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### 990-PF

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

2008

OMB No 1545-0052

Department of the Treasury Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 10-31 ,2009 11-01 , 2008, and ending For calendar year 2008, or tax year beginning Name change Amended return Address change Final return G Check all that apply: Initial return A Employer identification number Use the IRS 26-3849043 label. MARTENS FAMILY FOUNDATION INC B Telephone number (see the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite Otherwise. print (208) 734 - 4888 100 621 N COLLEGE ROAD or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific D 1. Foreign organizations, check here Instructions. TWIN FALLS, ID 83301 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E if private foundation status was terminated under section 507(b)(1)(A), check here Accounting method: X Cash Accrual Fair market value of all assets at end Other (specify) of year (from Part II, col. (c), F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis ) line 16) ▶ \$ 331,640 Part | Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for chantable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income income hooks (cash basis only) the amounts in column (a) (see the instructions) ) Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch B . . 2 3 Interest on savings and temporary cash investments . . . . 3,199 3,199 4 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 . . . . . 50,406 6a ь Gross sales price for all assets on line 6a 50,406 Capital gain net income (from Part IV, line 2) . . . . . . . . 7 n 9 Income modifications . . . . . . . . . 10a Gross sales less returns and allowances . . . . Less: Cost of goods sold . . . . . . . . C 11 53,605 12 53,605 13 Compensation of officers, directors, trustees, etc . . . . . 14 A 15 Pension plans, employee benefits . . . . . . . . . STM107 3,623 7,246 3,623 16a STM108 660 Accounting fees (attach schedule) ..... 1,320 660 Ь Oi Other professional fees (attach schedule) . . . . ps et rr aa t t 17 STM110 5,337 5,337 Depreciation (attach schedule) and depletion . 19 Occupancy . . . . . . . . . . . . . 20 SAE SE SE SAE Travel, conferences, and Other expenses (attach schedule) ODEN, UT STM1 03 888 888 Total operating and administrative expenses. 14,791 10,508 4,283 13,768 13,768 CANNED 18,051 10,508 Total expenses and disbursements. Add lines 24 and 25 . 28,559 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 25,046 43,097 Net investment income (if negative, enter -0-) . . . . . .

Adjusted net income (if negative, enter -0-)

	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	31.4 11	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		69,640	69,640
	2	Savings and temporary cash investments			
	3	Accounts receivable	•		
		Less: allowance for doubtful accounts ▶			·
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach schedule)	STM135		
A	1	Less¹ allowance for doubtful accounts ▶	40,000		
S S	8	Inventories for sale or use			
e	9	Prepaid expenses and deferred charges			
t S	10a	Investments - U.S. and state government obligations (attach schedule)			
_	ь	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ► 135,800			
		Less accumulated depreciation (attach schedule)	158,097	135,800	262,000
	15	Other assets (describe ▶		,	
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	198,097	205,440	331,640
匸	17	Accounts payable and accrued expenses			
ı a	18	Grants payable			
þ	19	Deferred revenue	17,703		
į	20	Loans from officers, directors, trustees, and other disqualified persons			
t	21	Mortgages and other notes payable (attach schedule)			
i e	22	Other liabilities (describe )			
s	23	Total liabilities (add lines 17 through 22)	17,703	0	
N F		Foundations that follow SFAS 117, check here ▶ ☐			
e u		and complete lines 24 through 26 and lines 30 and 31.			
t n	24	Unrestricted			
a	25	Temporarily restricted			
A	26	Permanently restricted			
s B s a		Foundations that do not follow SFAS 117, check here $\blacktriangleright$ $X$			
e I		and complete lines 27 through 31.			
ta sn		Capital stock, trust principal, or current funds	180,394	205,440	
C	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
e os	29	Retained earnings, accumulated income, endowment, or other funds			
r	30	Total net assets or fund balances (see the instructions)	180,394	205,440	
	31	Total liabilities and net assets/fund balances (see the instructions)	198,097	205,440	<u></u> .
	art II	<del></del>		····	
1		net assets or fund balances at beginning of year - Part II, column (a), line 3			
_		f-year figure reported on prior year's return)			180,394
		amount from Part I, line 27a			25,046
3	Other	increases not included in line 2 (itemize)		3	00= 11=
		nes 1, 2, and 3			205,440
		eases not included in line 2 (itemize)	luma (b) line 20	5	205 442
<u>-6</u>	Iotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	iumn (b), line 30 · · · · ·	6	205,440

