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Form 990-PF

Department of the Treasury

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

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

OMB No 1545-0052 2009

Internal Revenue Service 11-01 , 2009, and ending For calendar year 2009, or tax year beginning 10-31 ,2010 G Check all that apply Initial return Initial return of a former public charity Final return Address change Amended return Name change A Employer identification number Name of foundation Use the IRS label. MARTENS FAMILY FOUNDATION INC 26-3849043 Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print 621 N COLLEGE ROAD 100 (208) 734-4888 or type. City or town, state, and ZIP code See Specific C If exemption application is pending, check here instructions. TWIN FALLS, ID 83301 D 1. Foreign organizations, check here 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 J Accounting method: Fair market value of all assets at |X| Cash Accrual Other (specify) end 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 . . . line 16) ▶ \$ (Part I, column (d) must be on cash basis) 255,666 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal (c) Adjusted net purposes books income the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is not required to attach Sch B . . 3 Interest on savings and temporary cash investments 5a ь Net rental income or (loss) R 6a Net gain or (loss) from sale of assets not on line 10 Ь Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Ø Q 10a Gross sales less returns and allowances Less Cost of goods sold 11 12 13 Compensation of officers, directors, trustees, etc 14 đ 15 m 16a oi Accounting fees (attach schedule) 1,510 1,510 p s e t r r Other professional fees (attach schedule) Interest STM110 17 18 Taxes (attach schedule) (see page 14 of the instructions) 4,464 431 4,033 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 23 24 Total operating and administrative expenses. 5,974 431 5,543 25 8,000 8,000 Total expenses and disbursements. Add lines 24 and 25. 431 13,974 13,543 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements. . (13,974) Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. Form 990-PF (2009) 12 EEA

Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of yea	<u>.r</u>
	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	55,666	55,666
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 page 16 of the			
	Instructions)			
7	F-			······
	Less. allowance for doubtful accounts ▶	Ī		
8	Inventories for sale or use	· <u> </u>		
9	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule)			
	o Investments - corporate stock (attach schedule)			
- 1	· · · · · · · · · · · · · · · · · · ·		· ····	
	: Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment: basis	•	1	
-	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)	135,800	135,800	200,000
15	Other assets (describe ▶)			
16	Total assets (to be completed by all filers - see the			
	Instructions Also, see page 1, Item I)	205,440	191,466	255,666
. 17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ►)			
23	Total liabilities (add lines 17 through 22)		0	
.	Foundations that follow SFAS 117, check here · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
F 24	Unrestricted			
u 25	Temporarily restricted			
d 26	Permanently restricted			
\	Foundations that do not follow SFAS 117, check here \blacktriangleright X			
В	and complete lines 27 through 31.			
a 27	Capital stock, trust principal, or current funds	205,440	191,466	
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
n 29	Retained earnings, accumulated income, endowment, or other funds			
c 30	Total net assets or fund balances (see page 17 of the			
e s	instructions)	205,440	191,466	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	205,440	191,466	
Part				<u>,</u>
	al net assets or fund balances at beginning of year - Part II, column (a), lin			
	l-of-year figure reported on prior year's return)			205,440
	er amount from Part I, line 27a			(13,974
2				(20,0,1
	er increases not included in line 2 (demize) =			
3 Oth	er increases not included in line 2 (itemize)		4	191 466
3 Oth4 Add	I lines 1, 2, and 3		4	191,466

