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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	calenda	ar year 2011 or tax year beginning , a	ind ending				
Na	me of foun	ndation	<u> </u>	A	Emplo	oyer identification number	
		BIE MORBELLA FOUNDATION				0.4.0.4.0.0	
_		BIE MORBELLA FOUNDATION				-2448409	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite B		none number (see instructions) 6-827-4620	
		DX 547 state, and ZIP code			70	0 027 4020	
		PSON FALLS MT 59873		c	If exer	nption application is pending, o	check here
			n of a former public cha	anty D	1. Fo	reign organizations, check her	e ▶ 🗍
_	Oncon a	Final return Amended	•		2. Fo	reign organizations meeting th	е
		Address change Name cha				% test, check here and attach	. 1 1
	Charlet				If provi	ate foundation status was term	nated under
<u>-</u>			e private foundation	-		n 507(b)(1)(A), check here	>
		ket value of all assets at J Accounting method	X Cash Acci	ual F	If the I	foundation is in a 60-month ten	mination
		ear (from Part II, col (c), Other (specify)	Ousii	, i		section 507(b)(1)(B), check he	
	ne 16) ▶		e on cash basis)	}			
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
•		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net investm income	ent	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))				<u> </u>	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	2,112,316				
	2	Check ▶ if the foundation is not required to attach Sch B	4 007	A	207		
	3	Interest on savings and temporary cash investments	4,287	4	,287		
	4	Dividends and interest from securities					<u> </u>
	5a	Gross rents					<u> </u>
ne	b	Net rental income or (loss)					
en	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a		,			
Revenue	7	Capital gain net income (from Part IV, line 2)		<u> </u>	0		
Ľ	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns & allowances					
	Ь	Less Cost of goods sold		,			
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 1	105,710				
	12	Total. Add lines 1 through 11	2,222,313	4	<u>,287</u>	0	
Ø	13	Compensation of officers, directors, trustees, etc	0	<u> </u>			
enses	14	Other employee salanes and wages					
ē	15	Pension plans, employee benefits					<u> </u>
×	16a	Legal fees (attach schedule)			Fig. 100		
e	þ	Accounting fees (attach schedule)				BECEIVE	<u> </u>
€	C	Other professional fees (attach schedule)			1 🛱	ECEIVED	
15.	17	Interest		 	1	Kitic of MI	
'ní§	18 נ 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion		- · · · · ·			Š
Ē	20	Occupancy		 		UG 2 0 2012	· ·
₽ Ø	- 21	Travel, conferences, and meetings			1		<u> </u>
bo	22	Printing and publications		i i	(3)	GDEN UT	
ğ	23	Other expenses (att sch) Stmt 2	64	-			64
in	24	Total operating and administrative expenses.					1
, La		Add lines 13 through 23	64		0	0	
)pe	25	Contributions, grifts, grants paid	17,700				17,700
Coperating and Administrative Exp	26	Total expenses and disbursements. Add lines 24 and 25	17,764		0	0	17,764
-	27	Subtract line 26 from line 12					1
	a	Excess of revenue over expenses and disbursements	2,204,549				<u> </u>
	b	Net investment income (if negative, enter -0-)		4	,287	0	
	c_	Adjusted net income (if negative, enter -0-)	<u></u>	<u> </u>		10	- 900 PE

For Paperwork Reduction Act Notice, see instructions.

917

19

	Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	0
2	Enter amount from Part I, line 27a	2	2,204,549
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	2,204,549
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II. column (b), line 30	6	2 204 549