26-3849043

Part IV   Capital Gains a	ind Losses for Tax on Inv	estment Incom			
	he kind(s) of property sold (e.g., real estate, ise, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr, mo, day)
1a FIELD OF DREAMS ST	UBD BLK 1 LOT 5 ID		D	2007-12-11	2008-03-10
b ABOVE COLLECTED II	N 2008 FISCAL YEAR		ļ		
	UBD BLK 1 LOT 6 ID	<del></del>	D	2007-12-11	2009-08-10
d					
	<del></del>		<u> </u>		<u> </u>
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expens			in or (loss) (f) minus (g)
a 40,000			22,297		17,703
c 55,000			22,297		32,703
d					
e					
Complete only for assets shown	ing gain in column (h) and owned by	y the foundation on 1	2/31/69	(1) Gains (C	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j),		col (k), but not	
a					17,703
b					
С			<del></del>		32,703
<u>d</u>			<del></del>	<u> </u>	<del></del>
<u>e</u>		5"			
2 Capital gain net income or (net o		so enter in Part I, lind enter -0- in Part I, lind		2	E0 406
3. Not short torm capital gain or //c	• • •		e / -	2	50,406
, ,	oss) as defined in sections 1222(5) 8, column (c) (see the instructions).	, ,	,		
	o, column (c) (see the manuctions).	•	}	3	
	der Section 4940(e) for Re		Net Investm	ent Income	<del></del>
f "Yes," the foundation does not qua	ction 4942 tax on the distributable a alify under section 4940(e). Do not o	complete this part	<u> </u>		. Yes X No
	each column for each year; see the	e instructions before	making any entri	es	(-)
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of no	(c) nchantable-use assets		(d) tribution ratio divided by col (c))
2007			312,2	245	0.0
2006	<u> </u>				
2005					
2004				<del>-  </del>	
2003				<del>-                                    </del>	
2 Total of line 1 column (d)				2	0.0
, , ,	e 5-year base period - divide the tota			· • • • • • • • • • • • • • • • • • • •	
	has been in existence if less than 5		•	3	0.0
4 Enter the net value of noncharite	able-use assets for 2008 from Part	X, line 5		4	315,290
5 Multiply line 4 by line 3				. 5	0
- пышту ше тоу ше о					
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	431
<b>7</b> Add lines 5 and 6			• • • • • • • • • • • • • • • • • • • •	7	431
8 Enter qualifying distributions from					18,051
If line 8 is equal to or greater that the Part VI instructions	an line 7, check the box in Part VI, lii	ne 1b, and complete	that part using a	1% tax rate. See	

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instructions	<u> </u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1			
	Date of ruling letter (attach copy of ruling letter if necessary-see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_		431
	here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
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			431
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			431
6	Credits/Payments:			
<b>a</b>	2008 estimated tax payments and 2007 overpayment credited to 2008 6a			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld			
7	Total creatis and payments. Add into od a frought od			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here			431
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax   Refunded   11			
	* 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		Yes	No
	participate or intervene in any political campaign?	1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the			
	instructions for definition)?	1b		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.			
С	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   \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers   \$		•	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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		İ	·
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		<del>  ^-</del>
Þ	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	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.			
Ŭ	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	Х	[
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 XV  • •	7	Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see the			
	instructions) ▶ ID		I	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If			
	"Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	<u> </u>	X
	EEA	Form <b>99</b>	U-PF	(2008)

