

** PUBLIC DISCLOSURE COPY **

Form **990**(Rev. January 2020)

(Rev. January 2020)
Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2019
Open to Public Inspection

OMB No. 1545-0047

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change FRIENDSHIP CENTER OF HELENA INC. Name change 23-7131678 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 406-442-6800 1430 NORTH SANDERS 884,888. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 59601 HELENA, MT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JACKI FRANK for subordinates? Yes X No 1430 NORTH SANDERS STREET, HELENA, MT 59601 H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or [If "No," attach a list. (see instructions) J Website: ► WWW.THEFRIENDSHIPCENTER.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Other > Year of formation: 1971 **M** State of legal domicile: MT ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SAFE HAVEN FOR THOSE Governance AFFECTED BY DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING, AND TO if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year Prior Year** 850,864. 722,126. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 16,521. 20,131. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,312. -1,969. 11 869,026. 732,335. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 464,565. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 512,552. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 265,073. 334,497. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 847,049. 729,638. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,697. 21,977. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,025,118. 2,153,713. 20 Total assets (Part X, line 16) 157,378. 38,864. 21 Total liabilities (Part X, line 26) 三年 986,254. 996,335 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JACKI FRANK TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/03/20 self-employed P00254608 SUZANNE M. SEVERIN, CPA SUZANNE M. SEVERIN, Paid Firm's EIN ▶ 81-0385940 Firm's name ANDERSON ZURMUEHLEN & CO. P.C. Preparer Firm's address \triangleright P.O. BOX 1040Use Only Phone no. 406-442-1040 HELENA, MT 59624 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE SAFE HAVEN FOR THOSE AFFECTED BY DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING, AND TO EMPOWER OUR COMMUNITY TO FLOURISH IN
	RELATIONSHIPS FREE FROM VIOLENCE.
	REDATIONOMITO TREE TROM VIOLENCE:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "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
•	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$
	ALL FRIENDSHIP CENTER SERVICES ARE FREE, CONFIDENTIAL, AND AVAILABLE 24
	HOURS A DAY, 7 DAYS A WEEK. IN FY 2020 THE FRIENDSHIP CENTER WAS A SAFE
	HAVEN FOR 622 KNOWN AND 107 ANONYMOUS INDIVIDUALS OF DOMESTIC VIOLENCE,
	SEXUAL ASSAULT AND STALKING. STAFF PROVIDED 5,841 SERVICES TO THOSE
	729 INDIVIDUALS. THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO GROUP
	THERAPY, IN-PERSON CRISIS COUNSELING, SAFETY PLANNING, FINANCIAL
	EDUCATION, COURT AND HOSPITAL ACCOMPANIMENTS, AND ASSISTANCE WITH
	ORDERS OF PROTECTION. PEOPLE FLEEING DOMESTIC VIOLENCE SITUATIONS ARE
	OFTEN FORCED TO LEAVE MOST OF THEIR BELONGINGS BEHIND, SO WE ALSO
	PROVIDE ACCESS TO CLOTHING, FOOD, BABY NEEDS, FURNITURE, AND OTHER HOUSEHOLD ESSENTIALS.
	HOUSEHOLD ESSENTIALS.
4b	(Code:) (Expenses \$
	/ (colors
4c	(Code:) (Expenses \$
40	(Code:) (Expenses #
	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 703,545.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		х
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		<u> X</u>
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
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		Х
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."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	21		х
	5			

Form 990 (2019) FRIENDSHIP CENTER OF HELENA INC. Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	<u>NO</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J	23		Х
24a	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	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		X
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
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			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M 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	"		
UZ.	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	

932004 01-20-20

Form 990 (2019) FRIENDSHIP CENTER OF HELENA INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)				
0-	Fatantha annahan of annalances was acted as Fama M.O. Transportital of Mana and Tay Otata sports			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 13			
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	•	2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20		
За		"	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
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 Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b		a constant	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required	7-		Х
٦	to file Form 8282?	7d	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
40-	amounts due or received from them.)	11b	10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041? 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			000	
			Farm	990	(2010)