Part IV Capital Gains a	and Losses for Tax on Investm	nent Income			
	scribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
_b					
_c		<u>. </u>	ļ		
_d				ļ	<u> </u>
_e	,		L	 	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) f) minus (g)
_a					
_b				ļ	
<u>c</u>				ļ	
_d	 	 		ļ	
_ e				 	
Complete only for assets showin	g gain in column (h) and owned by the fo	oundation on 12/31/69			(h) gain minus
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	1	less than -0-) or rom col (h))
_a				ļ	
_b				ļ	
_ c					
_d		 			
е				}	
2 Capital gain net income or (net c	apital loss) If gain, also enter ii				
3. Not about term countal corn or (le	If (loss), enter -0- ii			2	
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) and (6 , column (c) (see instructions) If (loss), e	·			
Part V Qualification U	nder Section 4940(e) for Redu	cod Tay on Not I	nyostmont Inco	3 	
	foundations subject to the section 4940			ine	
		(a) tax on het investine	in income)		
If section 4940(d)(2) applies, leave the	is part blank				N/A
	tion 4942 tax on the distributable amount lify under section 4940(e) Do not comple		e penod?		Yes No
	each column for each year, see the instru		any entres		
(a)		detions solore making			(d)
Base penod years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ns Net value	(c) e of nonchantable-use asse		tribution ratio divided by col. (c))
2010	'				
2009					
2008					
2007					
2006					
			<u>-</u>		
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the	5-year base period—divide the total on lii	ne 2 by 5, or by the			
number of years the foundation h	nas been in existence if less than 5 years	•		3	
4 Enter the net value of nonchantal	ble-use assets for 2011 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from If line 8 is equal to or greater than	n Part XII, line 4 n line 7, check the box in Part VI, line 1b,	and complete that par	t using a 1% tax rate.	. See the	
Part VI instructions					

orm	990-PF (2011) FRISBIE MORBELLA FOUNDATION 26-2448409				P	<u>age 4</u>
Pa	Ift VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)	- 				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1		1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A	1_1	ļ			
	here ▶ ☐ and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		1			
	Part I, line 12, col (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3	<u> </u>			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	1			0
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	_				
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d		l			
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11	T			
Þŧ	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u>-</u> -		Yes	No
	participate or intervene in any political campaign?			1a_		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b	- 1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
¢	Did the foundation file Form 1120-POL for this year?			1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
•	(1) On the foundation > \$ (2) On foundation managers > \$				1	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				1	
•	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	1	X
-	If "Yes," attach a detailed description of the activities			_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
•	If "Yes," attach the statement required by General Instruction T		'			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II	~ /	1	7	x	
_	• • • • • • • • • • • • • • • • • • • •	\ V				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MT					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		I			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		'			
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9_		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_	:			
	names and addresses Stmt	5		10	X	

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_Pa	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			}		,
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?		13	<u> </u>	
	Website address ► N/A					_
14		elephone no 🕨	406-8	327-	462	0
	P O BOX 547		F000		٥.	
	Located at ► THOMPSON FALLS MT	ZIP+4 ▶	59873	3-01	25	. ۲۰۰
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here	. 1	1			▶
_	and enter the amount of tax-exempt interest received or accrued during the year	▶ [15			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority			1	Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	L	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of					
	the foreign country			<u> </u>		Ē
_ 174	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	<u> </u>		<u> </u>	Van	Na
•-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			-	Yes	No
ıa	During the year did the foundation (either directly or indirectly)	□ Voc	X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	<u> </u>			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		<u></u>			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			[
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulati	ons				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 🗍			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			
	were not corrected before the first day of the tax year beginning in 2011?		N/A	1c		<u></u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	_				
	6e, Part XIII) for tax year(s) beginning before 2011?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		37/3			
	all years listed, answer "No" and attach statement—see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
٥.	20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	□ v _* :	X No			
L	at any time during the year? If "Yes," did it have excess husiness holdings in 2011 as a result of (1) any purchase by the foundation or	Yes	X No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2011)		N/A	3ь	1	•
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	:7	41/41	4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					<u> </u>
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20			4b	•	X
					90-PF	(2011)