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	rt VII-A Statements Regarding Activities (continued)		<del></del>
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 acquire a direct or indirect interest in any applicable insurance contract before	1 1	
	August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address ► N/A		
14	The books are in care of ► GERALD MARTENS Telephone no. ► 208-7	34-488	38
	Located at ▶ 621 N COLLEGE RD 100 TWIN FALLS, ID ZIP+4 ▶ 8330	)1	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here		▶ 🛚
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	N/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
1a	During the year did the foundation (either directly or indirectly):	1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	disqualified person?		
	(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		
	the benefit or use of a disqualified person)?		
	(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		
ь	If any anguar is "Vas" to 19(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1ь 1	1
	Organizations relying on a current notice regarding disaster assistance check here ▶		1
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 2008?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		<del></del>
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and	1	
_	6e, Part XIII) for tax year(s) beginning before 2008?		
	If "Yes," list the years ▶		
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		
•	(relating to incorrect valuation of coasts) to the upper updestributed income? (If applying posting 4042(a)/2)		
	to all years listed, answer "No" and attach statement - see the instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		
·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1	
-	enterprise at any time during the year? Yes X No		
ь	If "Yes," did it have excess business holdings in 2008 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	1	
	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		
	N/A	3ь	
4a	foundation had excess business holdings in 2008)	4a	X
٦a k		74	<del>  ^</del>
Đ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1	X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	

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Par	t VII-B Statements Regarding Activities	s for \	Which For	n 472	0 May Be	Require	d (continued)		
5a	During the year did the foundation pay or incur any an								
	(1) Carry on propaganda, or otherwise attempt to infli	uence le	gıslatıon (secti	on 4945	(e))?	🔲	Yes X No		
	(2) Influence the outcome of any specific public election	ion (see	section 4955),	or to ca	rry on,		_	1	
	directly or indirectly, any voter registration drive?					📙	Yes X No	1	
	(3) Provide a grant to an individual for travel, study, o	r other s	ımılar purpose	s?		∐	Yes X No		
	(4) Provide a grant to an organization other than a ch	arıtable,	etc, organizat	ion desc	cribed in	_	_	1	
	section 509(a)(1), (2), or (3), or section 4940(d)(2	)? (see II	nstructions)			📙	Yes X No	1	
	(5) Provide for any purpose other than religious, char	rtable, so	cientific, literary	, or		_	. —		
	educational purposes, or for the prevention of cru-	elty to ch	uldren or anıma	als?		∟	Yes X No	1 1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran-	sactions	fail to qualify t	inder the	e exceptions	described in	n N/A	1	
	Regulations section 53 4945 or in a current notice reg	ardıng dı	ısaster assısta	nce (see	e the instructi	ons)?		5b	
	Organizations relying on a current notice regarding dis	saster as	sistance chec	k here			▶ ∐	1 1	
С	If the answer is "Yes" to question 5a(4), does the four	idation c	laım exemptıor	from th	ne tax	N/A 🗂	. —	1	
	because it maintained expenditure responsibility for the	e grant?				:":: [	Yes No		
	If "Yes," attach the statement required by Regulations							1	
6a	Did the foundation, during the year, receive any funds			o pay pr	emiums				
	on a personal benefit contract?					· · ·	Yes X No	1	
ь	Did the foundation, during the year, pay premiums, dir	ectly or i	indirectly, on a	persona	al benefit con	tract? .		6b	X
	If you answered "Yes" to 6b, also file Form 8870.							1 1	
7a	At any time during the tax year, was the foundation a		•				Yes X No	_ [	
<u>b</u>	If yes, did the foundation receive any proceeds or have							<u>  7b  </u>	X
Par	t VIII Information About Officers, Dire	ectors,	irustees,	round	ation ma	nagers,	Highly Paid	Embio	yees,
	and Contractors				/	<del></del>	`		
1 L	ist all officers, directors, trustees, foundation man	, -	nd their comp e, and average	T	on (see the II ompensation		ntributions to		
	(a) Name and address	hour	s per week		paid, enter	employee	benefit plans		se account, owances
	ATD 263 DEFINE	<b>1</b>	d to position		-0-)	and deferred	compensation		
		PRES-	DIRECTOR		^		0		0
	N COLLEGE RD, 100, ID 83301  MARTENS	VP -	DIRECTOR		0		0	-	
	AAST 500 SOUTH JEROME, ID 83338	VP	1		0		0		0
	A MARTENS	DIREC		<u> </u>					
	CARRIAGE LANE NORTH, ID 83301	DIREC	1		0		o		0
		DIREC							<u>-</u>
	EAST 500 SOUTH JEROME, ID 83338	PIRE	1		0		0		0
	ompensation of five highest-paid employees (other	er than f	hose include	d on lin	e 1 - see th	e instruction			
	none, enter "NONE."								
						(d)	Contributions to		
	(a) Name and address of each employee paid more than \$50,000		(b) Title and a hours per we		(c) Compen		mployee benefit ans and deferred	(e) Expen	se account,
			devoted to pos	ition			compensation	ou ioi ain	, wancoo
NON	3								
							j		
							,		
	W.	ľ			L				
Total	number of other employees paid over \$50,000	· · · · ·					· · · · · · · · ·	. >	
					EEA			Form <b>990</b>	-PF (2008)