rant (*), Capital Gallis	and rosses for tax off int	estillerit incom	<u> </u>				
	ibe the kind(s) of property sold (e.g., real es rehouse, or common stock, 200 shs. MLC C		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo., day)	(d) Date sold (yr , mo , day)		
1a							
b							
С							
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o					
a							
b							
с							
d				·			
e	L	<u></u>					
Complete only for assets sh	owing gain in column (h) and owned	by the foundation of	on 12/31/69	M 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		cal (k), but nat	less than -0-) or from col (h))		
a							
b							
c							
d							
е							
2 Capital gain net income or (net capital Joss J	ilso enter in Part I, lir enter -0- in Part I, li	7 1	2			
3 Net short-term capital gain	or (loss) as defined in sections 1222(5) and (6)	Ī				
If gain, also enter in Part I, Ii	ne 8, column (c) (see pages 13 and	17 of the instruction	s) 1	İ			
If (loss), enter -0- in Part I,	ine 8		\$	3			
	Inder Section 4940(e) for R		Net Investme	ent Income			
If "Yes," the foundation does not	ve this part blank section 4942 tax on the distributable qualify under section 4940(e) Do not in each column for each year, see	ot complete this part		···	Yes X No		
(a)		page 16 of the instr		king any entries	entries (d)		
Base period years Calendar year (or tax year beginnin			(c) concharitable-use ass	col (b)	Distribution ratio		
2008	18,	051	315,2		0.057252		
2007			312,2	45	0.0		
2006							
2005							
2004		<u></u>					
				. 2	0.057252		
•	the 5-year base period - divide the	•	•	1			
number of years the founda	tion has been in existence if less that	n 5 years		. 3	0.028626		
4 Enter the net value of nonch	naritable-use assets for 2009 from Pa	art X, line 5		. 4	254,502		
5 Multiply line 4 by line 3				. 5	7,285		
6 Enter 1% of net investment	ncome (1% of Part I, line 27b)			. 6			
7 Add lines 5 and 6				. 7	7,285		
. , •	from Part XII, line 4				13,543		
If line 8 is equal to or greate Part VI instructions on page	r than line 7, check the box in Part V	I, line 1b, and comp	lete that part using	g a 1% tax rate See	the		

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the in	structi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter N/A" on line 1 —			
,	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here ▶ X and enter 1% of Part I, line 27b			
С	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			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	-		0
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
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			
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 2010 estimated tax ▶ Refunded ▶ 11			
_	t 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	T	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)?	15		Х
	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		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1		
_	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$			
е				
•	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		ļ	
-	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		Х
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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	ì	1	
	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	İ
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► ID		[
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	x	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? 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	<u> </u>		† -
	names and addresses	10		x
				

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Pai	t 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 page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	1	Х
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-	734-4	888	
	Located at ▶ 621 N COLLEGE RD, 100 TWIN FALLS, ID ZiP+4 ▶ 833			
15	Section 4947(a X1) 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	N/	A	
Par	t 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
•	(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 $)$		E :	
L	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
Ъ	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? $\frac{N/A}{A}$	1b	1	
	Organizations relying on a current notice regarding disaster assistance check here	10	 	
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
C	were not corrected before the first day of the tax year beginning in 2009?	1c		v
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	IC	 	X
_	operating foundation defined in section 4942($j(3)$) or 4942($j(5)$)	l		
_	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
а	6e. Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ , , ,		į	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ŀ	
	all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2ь	•	1
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
С	if the provisions of section 4542/a/27 are being applied to any of the years fisted in 2a, list the years here.		ļ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
L	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
ь	· · · · · · · · · · · · · · · · · · ·]	
	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		ł	
	foundation had excess business holdings in 2009)	3b		1.
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		Ì	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	<u> </u>	X
	EEA	Form 99	90-PF	(2009)