orm 990-PF (201 Part VII-B) FRISBIE MORBELLA FOUNDATION Statements Regarding Activities for Which Form		2448409	nued)		Page 6
	ar did the foundation pay or incur any amount to	47 ZO May De IN	equired (contin	lucu)		<u> </u>
•	propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	Пү	es X No		ł
	the outcome of any specific public election (see section 4955), or to					
	r indirectly, any voter registration drive?	, san,	Пу	es X No		I
•	grant to an individual for travel, study, or other similar purposes?		ΗY	es X No	- 1	ł
• •	grant to an organization other than a chantable, etc., organization	described in		_ [I
	09(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			es X No		ı
	or any purpose other than religious, charitable, scientific, literary, or	educational				1
• •	, or for the prevention of cruelty to children or animals?			es 🗓 No		I
• •	is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unde	r the exceptions desc	cribed in	_ [I
	section 53 4945 or in a current notice regarding disaster assistance			N/A	5 <u>b</u>	
Organization	s relying on a current notice regarding disaster assistance check hel	re		▶ []		
-	is "Yes" to question 5a(4), does the foundation claim exemption from			_		1
	aintained expenditure responsibility for the grant?		N/A 🗌 Y	es No		1
	th the statement required by Regulations section 53 4945-5(d)		_	_	- [1
	ation, during the year, receive any funds, directly or indirectly, to pay	/ premiums				I
	I benefit contract?			es 🗓 No]	1
b Did the found	ation, during the year, pay premiums, directly or indirectly, on a pers	sonal benefit contract	?	_ [6b	X
	file Form 8870					
7a At any time o	unng the tax year, was the foundation a party to a prohibited tax she	lter transaction?	Y	es X No		I
b If Yes, did th	foundation receive any proceeds or have any net income attributate	ele to the transaction?	·	N/A	7b	
Part VIII	nformation About Officers, Directors, Trustees, Fo	oundation Mana	gers, Highly P	aid Employee	es,	
	and Contractors					
1 List all officer	s, directors, trustees, foundation managers and their compens	ation (see instruction	ons).			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
DODEDM DAYME	THOUSE THE T	Bree (Bernett		Compensation		
P O BOX 547		Pres/Direct	ا	0		0
MICHAEL BAXT	MT 59873 THOMPSON FALLS	VP/Direct	-			
P O BOX 2011	MT 59873	0.25	٥	o		0
KATE KOVARIK		SEC/TREAS	<u> </u>			
P O BOX 2211	MT 59873	0.25	اه	0.		0
P O BOX 2211	M1 596/3	0.25				
	on of five highest-paid employees (other than those included o	on line 1—see instru	uctions). If none, o	enter	<u> </u>	
"NONE."						_
(a) N	ame and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
NONE	 					
					 .	
	·					
		 				
		1	<u> </u>			
		•			i	
etal number of et	er employees paid over \$50,000		L			0

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	fficers, Directors, Trustees, Fou	indation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contra		structions). If none, enter "NONE."	
	of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000	for professional services		—
Part IX-A Summary of Direct	Charitable Activities		
List the foundation's four largest direct chantable activities organizations and other beneficianes served, conferences or		such as the number of	Expenses
1 Community Harvest F need	ood Bank, provision o	of food to those in	
			5,00
Fort Thompson Park public playground	Committee, City of Th	nompson Falls: a	
3 Sanders Co Health D	ept: Backpack Program	<u> </u>	5,00
			3,00
4 Friends of the Libron computers	ary: Public Library v	ise: books,	
			2,50
Part IX-B Summary of Progra	m-Related Investments (see ins	structions)	-
Describe the two largest program-related investments made	by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-related investments. See instructions			
3			
Total. Add lines 1 through 3			

Forn	1 990-PF (2011) FRISBIE MORBELLA FOUNDATION 26-2448409		Page 8
	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	
_	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of secunties	1a	30,281
b	Average of monthly cash balances	1b	495,186
С	Fair market value of all other assets (see instructions)	1c	150,000
đ	Total (add lines 1a, b, and c)	1d	675,467
е	Reduction claimed for blockage or other factors reported on lines 1a and		_
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	675,467
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	10,132
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,132 665,335
6	Minimum investment return. Enter 5% of line 5	6	33,267
P	Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	33,267
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,267
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	33,267
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
_	line 1	7	33,267
D.	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	17,764
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (pnor IRS approval required)	_3a	
b	Cash distribution test (attach the required schedule)	_3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	17,764
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		_
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,764
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	l	
	qualifies for the section 4940(e) reduction of tax in those years		