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All other program-related investments. See the instructions

Ta	MINIMUM INVESTMENT Return (All domestic foundations must complete this part. Poteign foundations	ualions	1
1	see the instructions )	1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	.	•
	Average monthly fair market value of securities	1a	0
Þ	Average of monthly cash balances	1b	33,098
C	Fair market value of all other assets (see the instructions)	1c	286,993
d	Total (add lines 1a, b, and c)	1d	320,091
e	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	320,091
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see the		
_	instructions)	4	4,801
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	315,290
6	Minimum investment return. Enter 5% of line 5	6	15,765
Pa	TXI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating found	lations	and
	certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	15,765
2a	Tax on investment income for 2008 from Part VI, line 5 2a 431		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	431
3	Distributable amount before adjustments Subtract line 2c from line 1	3	15,334
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	15,334
6	Deduction from distributable amount (see the instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	15,334
D	T XII Qualifying Distributions (see the instructions)		
1 100	a Att a dealinying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	18,051
þ	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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3Ь	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	18,051
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 the instructions)	5	431
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,620
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	founda	
	qualifies for the section 4940(e) reduction of tax in those years		

	990-PF (2008) MARTENS FAMILY FOUNT XIII Undistributed Income (see the instributed income)			26-3849043	Page 9
Fai	t Ann   Ondistributed income (see the first	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years pnor to 2007	2007	2008
	line 7				15,334
2	Undistributed income, if any, as of the end of 2007		-	1	
а	Enter amount for 2007 only			15,612	
b	Total for prior years,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			hhttp
3	Excess distributions carryover, if any, to 2008.			1	
a	From 2003	_	1	<b>‡</b>	
b	From 2004	4		‡	
c	From 2005	4	1	1	
d	From 2006	4		•	
e	From 2007	╡	1	1	
. 1	Total of lines 3a through e		<u></u>		······
4	Qualifying distributions for 2008 from Part XII,			-	
_	line 4: ▶ \$ 18,051		1	15,612	
a L	Applied to 2007, but not more than line 2a			13,012	<del></del>
D	Applied to undistributed income of prior years (Election required - see the instructions)			1	
_	,		· · · · · · · · · · · · · · · · · · ·	<del>, , , , , , , , , , , , , , , , , , , </del>	
C	Treated as distributions out of corpus (Election				
d	required - see the instructions)		<del></del>	####	2,439
	Applied to 2008 distributable amount Remaining amount distributed out of corpus		<b></b>		
е 5	Excess distributions carryover applied to 2008			······································	<del></del>
•	(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:			Ī	
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5.				
ь	Prior years' undistributed income Subtract			<u> </u>	: ,' ,'' · · · · · · · · · · · · · ·
-	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	<u>''', '</u>		·	
	income for which a notice of deficiency has been			-	
	issued, or on which the section 4942(a) tax has				
	been previously assessed	ļ			
d	Subtract line 6c from line 6b Taxable				
	amount - see the instructions				***************************************
е	Undistributed income for 2007 Subtract line				
	4a from line 2a. Taxable amount - see the				
	ınstructions				
f	Undistributed income for 2008. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2009	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	12,895
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see the				
_	instructions)		<u></u>	<del></del>	
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see the			1	
_	Instructions)			<del></del>	
9	Excess distributions carryover to 2009.		1	1	
10	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9 <sup>-</sup> Excess from 2004		1	1	
a h	Excess from 2004	-		1	
_	Excess from 2006	-	#	1	
d	Excess from 2007	-[		-	
	Excess from 2008	1		1	

