	maintenance of property held for production of income (see instructions)	6				
7_	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other	1				
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5		5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integ	rated Type III supporting org	anızation (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			·
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by line 9 amount		 	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014	医阿姆斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		建筑是被操作的地震	
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	(Aligna Bay opposite to the majorities at tention		
_8	Breakdown of line 7:			
8	Excess from 2015			
	Excess from 2016		THE STATE OF THE S	
	Excess from 2017			
	d Excess from 2018	BEAT WELL AND THE STATE OF THE		

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)
	
	
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LIVERS HEALTH CARE

93-1304536 Page 8

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

932051 10-02-19

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public 33

Name of the organization

FOUR RIVERS HEALTH CARE

Employer identification number 93-1304536

Parl	Organizations Maintaining Donor Advised		Funds or A	CCOUNTS Complete if the
A COLORER (C)	organization answered "Yes" on Form 990, Part IV, line 6		unas 01 71	oodanto. Complete ii trie
		(a) Donor advised funds	(1) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in wri		or advised fun	ds
	are the organization's property, subject to the organization's ex	=		
	Did the organization inform all grantees, donors, and donor adv	• • • • • • • • • • • • • • • • • • • •		
	for charitable purposes and not for the benefit of the donor or o	• •		-
	impermissible private benefit?	•		Yes No
	Conservation Easements. Complete if the organ		n 990, Part IV,	
	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreated		ation of a histo	oncally important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in th	ne form of a co	enservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
_	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic structure.	ture included in (a)		2c
	Number of conservation easements included in (c) acquired af		 c structure	
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
	year >		, · g	
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the period		dling of	
	violations, and enforcement of the conservation easements it I		=	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	•		-	
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing o	onservation e	asements during the year
	> \$	_		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		=	
	organization's accounting for conservation easements.	•		
Pa	Organizations Maintaining Collections of	Art, Historical Treasure	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue sta	tement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resea	arch in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes the	nese items.	·
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				. > \$
2	If the organization received or held works of art, historical trea			b provide
-	the following amounts required to be reported under FASB A			o pri e rime
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
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	Jsing the organization's acquisition, accession								(ea)
	collection items (check all that apply):	n, and other records,	Check a	any or the	iollowing that	make sign	incant use of i	ıs	
	Public exhibition					_			
a	Scholarly research	a .	_		nange program				
b		е	0	tner					
C,	Preservation for future generations								
	Provide a description of the organization's col							art XIII.	
	During the year, did the organization solicit or					r sımılar as	ssets F	7,,,	
Pärt	to be sold to raise funds rather than to be main Escrow and Custodial Arrang					······································		Yes Yes	<u>No</u>
istair t	reported an amount on Form 990, Part		e ii tiie (organizatio	n answered	tes on ro	orm 990, Part 1	v, line 9, or	
10	s the organization an agent, trustee, custodia		on for o	ontribution	o or other see	oto pot inc	aludod		
			-				nadea F		□No
	on Form 990, Part X?							Yes	L NO
D	f "Yes," explain the arrangement in Part XIII a	ina complete the folio	owing ta	ible:					
_	Basinning balance						 	Amount	
	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance					 			
	Did the organization include an amount on Fo					_	' . L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. (Endowment Funds. Complete if								
	English Endownheit Funds: Complete in						Three years bac	ok (a) Four	woore back
4-	Beginning of year balance	(a) Current year	(0) Fr	or year	(c) Two years	S Dack (d)	Tillee years bac	ck (e) roui	years Dack
	Beginning of year balance				 				
	Contributions	·			 				
	Net investment earnings, gains, and losses				 		·		
	Grants or scholarships				 				
е	Other expenditures for facilities								
_	and programs				}				
	Administrative expenses				 				
g	End of year balance		. (! 1-		-)) b ald - a.				
	Provide the estimated percentage of the curr		e (line 1ç	, column (a)) neid as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c shot			A b-alal a					
за	Are there endowment funds not in the posse	ssion of the organiza	ition ina	t are neid a	and administe	rea for the	organization	Г	Van Na
	by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•			·			<u>3b</u>	
4 D3:	Describe in Part XIII the intended uses of the		wment	unas.	 				
# 12 A	Complete if the organization answere		Dart IV	/ line 11a	See Form 990) Dart Y lu	ne 10		
	Description of property	(a) Cost or o			t or other		cumulated	(d) Bool	k value
	Description of property	basis (investn		,-,	(other)		eciation	(a) B001	(value
	Land		,		93,020.			10	3,020.
	Land				43,166.		69,705.		$\frac{3,020.}{3,461.}$
b	Buildings				#3'T00'		03,103.	37.	7,40T.
c d	Leasehold improvements				29,590.		29,283.		307.
	Equipment	•			6,465.		5,865.		600.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X colur	nn (R) line		L <u>.,</u>	3,003.	56	7,388.
	is in ough, for journal to made o		- 4 -0101		/				, , , , , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019