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Part XIII Undistributed Income (see ins	tructions)			
	(a)	(b)	(c)	(d)
1 Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
line 7				33,267
2 Undistributed income, if, any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for pnor years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII,				
line 4 ▶ \$17,764				
 Applied to 2010, but not more than line 2a 				
b Applied to undistributed income of prior years				
(Election required—see instructions)				•
c Treated as distributions out of corpus (Election	Ì			
required—see instructions)				17,764
d Applied to 2011 distributable amount				17,764
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same				
amount must be shown in column (a))		1		
6 Enter the net total of each column as				
indicated below:		1		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount—see instructions				
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount—see				
instructions				
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be				15,503
distributed in 2012				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9		1		
a Excess from 2007				
b Excess from 2008		1		
c Excess from 2009		1		
d Excess from 2010		1		
e Excess from 2011	<u></u>	<u></u>		

1	Page	1	a

_	THE WALL CONTRACTOR					Tage 10
	art XIV Private Operating Fou					
1a	If the foundation has received a ruling or o			ng		
	foundation, and the ruling is effective for 2	011, enter the date of	the ruling	_	L	
b	Check box to indicate whether the foundar	tion is a private opera	ting foundation describ	ed in section 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
	investment return from Part X for	,		1	!	
	each year listed					L <u></u>
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
_	line 4 for each year listed]]	
d	Amounts included in line 2c not used directly			 		-
u	for active conduct of exempt activities			Ĭ		
_		<u> </u>	 	 		
ę	Qualifying distributions made directly		•			
	for active conduct of exempt activities					}
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon			1		
a	"Assets" alternative test—enter				,	
	(1) Value of all assets		<u> </u>			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter		 			
•	(1) Total support other than gross			}	ļ	
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section		İ	1		
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	· · · · · · · · · · · · · · · · · · ·		. 		
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		<u> </u>	<u> </u>	L,	<u> </u>
Pa	rt XV Supplementary Inform	nation (Complete	e this part only if	the foundation ha	d \$5,000 or more	in assets at
	any time during the ye	ear—see instruc	tions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who h	nave contributed more	than 2% of the total co	ontributions received by t	he foundation	
	before the close of any tax year (but only i	f they have contribute	d more than \$5,000). (See section 507(d)(2).)		
	N/A	•	, ,			
b	List any managers of the foundation who	own 10% or more of the	ne stock of a corporation	on (or an equally large po	rtion of the	
	ownership of a partnership or other entity)		•			
	N/A		as a 10,5 o. g. o			
2	Information Regarding Contribution, G	rant Gift Loan Sch	olarship etc. Progra			
•			• • • • •	le organizations and doe	not accept	
	_		•			
	unsolicited requests for funds. If the found		ins, etc. (see instructio	ins) to individuals or orga	IIIZAUUIIS UIIUEI	
	other conditions, complete items 2a, b, c,					
а	The name, address, and telephone number	•	• •	De addressed		
	Robert Baxter, Manag					
	Frisbie Morbella Fou	ndation The	ompson Fall	s MT 59873		
b	The form in which applications should be s	submitted and informa	ition and materials they	y should include		
	See Statement 6					
С	Any submission deadlines			· 		
	We accept applicatio	ns through	out the yea	<u>r</u>		_
d					or other	
-	factors	-, 55.46.110		,		
	See Statement 7					
DAA					·	Form 990-PF (2011)
						, (===11)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year City of Thompson Falls PO Box 99 completed None Public Playground 5,000 Thompson Falls MT 59873 Sanders County Health Department PO Box 519 completed none Thompson Falls MT 59873 Backpack Program 3,000 Community Harvest Food Bank 704 Preston Ave W none completed Local Food Bank Thompson Falls MT 59873 5,000 Cancer Network of Sanders County PO Box 1311 completed none Cander Victims Ldcal fund Plains MT 59859 2,500 Friends of the Library PO Box 337 None completed Library materials for Local Library Thompson Falls MT 59873 1,000 Sanders County Art Council 905 S Central None completed Plains MT 59859 Promote art in Sanders County 1,200 17,700 Total ▶ 3a b Approved for future payment N/A