FRIENDSHIP CENTER OF HELENA INC. 23-7131678 Form 990 (2019) 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 Yes No 14 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X 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 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 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 Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	NONE NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 10	024-A, if applicable), 990, and 9

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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)

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.

taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION − 406−442−6800

1430 NORTH SANDERS, HELENA, MT 59601

Form **990** (2019)

Х

16a

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KIRSTEN MADSEN	3.00	ļ							•	
DIRECTOR	2 00	Х	_					0.	0.	0.
(2) ZIA CLARK	3.00								•	•
DIRECTOR	2 00	Х	_					0.	0.	0.
(3) MARIE MULLARKEY DIRECTOR	3.00	х						0.	0.	0.
(4) ROSS DUNCAN	3.00								-	-
DIRECTOR		Х						0.	0.	0.
(5) MICHAEL GLENN	3.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JACKI FRANK	3.00									
TREASURER		Х		Х				0.	0.	0.
(7) ANN PENNER	3.00									
DIRECTOR		Х						0.	0.	0.
(8) KATIE LOVELAND	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) RALPH YAEGER	3.00									
DIRECTOR		Х						0.	0.	0.
(10) CINDY BULTENA	3.00									
1ST VICE PRESIDENT		Х		Х				0.	0.	0.
(11) RENEE KOWALSKI	3.00									
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(12) BECKY DOCKTER	3.00	1							_	
DIRECTOR		Х						0.	0.	0.
(13) CHELSIA RICE	3.00									_
DIRECTOR	2 22	Х	_			_		0.	0.	0.
(14) HANNA WARHANK	3.00	ļ								_
DIRECTOR	40.00	Х	_		_	_		0.	0.	0.
(15) JENNY ECK	40.00	1		\ \ \				70 226	_	10 740
EXECUTIVE DIRECTOR				Х				72,336.	0.	10,742.
		_								
		-								
		•		•		•				Form 990 (2010)

Form **990** (2019)

Par	t VII Section A. Officers, Directors, Trust	ees, Key Emr	olov	ees.	and	l Hid	ghes	t C	ompensated Employee	S (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos	ition) than o	nne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	ı		nount	of
		week (list any		Cei ai	lu a u	liecto	Tritus	(66)	from	from related			other	4:
		hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om the	
		related	9e or (trustee			nsatec		(W-2/1099-MISC)	(** 27 1033 14110)	"		anizati	
		organizations	truste	nal tru		yee	om pe		(** = *********************************			_	d relate	
		below	Individual trustee or director	Institutional t	cer	key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	Indi	lust	Officer	Key	e Eig	For						
			ł											
			ł											
											\dashv			
											\dashv			
											\dashv			
											\neg			
	Subtotal								72,336.		0.	1	0,74	
С	Total from continuation sheets to Part VII	, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								72,336.		0.	1	0,74	<u> 42.</u>
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				^
	compensation from the organization												Yes	0 No
2	Did the examination list any former officer	director transt	a		امسا	0.10		hia	boot componented amp	lavos en	ſ		163	NO
3	Did the organization list any former officer,			-	-	-		_	•	•		3		Х
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								per compensation from t			3		
7	and related organizations greater than \$150	•		•					•	•		4		Х
5	Did any person listed on line 1a receive or a													
•	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	orete concaar	<i>,</i>	<i>01 </i>	<u> </u>	<i>3013</i>	011				····			
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of compe	ensaf	tion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business	address	NC	INC	3			_	Description of s	ervices	C	ompe	nsatio	n
								\dashv						
								\dashv						
								\dashv						
								\dashv						
2	Total number of independent contractors (in	ncludina but na	ot lin	niter	d to	thos	se lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•	J. 1111			(.ou	assvoj wno roccivou me	J. S. G. IGIT				
	+ . 55,000 or osmponoation from the organiz						-					Form	aan "	2010)