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

Form 990-PF (2008)

MARTENS FAMILY FOUNDATION INC Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Foundation If recipient is an individual, show any relationship to Purpose of grant or Recipient status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLOVER LUTHERAN SCHOOL 3552 N 1825 E 2,500 GENERAL USE BUHL ID 83316 N/A 501(C)(3) COLLEGE OF SOUTHERN IDAHO PO BOX 1238 GENERAL USE 8,720 N/A 501(C)(3) TWIN FALLS ID 83303 IMMANUEL LUTHERAN CHURCH 2055 FILER AVE EAST 2,548 GENERAL USE 501(C)(3) TWIN FALLS ID 83301 N/A 13,768 <u>.....</u> **b** Approved for future payment

3Ь

	r 514 (e)
Program service revenue:  (a) (b) (c) (d)  Amount Exclusion code	Related or exemy function income (See the instructions)
a	
b	
c	
d	
e	
Fees and contracts from government agencies	
Membership dues and assessments	
nterest on savings and temporary cash investments	
+	3,199
let rental income or (loss) from real estate:	·····
Debt-financed property	
Not debt-financed property	<del></del>
let rental income or (loss) from personal property  Other investment income	
——————————————————————————————————————	50,406
let income or (loss) from special events	50,406
iross profit or (loss) from sales of inventory	
Other revenue: a	
	<del></del>
subtotal. Add columns (b), (d), and (e) 5	3,605
<b>otal</b> . Add line 12, columns (b), (d), and (e)	
worksheet in line 13 instructions to verify calculations )	
A 50 A 1	
<del>- 4</del>	<del></del>
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importa	
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importation the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importa	
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importation the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
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the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did t	he organization direc	ctly or indirectly en	gage in any of the follow	ing with any	other or	ganization des	scribed			Yes	No
		_	-	ection 501(c)(3) organiza	_							
		nizations?					, •	•				
a	•		ting foundation to a	noncharitable exempt o	organization	of:						
-			-	· · · · · · · · · · · · · · · · ·	-					1a(1)		X
										1a(2)	-	X
_										12(2)		1
Ь		r transactions:								16(1)		Х
				npt organization						-	<del>-</del>	X
				ole exempt organization						1b(2)		
			•	assets						1ь(3)		X
			-							1Ь(4)		X
	(5) L	oans or loan guarar.	ntees				· · · · · · ·	• • • • • •		1b(5)		<u>X</u> _
	(6) F	Performance of servi	ces or membershi	p or fundraising solicitati	ons · ·					1ь(6)		X
C	Shari	ing of facilities, equip	oment, mailing lists	, other assets, or paid e	mployees					1c		X
d	If the	answer to any of the	e above is "Yes," o	complete the following so	chedule. Co	lumn ( <b>b</b> ) :	should always	show the fa	ır market			
	value	of the goods, other	assets, or service	s given by the reporting	foundation	If the fou	indation receiv	ed less than	faır market			
	value	in any transaction o	or sharing arrangei	ment, show in column ( <b>d</b>	) the value	of the goo	ods, other ass	ets, or servic	es received			
(a) L	ne no	(b) Amount involved		onchantable exempt organizati			escription of transf			rangeme	ents	
<u> </u>		-1.·		, , , , , , , , , , , , , , , , , , , ,					<u> </u>			
									•••			
					-							
—				<del></del>	~	<u>-</u>	•———		<del></del>			
_						_						
				<del></del>			4					
	-		_				<del></del>					
									<del>-</del>			
		···										
						<u> </u>						
2a	is the	foundation directly	or indirectly affiliate	ed with, or related to, on	e or more ta	x-exemp	t organization:	S				_
	desci	ribed in section 501(	c) of the Code (oth	er than section 501(c)(3	3)) or in sect	ion 527?			[	Yes	s X	No
Ь	If "Ye	s," complete the foll	owing schedule						_			=
		(a) Name of organiz	ation	(b) Type of o	rganization		T	(c) Descript	on of relationshi	p		
	_											
					***			·	·			
		· · · · · · · · · · · · · · · · · · ·	<del></del> -				T			-		
			<del></del>				<del> </del>					
				<del> </del>			<del>                                     </del>					
$\neg$	Under	penalties of penury. I decl	are that I have examine	d this return, including accompa	anying schedul	es and state	ements, and to the	best of my know	wledge and			
				arer (other than taxpayer or fi								
s				nel -		19	114/10.	۔ ۵				
_	<b>—</b>		yers /			1.4	-//-		- Tec		-	
<b>!</b>	Sign	nature of officer or trustee			Date	Date	!	Title	Preparer's SS	N or DTI	N.	
					Dale				(See Signatur			
	Paid Prepai	r-   .	01.1	9 n			Check if		instructions)			
1	er's	Preparer's	1./// ×				self-employe	ed ▶ ∐				
	Use Only	signature		remersos	09-10-	2010	,					
	•	Firm's name (or you self-employed), add		ENSOLO & ASSOCI	ATES			EIN ►				
- 1		and ZIP code	BOIS	E		ID	83702	Phone no	208-344	-634	0	