▶ 3b

Total

Enter	rt XVI-A Analysis of Income-Producing A gross amounts unless otherwise indicated					
1 P	group amounts amous other mac maloutes	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(0)
1 P		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
	rogram service revenue.					(See instructions)
а		_		_		_ -
b		_				
		_				
d		}		 		
e		_		 		
T		_		 		
g	· ·			 		
	lembership dues and assessments	 		14	4,287	
	nterest on savings and temporary cash investments				4,207	
	let rental income or (loss) from real estate			1		
a				1		
b						_
	et rental income or (loss) from personal property			1		
	other investment income			1		
8 G	ain or (loss) from sales of assets other than inventory					
	et income or (loss) from special events					
10 G	ross profit or (loss) from sales of inventory					
	ther revenue a					
b	Life Insurance Annuities			34	105,710	
C		_				
				1 1		
		_				
d e						
d e 12 S	ubtotal Add columns (b), (d), and (e)		()	109,997	
d e 12 Si 13 To	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)		()	109,997	
d e 12 Si 13 To (See v	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations)	Accomplishm			13	
d 12 Si 13 To (See v	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incom	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incom	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rposes	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
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d e 12 Si 13 To (See v Pa	ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations) rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	ie is reported in col	ent of Exempt Pu	rpose:	13s	109,997
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Part		Information Rega		ansfers To an	d Transaction	ons and Relation	ships Witl	n Noncharitable)		
1 D		nization directly or indir		in any of the follo	owing with any of	her organization descri	ibed			Yes	No
	_	11(c) of the Code (other		-	-						
	ganization			(-,(-, -, 3	,	, , ,					į
	~	om the reporting founda	ation to a non	chantable evemn	t organization of						:
		on the reporting tourida		ici anabic exemp	t organization of				1a(1)	1	X
•) Cash								1a(2)	\neg	X
•) Other as								19/2/	\dashv	
	ther transa										v
	•	assets to a nonchanta	-	_					1b(1)		X
		es of assets from a no		. •	on				1b(2)		X
•	•	f facilities, equipment,	or other asse	ets					1b(3)		X
	•	rsement arrangements							1b(4)		X
(5) Loans o	r loan guarantees							1b(5)		X
(6) Perform	ance of services or me	mbership or	fundraising solicita	ations				1b(6)		X
c Si	naring of fa	icilities, equipment, ma	iling lists, oth	ner assets, or paid	l employees				1c		X
d If	the answe	r to any of the above is	"Yes," comp	lete the following	schedule Colun	nn (b) should always sh	now the fair m	narket			
va	lue of the	goods, other assets, or	services gıv	ren by the reportin	ig foundation If t	he foundation received	l less than fai	r market			
va	lue in any	transaction or sharing	<u>arrangement</u>	, show in column	(d) the value of	he goods, other assets	s, or services	received			
(a) L	ine no	(b) Amount involved	(c) Nam	ne of nonchantable exem	npt organization	(d) Description	on of transfers, tr	ansactions, and sharing am	angemen	ts	
N/A			<u> </u>			<u> </u>					
			i				<u> </u>			_	
				_ 							
						 					
						 					
			 			 					
		<u> </u>									
		ļ	 			 					
2a le	the founds	ation directly or indirect	ly affiliated w	uth or related to a	one or more tay	evernt organizations	·-				
		section 501(c) of the C				-		1	7 v.	. T	Na
		plete the following sch	•	ian section 50 r(c))(3)) or in section	1 321 7		l	Ye	S 21	No
יו ע		a) Name of organization	euuje	(b) Type of	omanization		(a) Dasser	ution of relationship			
N/		a) Name of organization		(b) Type Ci	organization	 	(c) Descrip	don or reladoriship			
	<u></u>										
				 		 					