932054 10-02-19

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental rmation Regarding Fundraising or Gah.... g Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Schedule G (Form 990 or 990-EZ) 2019

ame of the organization FOUR RIV	ERS HEALTH CARE				93-1304	ntification number 536
Partill Fundraising Activities.	Complete if the organization answer	red "Ye	es" on	Form 990, Part IV, I		
required to complete this part. 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d Inperson solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indivicompensated at least \$5,000 by the organization have a written or key employees listed in Form 990, Pa	ed funds through any of the following Solicitating Solicitating Special for oral agreement with any individual art VII) or entity in connection with products or entities (fundraisers) pursu	ion of rion of g fundration (includer rofessi	non-go goverr ising e ling of onal fi	overnment grants oment grants events ficers, directors, trus undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					<u> </u>	
						
		 _				
		1				
	·	<u> </u>	<u> </u>			
		<u> </u>	<u> </u>			
Total <u></u>			•			
List all states in which the organization or licensing.		contri	bution	s or has been notifie	d it is exempt from	registration
						·
				·····		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

<u>-</u> ,		or fundraising event contributions and gro				ots greater than \$5,000.
	•		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ì			AUCTION			col. (c))
			(event type)	(event type)	(total number)	COI. (C))
Revenue						
e e	1	Gross receipts	20,040.			20,040.
œ						
	2	Less: Contributions				
	_					
	3	Gross income (line 1 minus line 2)	20,040.			20,040.
	4	Cash prizes				
	•					
	5	Noncash prizes				1
es						
3US(6	Rent/facility costs	1			1
ă	٦					
Direct Expenses	7	Food and beverages				
<u>ïě</u>	'	i ood alid bevelages				
	_	Entertainment				
	8	Entertainment				
	9	Other direct expenses		<u> </u>		
	10	,			🟲	20,040.
ED:	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		- 000 Port IV line 10 e-	reported more than	20,040.
\$ K.	1163	\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more than	
	т-	\$15,000 on Form 990-EZ, III10 oa.	Τ	(L) Dull tobe (notest		(d) Total common ladd
e	1		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			<u></u>	biligorpi ogressive biligo		coi. (a) through coi. (c))
Æ						
	1	Gross revenue	 			
es	2	Cash prizes			 	
Direct Expenses						
Ä	3	Noncash pnzes	<u></u>			
벙	1					
Ē	4	Rent/facility costs		 	ļ	
٦						
	5	Other direct expenses			ļ	THE PROPERTY OF THE WATER CONTROL OF THE
	1		Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	1					
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9	E	nter the state(s) in which the organization cond	ducts gaming activities:			
		the organization licensed to conduct gaming	-			Yes No
		"No," explain:			, ., ., ., ., .,	
	_					
10	a V	Vere any of the organization's gaming licenses	revoked, suspended, or	terminated during the ta	x vear?	Yes No
,.		"Yes," explain:				1631NO
	٠٠.					
	-					
_						

	edule G (Form 990 or 990-EZ) 2019 FOUR LIVERS HEALTH CARE 93-1304536 Page 3
11	Does the organization conduct gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
	An outside facility 13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	Name
	Address >
16	Gaming manager information:
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions:
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
_	organization's own exempt activities during the tax year > \$
R	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and Part III, lines 9, 9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
_	
_	· · · · · · · · · · · · · · · · · · ·
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Schedule G (Form 990 or 990 EZ) FOUR XIVERS HEALTH CARE	93-1304536 Page 4
Panily Supplemental Information (continued)	
	
<i>,</i>	•
	
 	
	
	
	
	
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SCHEDULE 0

(Form 990 or 990-EZ)

Suppleme tal Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOUR RIVERS HEALTH CARE

Employer identification number 93-1304536

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMMIGRANTS AND REFUEES.
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEWED BY EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
YES - IN A NOTEBOOK AT THE FRONT DESK FOR PUBLIC VIEW.
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