(Rev April 2009)

## Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury ▶ File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ............. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits **Employer identification number** Type or Name of Exempt Organization print 26-3849043 MARTENS FAMILY FOUNDATION INC File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for 621 N COLLEGE ROAD filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions TWIN FALLS, ID 83301 Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF Form 1041-A Form 8870 The books are in the care of ► GERALD MARTENS 621 N COLLEGE ROAD STE 100, ID 83301 Telephone No ▶ 208-734-4888 FAX No ▶ 208-734-6049 ● If the organization does not have an office or place of business in the United States, check this box . . . . . . . . If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . ▶ 🔲 If it is for part of the group, check this box 🕨 🗌 and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 06-15 , 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ ☐ calendar year 20 or ▶ X tax year beginning 11-01 , 20 08, and ending If this tax year is for less than 12 months, check reason: 🔲 Initial return 🔲 Final return 🔲 Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax 3ь payments made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment 3с System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

for payment instructions

Form 8868 (R	ev 4-2009)			Page 2
<ul> <li>If you are fe</li> </ul>	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ох		▶ 🏻
Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 886	8	
<ul> <li>If you are fi</li> </ul>	Ing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies need	ed)	
Type or	Name of Exempt Organization	mployer ide	rtification	number
print	MARTENS FAMILY FOUNDATION INC 2	6-384	9043	}
File by the extended	Number, street, and room or suite no. If a P O. box, see instructions	or IRS use or	nly	
due date for	621 N COLLEGE ROAD			
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
instructions.	TWIN FALLS, ID 83301			
Check type of	return to be filed (File a separate application for each return)			
☐ Form 990	☐ Form 1041-A		☐ Fo	rm 6069
Form 990-I	BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		☐ Fo	orm 8870
Form 990-I	Form 990-T (trust other than above)			
STOP! Do not	complete Part II if you were not already granted an automatic 3-month extension on a previou	sly filed F	orm 88	68.
<ul> <li>The books</li> </ul>	are in the care of ▶ GERALD MARTENS			
Telephone	No. ► 208-734-4888 FAX No. ► 208-734-6049			
• If the organ	zation does not have an office or place of business in the United States, check this box	<del></del>		▶ 🗍
• If this is for	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	f this is		<del></del>
for the whole o	roup, check this box >  If it is for part of the group, check this box >  and attach a			
list with the na	mes and EINs of all members the extension is for.			
4 I request	an additional 3-month extension of time until 09-15, 2010			
5 For cale	ndar year, or other tax year beginning	10-	31 ,	2009
6 If this tax	year is for less than 12 months, check reason	n account	ing perio	od
7 State in	detail why you need the extension			
ADDI'	FIONAL TIME IS NEEDED TO GATHER THE INFORMATION			
NECE	SSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETUR	N.		
8a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			<del></del>
less any	nonrefundable credits. See instructions	8a	\$	0
<b>b</b> If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			<del></del>
estimate	tax payments made Include any prior year overpayment allowed as a credit and any			
amount	paid previously with Form 8868	8b	\$	0
c Balance	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with FTD	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0
	Signature and Verification			
Under penalties o	perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	my knowled	ge and be	lief,
it is true, correct,	and complete, and that I am authorized to prepare this form			
	U12 ()		<i>,</i> -	
Signature >	Lel Demension Title CPA	Date >	6 -	11-201
EEA	<b>○</b> (	For	m 8868	(Rev. 4-2009)