932008 01-20-20

Form 990 (2019) FRIENDS
Part VIII Statement of Revenue

Total revenue Foliar revenue Foli			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
1 a Federated campaigns 1e 10,500.			Check in Concadio C Contains a response C	or riote to arry in r	(A)	(B)		(D)
1 a Federated campaigns 1a 10,500.					Total revenue			Revenue excluded
1 a Federated campaigns 1a 10,500 10 10 10 10 10 10 10						function revenue	business revenue	
b			1.1	10 500				Sections 512 - 514
Subject Subj	nts ats	1 a	Federated campaigns1a	10,500.				
Subject Subj	ir our	k						
Subject Subj	S, G	(Fundraising events	76,116.				
Subject Subj	ar it	(Related organizations 1d					
Subject Subj	s, G	•		497,359.				
Subject Subj	Sign	f						
Subject Subj	uti Je			266.889.				
Subject Subj	SE							
Subject Subj	o p	,		13,003.	850 864			
2 a b b d d d d d d d d d d d d d d d d d	O a	<u> </u>	I Iotal. Add lines 1a-11		030,004.			
Barriage				Business Code				
9 Total, Add lines 2a2f	Se	2 8	·					
9 Total, Add lines 2a2f	e Zi	k						
9 Total, Add lines 2a2f	S Z	(:					
9 Total, Add lines 2a2f	an	(I					
9 Total, Add lines 2a2f	Pg B	•	•					
10 10 10 10 10 10 10 10	Pro	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 5,028 5,028 5,028 6 4 Income from investment of tax-exempt bond proceeds 5 Royalties				•				
1								
1 1 1 1 1 1 1 1 1 1		Ü			5 028.			5 028.
The state The					3,020.			3,020.
10 10 10 10 10 10 10 10								
Second		5	Royalties					
B				(II) Personal				
C Rental income or (loss) Gc		6 a	Gross rents 6a					
Total revenue See instructions Total revenue		k	Less: rental expenses 6b					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 2,776 . c Gain or (loss) 7b 15,103 . d Net gain or (loss) 76,116 . of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities or Net income or (loss) from gaming activities and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS 8		(Rental income or (loss) 6c					
Assets other than inventory b Less: cost or other basis and sales expenses 7b 2,776		(Net rental income or (loss)					
b Less: cost or other basis and sales expenses		7 a	Gross amount from sales of (i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses			assets other than inventory 7a 17,879.					
and sales expenses		ŀ	7					
C Gain or (loss) 7c 15,103. d Net gain or (loss) 5 15,103. 8 a Gross income from fundraising events (not including \$ 76,116. of contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 5 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory	ø							
8 a Gross income from fundraising events (not including \$ 76,116. of contributions reported on line 1c). See Part IV, line 18	n l		1 - 1 - 1					
B a Gross income from fundraising events (not including \$ 76,116. of contributions reported on line 1c). See Part IV, line 18	eve		. ,		15 102			15 102
Including \$ 76,116. of contributions reported on line 1c). See Part IV, line 18	Ř				15,103.			15,103.
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS	the	8 8						
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code 624200 11,117. 11,117. Business Code 624200 11,117. 11,117. 12 Total revenue. See instructions ▶ 869,026. 11,117. 0. 7,045	Ö		· · · · · · · · · · · · · · · · · · ·					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS 11 a MISCELLANEOUS 11 a MISCELLANEOUS 6 2 4 2 0 0 11,117. 11,117. 12 Total revenue. See instructions 8 6 9,026. 11,117. 0 7,045			contributions reported on line 1c). See	_				
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code 624200 11,117. 12 Total revenue. See instructions ▶ −13,086. −13,08			Part IV, line 188a					
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code 624200 11,117. 11,117. 4 All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Page 19 a Gross income from gaming activities. See Page 19 a Page		k	Less: direct expenses 8b	13,086.				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code 624200 11,117. 11,117. 4 All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 9a 9a 9b 10a 10a 11a 11a 11a 11a 11a 11		(Net income or (loss) from fundraising events		-13,086.			-13,086.
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS		9 a	Gross income from gaming activities. See					
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a								
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10a 10b 624200 11,117. 11,117. 11,117. 11,117. 11,117. 12 Total revenue. See instructions		ı						
10 a Gross sales of inventory, less returns and allowances 10a								
and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code			` ' " "					
b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS Business Code		10 a	• • • • • • • • • • • • • • • • • • • •					
C Net income or (loss) from sales of inventory Description Descr			I .					
11 a MISCELLANEOUS 624200 11,117. 11,117.		k	Less: cost of goods sold10b					
11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 624200 11,117. 11,117. 11,117. 11,117. 11,117. 0. 7,045		(Net income or (loss) from sales of inventory					
e Total. Add lines 11a-11d	ω							
e Total. Add lines 11a-11d	on:	11 a	MISCELLANEOUS	624200	11,117.	11,117.		
e Total. Add lines 11a-11d	ine Dug	k)					
e Total. Add lines 11a-11d	ella	•						
e Total. Add lines 11a-11d	Sci	,						
12 Total revenue. See instructions ▶ 869,026. 11,117. 0. 7,045	Σ	Ì			11 117			
						11 117	0	7 0/5
932009 01-20-20 Form 990 (20 ⁻	00000				005,020		<u> </u>	Form 990 (2019)