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Part VII-B Statements Regarding Activities	s for \	Which Form	n 4720	May Be	Requi	red (cont	inued)		
5a During the year did the foundation pay or incur any	amount t	0.							
(1) Carry on propaganda, or otherwise attempt to in	fluence !	egislation (sec	tion 494	15(e))?		Yes 🛛	No		
(2) Influence the outcome of any specific public elec	ction (see	section 4955), or to c	carry on,			_		
directly or indirectly, any voter registration drive?	٠					Yes	K No	1	
(3) Provide a grant to an individual for travel, study,	or other	sımılar purpos	ses?			Yes 🖸	∐ No		
(4) Provide a grant to an organization other than a c	haritable	, etc., organiz	ation de	scribed in			_		
section 509(a)(1), (2), or (3), or section 4940(d)(2	2)? (see	page 22 of the	instruct	tions)		Yes	K No		
(5) Provide for any purpose other than religious, cha	aritable, s	scientific, litera	ry, or ec	ducational				1 1	
purposes, or for the prevention of cruelty to child	dren or a	nımals?				Yes 🛭	X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the tra	nsaction	s fail to qualify	under t	the exception	ns descr	ibed in		1	
Regulations section 53 4945 or in a current notice re	garding (disaster assist	ance (se	ee page 22 o	f the ins	tructions)?	N/A	5 b	
Organizations relying on a current notice regarding of	disaster a	ssistance che	ck here			▶ [
c If the answer is "Yes" to question 5a(4), does the fou	ındatıon	claim exempti	on from	the tax	N/A				
because it maintained expenditure responsibility for	the grant	?			N/A	Yes	No	1 1	
If "Yes," attach the statement required by Regulation	s section	53 4945-5(d)			·		_		
6a Did the foundation, during the year, receive any fund	ds, direct	y or indirectly.	to pay	premiums					
on a personal benefit contract?						Yes	X No		
b Did the foundation, during the year, pay premiums,	directly o	r indirectly, on	a perso	onal benefit o	ontract	·	-	6ь	X
If "Yes" to 6b, file Form 8870.									
7a At any time during the tax year, was the foundation a	a party to	a prohibited	tax shelt	ter transactio	n? .	Yes	X No		
b If yes, did the foundation receive any proceeds or ha	ave any r	net income atti	ributable	to the trans	action?	 <u>.</u>	<u> </u>	7b	X
Part VIII Information About Officers, Dire	ctors,	Trustees,	Found	lation Ma	nager	s, Highly	Paid	Emplo	yees,
and Contractors									
1 List all officers, directors, trustees, foundation man	agers ar	d their comp			22 of ti	ne instructi	ions).		
(a) Name and address		e, and average rs per week	(c) Co	ompensation t paid, enter		Contributions oyee benefit			nse account,
		d to position	(-0-)		erred comper		otner a	allowances
GERALD MARTENS	PRES-	DIRECTOR	l		ļ				
621 N COLLEGE RD, 100, ID 83301	<u> </u>	1		0			0		0
JUDY MARTENS	VP - :	DIRECTOR							
11 EAST 500 SOUTH JEROME, ID 83338	_	1		0			0		00
TARA MARTENS	DIREC	ror							
796 CARRIAGE LANE NORTH, ID 83301		1		0			0		00
BRIAN MARTENS	DIREC	TOR)		<u> </u>		1		
29 EAST 500 SOUTH JEROME, ID 83338	ــــــــــــــــــــــــــــــــــــــ	1	l	0	<u> </u>		0		0
2 Compensation of five highest-paid employees (oth	er than t	hose include	d on lin	e 1 – see pa	ige 23 o	f the instru	ictions)	•	
If none, enter "NONE."									
		(b) Title, and				(d) Contribution (d) Co		(e) Expe	ense account,
(a) Name and address of each employee paid more than \$50,00	ю	hours per v devoted to po		(c) Compe	nsation	plans and de compens	eferred		illowances
				 		Compens	ation -		
NONE									
				ļ					
				 		 			
				 -		ļ			
				 		 			
Total number of other employees paid over \$50.000		L. <u>-</u>		l		L	 -	·	
iotal number of other employees paid over \$50,000	• • • •		· · · · ·	<u></u>	• • • •	· · · · · ·	. •		A DE (0000)

and Contractors (continued)	and 22 of the instructions) If any	"NONE "
3 Five highest-paid independent contractors for professional services (see		
(a) Name and address 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		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
		
List the foundation's four largest direct charitable activities during the tax year include relevant s		Expenses
organizations and other beneficiaries served, conferences convened, research papers produced,		ļ
1 MADE CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATI IN THE COMMUNITY	ONS	
IN IND COMBREIT		8,000
2		0,000
3		
	·	
4		
Part IX-B Summary of Program-Related Investments (see page 1)	as 24 of the instructions	
Describe the two largest program-related investments made by the foundation during the tax year	· · · · · · · · · · · · · · · · · · ·	Amount
1 N/A	or most range	Amount
·		
2		
		-
All other program-related investments. See page 24 of the instructions		
3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	
	see page 24 of the instructions.)	T	
1,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	0_
Ь	Average of monthly cash balances	1b	58,378
C	Fair market value of all other assets (see page 24 of the instructions)	1c	200,000
ď	Total (add lines 1a, b, and c)	1d	258,378
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0_
3	Subtract line 2 from line 1d	3	258,378
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	3,876
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	254,502
6	Minimum investment return. Enter 5% of line 5	6	12,725
Pa	Tt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	12,725
2a	Tax on investment income for 2009 from Part VI, line 5 2a	}	
Ь	Income tax for 2009 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,725
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,725
6	Deduction from distributable amount (see page 25 of the instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	12,725
Pa	rt XII Qualifying Distributions (see page 25 of 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	13,543
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	
ь	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	13,543
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 page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,543
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the founda	tion
	qualifies for the section 4940(e) reduction of tax in those years.		F 000 PF (0000