						 					
				 							
	Linder nen	alties of perjury, I declare that	t I have evemin	ed this return including	a eccompanyana schi	edules and statements, and t	o the heet of my	knowledge and helief it is	true		
		id complete Declaration of pi									—
				•				May the IRS discu			
	-			1 4				(see instructions)?			No
Sign		1/1	-/-	11.2	10	licha .	mp**-				
lere	-	COLAT 6.	1 14	un		אַווֹכווֹ 🏲	TRUS	TEE			
	▼ Sigfna	ture of officer or trustee			Da Da	re /	Title				
	Pnnt/Typ	pe preparer's name	\cap		Preparer's signal	ure		Date	ł	Check	ď
aid	1.	$(\setminus \setminus \cap$	1)	N					1	self-em	oloyed
repare	rCarla	Parks	2 TUN	<u></u>	Carla Pa	rks		08/14			
lse Onl	y Firm's na			ociates,	CPAs				631		
Firm's address ▶ PO Box 505									053		
	1	Thomp	son Fa	lla MT	59873-0	505		Phone so 406	-82	7-3	277

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

FRISBIE MORBELLA FOUNDATION

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2011

26-2448409 FRISBIE MORBELLA FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or \$ more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 1 of 1 of Part I

Name of organization FRISBIE MORBELLA FOUNDATION Employer identification number 26-2448409

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 1 Morbella Family Trust Person PO Box 125 Payroll 2,112,316 X Noncash MT 59873 Thompson Falls (Complete Part II if there is a noncash contribution) (a) (c) (d) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution) (d) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

Name of organization 26-2448409 FRISBIE MORBELLA FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Condominium, Pine Hollow, TF, MT		
		\$ 150,000	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

MOR03 FRISBIE MORBELLA FOUNDATION 26-2448409 Federal

Federal Statements

FYE: 12/31/2011

8/14/2012 7:12 PM

Form 990-PF - General Footnote

Description

990PF, Part VII-A, 8b: Montana does not require annual reporting from non-profits.

8/14/2012 7:12 PM		Adjusted Net Income	\$ \$		Charitable Purpose	99	\$ 64	1-2
	Income	Net Investment Income	\$	Expenses	Adjusted Net	}	\$	
Federal Statements	orm 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 105,710 \$ 105,710	rm 990-PF, Part I, Line 23 - Other Expenses	Net Investment	ጉ	\$	
	"			- F	Total	7 7	\$	
MOR03 FRISBIE MORBELLA FOUNDATION 26-2448409 FYE: 12/31/2011	Statement 1	Description	Life Insurance Annuities Total	Statement 2	Description	Expenses	rollelled incelest Total	

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MOR03 FRISBIE MORBELLA FOUNDATION 26-2448409 FYE: 12/31/2011

Federal Statements

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, Net FMV	\$, 150,000	
End Accumulated Depreciation	w w	
End Cost / Basis	\$ 150,000	
Beginning Net Book	\$	
Description	Condominium- Pine Hollow, TF, MT Total	

Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	\$ 726,752 \$ 726,752
Basis of Valuation	Cost
End of Year	\$ 726,752 \$ 726,752
Beginning of Year	\$ \$
Description	USB mutual funds Total

8/14/2012 7:12 PM ည City, State, Zip Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Thompson Falls MT 59873 Federal Statements Address MOR03 FRISBIE MORBELLA FOUNDATION Morbella Family (Revocable) Trust PO Box 125 Name FYE: 12/31/2011 26-2448409

MOR03 FRISBIE MORBELLA FOUNDATION
26-2448409 Federal Statements

8/14/2012 7:12 PM

FYE: 12/31/2011

Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

We request a written application, and if the organization is new to us, detail of their organization, whom is served, and proof of their non-profit status.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

We accept applications throughout the year.

Statement 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

We are targeting non-profits that serve the residents of Western Sanders County.