Part IX | Statement of Functional Expenses

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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 57,869. 7,234. 72,337. 7,234. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 355,236. 295,747. 27,391. 32,098. Other salaries and wages 7 Pension plan accruals and contributions (include 21,023. 17,387. 1,702. 1,934. section 401(k) and 403(b) employer contributions) 2,015. 24,885. 20,581. 2,289. Other employee benefits 9 39,071. 32,313. 3,164. 3,594. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 11,015. 11,015. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,737. 1,737. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,261. 11,043. 2,218. column (A) amount, list line 11g expenses on Sch O.) 2,805. 2,805. Advertising and promotion 12 24,449. 21,447. 3,002. Office expenses 13 927. 783. 144. Information technology 14 15 Royalties 38,022. 43,451. 5,429. 16 Occupancy 954. 954. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 10,180. 10,180. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 62,751. 53,291. 9,460. Depreciation, depletion, and amortization 22 17,029. 13,197. 2,642. 1,190. 23 Other expenses. Itemize expenses not covered 24 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 O.) 115,458. 115,040. 418. DIRECT CLIENT SERVICES 13,663. IN-KIND 11,544. 2,119. 12,632. **FUNDRAISING** 12,632. 2,843. VOLUNTEER/MEMBERSHIP EX 4,185. 1,342.

Form **990** (2019)

60,971.

25

703,545.

847,049.

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

82,533.

Form 990 (2019)
Part X | Balance Sheet

	Balance Sheet					
	Check if Schedule O contains a response or n	ote to any	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		74,680.	1	209,862.	
2				2	242,668.	
3			110,631.	3	51,615	
4					4	
5						
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of th		5			
6	Loans and other receivables from other disqua	alified perso	ons (as defined			
	under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			2,598.	9	4,029
10a						
	basis. Complete Part VI of Schedule D	. 10a	2,077,471.			
b	Less: accumulated depreciation	. 10b	742,545.	1,386,837.		1,334,926 310,613
11	Investments - publicly traded securities	298,451.	11	310,613		
12				12		
13	Investments - program-related. See Part IV, line		13			
14			14			
15	Other assets. See Part IV, line 11				15	
16						2,153,713 65,678
17			1	38,864.		65,678
18						
					21	
22						
						01 700
						91,700
					24	
25			l			
	(0				٥-	
06				38 864		157,378
20		anak hara	X	30,004.	20	137,370
		ieck liefe				
27				1 915 603.	27	1 923 032
						1,923,032
20	***************************************			7070311	20	737303
		500, cricc	Killere P			
29		ls			20	
32			Uniter furius	1,986,254.	32	1,996,335
	rotarriot accord or raria balarious		_	2,025,118.	- J-	2,153,713
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the 6 Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 13 Investments · other securities. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must ec 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of the secured nortgages and notes payable to unrelated to the liabilities. (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cland complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. 28 Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33. 29 Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33. 29 Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these person thouses and other receivables from other disqualified person under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 10b 10c	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Organizations that follow FASB ASC 958, check here 28 Organizations that follow FASB ASC 958, check here 39 Are assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here 30 Agital stock or trust principal, or current funds 31 Retained earnings, endowment, accumulated income, or other funds	Cash - non-interest-bearing 74 , 680 . Savings and temporary cash investments 151 , 921 . Pledges and grants receivable, net 110 , 631 . Accounts receivable, net 110 , 631 . 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	Cash - non-interest-bearing