2008 PG 01	Your Social Secunty Number	26-3849043	STATEMENT #103	•						
ients			<b>"</b>	CHARITABLE	PURPOSE	0 (	D	0	0	
leral Supporting Statements			FORM 990PF, PART I, LINE 23 - OTHER EXPENSES SCHEDULE	ADJUSTED	NET INCOME	0 (	<b>-</b>	0	0	
Federal Sup			PART I, LINE 23 - 0	NET	INVESTMENT	387	460	21	888	
			FORM 990PF,	REVENUE	AND EXPENSES	387	00+	21	888	
	retum	OUNDATION INC								
	Name(s) as shown on retum	MARTENS FAMILY FOUNDATION INC			DESCRIPTION	BANK CHARGES	יייייייייייייייייייייייייייייייייייייי	SUPPLIES	TOTALS	

Warring bases to stant   Warring   Warring			Federal Sup	Federal Supporting Statements	nents	2008 PG 01	
FORM 900PF, PART 1, LINE 164A) - LEGAL FEES SCHEDULE	ame(s) as shown on return TENS FAMILY FOUNDATION INC					Your Social Security Numb 26-3849043	
ADJUSTED   CHARLINGE   PURPOSE		FORM 990PF,	PART 1, LINE 16(A)	- LEGAL FEES SCHEDU	31	STATEMENT #107	
	SSCRIPTION SGAL FEES	REVENUE AND EXPENSES 7,246	NET INVESTMENT 3,623		CHARITABLE PURPOSE 3,623		`
	DTALS		3,623		3,623		

2008 PG 01	Your Social Secunty Number 26-3849043	STATEMENT #108								
ents		יטוב	CHARITABLE PURPOSE 660	099						
Federal Supporting Statements		FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	ADJUSTED NET INCOME 0	0						
Federal Su		PART I, LINE 16(B) -	NET INVESTMENT 660	099						
		FORM 990PF,	REVENUE AND EXPENSES 1,320	1,320						
	Name(s) as shown on return MARTENS FAMILY FOUNDATION INC		DESCRIPTION ACCOUNTING FEES	TOTALS						

2008 PG 01	Your Social Security Number	26-3849043	STATEMENT #110	•					
nts				CHARITABLE PURPOSE 0	0				
Federal Supporting Statements			I, LINE 18 - TAXES SCHEDULE	ADJUSTED NET INCOME 0					
Federal Sup			FORM 990PF, PART I, LINE 18	NET INVESTMENT 5.337	5,337				
			FORM 9	REVENUE AND EXPENSES 5.337	5,337				
	wn on return	MARTENS FAMILY FOUNDATION INC		N					
	Name(s) as shown on return	MARTENS FAMI		DESCRIPTION TAXES	TOTALS	 			

# Federal Supporting Statements Name(s) as shown on return MARTENS FAMILY FOUNDATION INC Pour Social Security Number 26 - 3849043

FORM 990PF, PART II, LINE 7

STATEMENT #135

OTHER NOTES AND LOANS PAYABLE (LONG) SCHEDULE

BORROWER'S NAME MARTHA TOLMAN

RELATION TO INSIDER NONE ORIGINAL AMOUNT \$40,000

BALANCE DUE \$0

**DATE OF NOTE** 2008-02 **MATURITY DATE** 2009-04

REPAYMENT TERMS DUE AT MATURITY DATE

INTEREST RATE 6

SECURITY LAND SOLD

PURPOSE SHORT-TERM FINANCING

LENDER CONSIDERATION LAND SOLD

FMV OF CONSIDERATION