Form **990** (2019)

LOIII	1990 (2019) TRIENDONTI CENTER OF HELLINA INC.	23	713107	U	Page	U '
Pa	rt XI 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			<u>,02</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8		,04	
3	Revenue less expenses. Subtract line 2 from line 1	3			,97	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,9			
5	Net unrealized gains (losses) on investments	5		<u>-11</u>	<u>,89</u>	6.
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	1,9	96	<u>, 33</u>	<u>5.</u>
Pa	rt XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII					X
)	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
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 reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	I .			
	Act and OMB Circular A-133?			3a	\dashv	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	I .			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	3b	- 1	

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** FRIENDSHIP CENTER OF HELENA INC. 23-7131678 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 10 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). 11 12 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. 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Se	ction 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.")	484,103.	632,818.	513,411.	722,128.	850,864.	3203324.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	484,103.	632,818.	513,411.	722,128.	850,864.	3203324.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3203324.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	484,103.	632,818.	513,411.	722,128.	850,864.	3203324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	371.	1,351.	1,339.	16,521.	5,028.	24,610.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,429.	28,402.		2,464.	11,117.	46,412.
11	Total support. Add lines 7 through 10						3274346.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here			·····		
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.83 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	97 . 99 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
k	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	i ere. Explain in Pai	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
k	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >
					Sche	dule A (Form 990	or 990-EZ) 2019

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.)

Section A. Public Support								
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, or facilities furnished in any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization'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								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b 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								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>		
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9 Amounts from line 6 10a Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources								
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.)								
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,		
check this box and stop here						>		
Section C. Computation of Publi	c Support Per	centage						
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%		
16 Public support percentage from 2018					16	%		
Section D. Computation of Inves	tment Income	Percentage						
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%		
	2018 Schedule A, Part III, line 17							
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line 1	% 7 is not		
more than 33 1/3%, check this box ar						. .		
b 33 1/3% support tests - 2018. If the								
line 18 is not more than 33 1/3%, che								
20 Private foundation. If the organizatio								

Part IV | 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?
- 6 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.)

	Yes	No
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2		
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3a		
3b		
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30		
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8		
9a		
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0-		
9с		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a 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? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, frustees, 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 frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled or supported organization (s) If No, 'describe in Part VI how control or management of the supported organizations. 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 directors or trustees or trustees and so an analysis of the directors or trustees of each of the organization's supported organization's power and 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 encountly field as of the dail of notification, and (iii) copies of the organization's efficiency of via power power of the organization's efficiency of a supported organization's,		below, the governing body of a supported organization?	11a		
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 Pat VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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. 2 Did the organization operated for the benefit of any supported organization other than the supported organization; and the supported organization of the supported organization; if *Yes,* explain in Part VI pro providing outs benefit carried out the purposes of the supported organization; if *Yes,* explain in Part VI providing organizations and explain and in the supported organization. 2 Section C. Type II Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) copies of the organization provide to each of its supported organizations, and (iii) copies of the organization markinate a close and continuous working relationship with the supported organizations). 3 By reason of the relationship described in IQ), did the organization if \(\frac{1}{1} \) the organization is provided to the Activate Teachty Supported organizations is supported organizations in supported organizations is supported organizations in the part VI how the organization is the parent of each of its	b	A family member of a person described in (a) above?	11b		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization organization, and the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization; but no perated. Section C. Type II Supporting Organizations 1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or supported organizations? If "Yes," describe in Part VI how control or or management of the supporting Organization and the same persons that controlled or managed. 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 copy of the Form 900 that was most recently filed as of the date of netification, and (ii) copies of the organization's powering documents in effect on the date of netification, to the extent not previously provided? 2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's powering documents in effect on the date of netification, to the organization's provided? 2. Were any of the organization is supported organization is supported organization's income or assests at all times during the tax year? If "Yes," describe in Part VI how the organization's powering documents in effect on th			11c		i
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 and 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. 2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization or controlled the supporting organization. 3 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). 3 Were a majority of the organization's supported organization(s). 4 Were any orely of the Form 990 that was most vectors of the supported organization in the supporting organization is tax year, (i) a vortice describing the type and amount of support provided during the prior tax year, (ii) a vortice of the organization is tax year, (ii) a color of the organization is the vector of the organization is described in the supported organization is governing documents in effect on the date of notification, to the extent not previously provided? 1 Did the organization is diversed on the date of notification, to the extent not previously provided organizations is supported organizations is supported organizations is supported organiza	Sec	tion B. Type I Supporting Organizations			
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	h				
	-		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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			
	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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		
Sect	ion 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	Income tax imposed in prior year	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-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u>, </u>
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	npt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	B amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

FRIENDSHIP CENTER OF HELENA INC.

Employer identification number 23-7131678

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					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					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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Schedule D (Form 990) 2019

	t III Organizations Maintaining Co	ollections of Art			er Si			310/0		age ∠
3	Using the organization's acquisition, accession							(contin	uea)	
3		on, and other records	s, check any or the i	ollowing that make	Sigitii	icani u	se oi its			
_	collection items (check all that apply):			h						
a										
b	Scholarly research	е	Other							
C 4	Preservation for future generations	llastians and avalain	have thave from the are the	o organization's av	t		a in Dort	VIII		
4	Provide a description of the organization's co						e in Part	XIII.		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma		•	•				Yes		No
Par	t IV Escrow and Custodial Arrang									<u> </u>
	reported an amount on Form 990, Par		ite ii tile organizatio	Transwered res	3111 01	111 000,	i aitiv, i	iiic 5, 6i		
	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets no	t incli	ıded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									,
-		arra comprete arra rem	eming talerer		ſ			Amount		
С	Beginning balance				İ	1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on Part XI	II]
Par	t V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	51,450.	48,174.	22,101		2	20,601.		20,	601.
b	Contributions	6,000.		21,092			1,500.			
С	Net investment earnings, gains, and losses	3,755.	3,276.	4,981						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	61,205.	51,450.	48,174		2	22,101.		20,	601.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 54.00	%								
С	Term endowment ▶ 46.00 g	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the or	ganizat	tion	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or of		' '		mulated	d	(d) Bool	c value	Э
		basis (investm	Dasis	(other) (depred	Jation				
_	Land		1 02	E 201	67	0 65	4	1 26	1 7	2 0
b	Buildings			5,384. 0,476.	1 0	0,65 5,33	2	1,264		
C 	Leasehold improvements			1,611.		6,55			5,14 5,0!	
a	Equipment	I		<u> </u>	ان	<i>,,,</i> ,,	9 •	۷:	, o:	<i>,</i> <u>,</u> ,
	Other							1,334	1 0	26
ı otal	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 🕽	<u>K, column (B), line 1</u>	<u> Oc.)</u>				_ , , , , , , ,	ェ , フ,	<u> </u>

Schedule D (Form 990) 2019

		CENTER OF HE	LENA INC.	23-7131678 Pag
Part VII Investments - Other				
Complete if the organiza				
(a) Description of security or category (i	ncluding name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part				
Part VIII Investments - Prog	gram Related.			
Complete if the organiza		on Form 990, Part IV, lin		
(a) Description of inves	stment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part	t X, col. (B) line 13.)			
Part IX Other Assets.				
Complete if the organiza			e 11d. See Form 990, Pa	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 9 Part X Other Liabilities.	90. Part X. col. (B) line	e 15.)		>
Complete if the organiza	ation answered "Yes"	on Form 990. Part IV. lin	e 11e or 11f. See Form 9	990, Part X, line 25.
	otion of liability			(b) Book value
(1) Federal income taxes	•			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule E	(Form 990) 2019 FRIENDSHIP CENTER OF HELD				131678 Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	870,216.
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ι	nrealized gains (losses) on investments	2a	-11,896.		
b	Dona	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Othe	r (Describe in Part XIII.)	2d	13,086.		
е	Add	ines 2a through 2d			2e	1,190.
3	Subt	ract line 2e from line 1			3	869,026.
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Othe	r (Describe in Part XIII.)	4b			
С	Add	ines 4a and 4b			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	869,026.
Pai	t XII	Reconciliation of Expenses per Audited Financial State		Expenses per l	Return.	
1	Total	Complete if the organization answered "Yes" on Form 990, Part IV, line expenses and losses per audited financial statements			1	860,135.
2		unts included on line 1 but not on Form 990, Part IX, line 25:			•	000,133.
		·	2a			
a		ted services and use of facilities			-	
b		year adjustments			-	
c d		r losses r (Describe in Part XIII.)		13,086.	-	
		,		•	2e	13,086.
_		ines 2a through 2d			3	847,049.
3		ract line 2e from line 1			3	047,043
4			45			
		tment expenses not included on Form 990, Part VIII, line 7b			-	
		r (Describe in Part XIII.)			4.	0.
		ines 4a and 4b			4c	847,049.
5 Par	† XII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	047,049
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Find 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			l; Part X, I	ine 2; Part XI,
PAF	RT X	I, LINE 2:				
THE	OF	GANIZATION IS EXEMPT FROM FEDERAL INC	COME TAX	UNDER SECT	ION 5	501(C)(3)
OF	THE	INTERNAL REVENUE CODE. ACCORDINGLY,	NO PROVI	SION FOR I	NCOME	TAXES
TS	TNC	LUDED IN THE ACCOMPANYING FINANCIAL S	;ͲϪͲϜϺϜΝͲ	S.		
PAF	кт х	I, LINE 2D - OTHER ADJUSTMENTS:				
FUN	IDR <i>P</i>	AISING EVENT COSTS				13,086.
—— PAF	RT X	II, LINE 2D - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2019

13,086.

FUNDRAISING EVENT COSTS

Schedule D) (Form 990) 2019	FRIENDSHIP	CENTER	OF	HELENA	INC.	23-7131678	Page 5
Part XIII	(Form 990) 2019 Supplemental Infor	mation (times)						<u> </u>
	- Cappionioniai inion	(continuea)						
-								

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

EDIENDOUTD CENTED OF UFIEND INC

Employer identification number

FRIENDS	HIP CENTER OF HELE	NA .	INC.	•	23-7131	678
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total 3 List all states in which the organization	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re-	gistration
or licensing.		.5.1610		- C. Has seen notified	is exempt non re	
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z	Schedule G (Form 9	90 or 990-EZ) 2019

Pa	rt I		-		· ·	
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	I
			(,	(-)	NONE	(d) Total events
			LUNCHEON			(add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue			76 116			76 116
Be∕	1	Gross receipts	76,116.			76,116.
	2	Less: Contributions	76,116.			76,116.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	•	Gusti prizos				
	5	Noncash prizes				
Direct Expenses		David (facility and fa	1 000			1 000
xper	6	Rent/facility costs	1,000.			1,000.
S E	7	Food and beverages	6,571.			6,571.
Dire		-				
	8	Entertainment				800. 4,715.
	9	Other direct expenses				13,086.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-13,086.
Pa	rt I					13,000.
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	., .	col. (a) through col. (c)
Вè	1	Gross revenue				
	•	Greek Tevering				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		> _	
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	_		<u> </u>			
40		and the supplied of the suppli	and a second second second			
		ere any of the organization's gaming licenses re Yes," explain:			/ear/	Yes No
	-	. 56, бирин				

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 FRIENDSHIP CENTER OF HELENA INC. 23-7	7131678	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	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?	Yes	☐ No
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		
17	Mandatory distributions:		
	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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	FRIENDSHIP	CENTER	OF	HELENA	INC.	23-7131678	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)						

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental 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

Inspection

Name of the organization

FRIENDSHIP CENTER OF HELENA INC.

Employer identification number 23-7131678

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMPOWER OUR COMMUNITY TO FLOURISH IN RELATIONSHIPS FREE FROM VIOLENCE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND THEN PRESENT IT TO THE BOARD
FOR APPROVAL, BEFORE FINALIZING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
MANAGEMENT OBTAINS A SIGNED STATEMENT FROM THE BOARD MEMBERS ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND APPROVED BY THE
BOARD OF DIRECTORS ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990
AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGES WERE MADE TO THE ORGANIZATION'S AUDIT OVERSIGHT COMMITTEE
DURING THE YEAR.