Pa	rt XIII Undistributed Income (see page 26 of	the instructions)		20-3043043	rage 3
	, to page 100		A1		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 20 09
	line 7				12,725
2	Undistributed income, if any, as of the end of 2009	——————————————————————————————————————		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12,723
а	Enter amount for 2008 only		1	12,895	
Ь	Total for prior years,	····		12,000	
3	Excess distributions carryover, if any, to 2009				
а	From 2004		1		
ь	From 2005			1	
c	From 2006				
ď	From 2007				
e	From 2008				
f	Total of lines 3a through e			1	
4	Qualifying distributions for 2009 from Part XII,				***************************************
-	line 4 ▶ \$ 13,543				
а	Applied to 2008, but not more than line 2a			12,895	
b	Applied to undistributed income of prior years	***************************************		12,093	
	(Election required - see page 26 of the instructions)			1	
c	Treated as distributions out of corpus (Election				·····
-	required - see page 26 of the instructions)		1	ļ	
d	Applied to 2009 distributable amount				
e	Remaining amount distributed out of corpus		'	***************************************	648
5	Excess distributions carryover applied to 2009 .	-			
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
-	indicated below:				
а	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)			ļ.	
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions			†	
е	Undistributed income for 2008 Subtract line				·····
	4a from line 2a. Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines		 		
	4d and 5 from line 1. This amount must be		<u> </u>		
	distributed in 2010				12,077
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		[
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)			1	
8	Excess distributions carryover from 2004 not				······································
	applied on line 5 or line 7 (see page 27 of the				
	instructions)		ŧ	-	
9	Excess distributions carryover to 2010.	-			
	Subtract lines 7 and 8 from line 6a		!	•	
10	Analysis of line 9.	· · · · · · · · · · · · · · · · · · ·	······································		
a	Excess from 2005		ł		
b	Excess from 2006		ŧ	†	
c	Excess from 2007		-	1	
d	Excess from 2008		-		
е	Excess from 2009		-	ļ.	

	0-PF (2009) MARTENS FAM KIV Private Operating Found	ILY FOUNDATI		and Dark VIII. A. accorde	0	26-3849043	3 Pa
					on 9,	N/A	
	f the foundation has received a ruling or		•	•			
	oundation, and the ruling is effective for			1	-	10.40()(a)	
	Check box to indicate whether the found		perating foundation de			1942(j)(3) or 4	942(j)(5)
	Enter the lesser of the adjusted net ncome from Part I or the minimum	Tax year	ļ	Prior 3 years	т		(e) Total
	nvestment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007		(d) 2006	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-
- 4	35% of line 2a						
	Qualifying distributions from Part XII, ine 4 for each year listed						
	Amounts included in line 2c not used directly for active conduct of exempt activities						
1	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
	Complete 3a, b, or c for the alternative test relied upon						
	Assets" alternative test - enter 1) Value of all assets						
(2) Value of assets qualifying under section 4942(jX3XBXi)						
•	Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
	Support" alternative test - enter						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in						
(3) Largest amount of support from an exempt organization	 -					
(4) Gross investment income			 	+		
	V Supplementary Information	n (Complete t	his part only if th	ne foundation had	1 \$5	000 or more	in assets at
_	any time during the year	•	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	455015 41
- (nformation Regarding Foundation Mar	· · · · · · · · · · · · · · · · · · ·			_		
ļ	ist any managers of the foundation who pefore the close of any tax year (but only	have contributed n				the foundation	
(GERALD MARTENS,						
ī	ist any managers of the foundation who				rge p	ortion of the	

NONE

2	Information	Regarding	Contribution,	Grant, Gift,	Loan, Scho	larship, etc.,	Programs
---	-------------	-----------	---------------	--------------	------------	----------------	----------

Check here \(\subseteq \overline{\text{X}} \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- Any submission deadlines.
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV | Supplementary Information (continued)
3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or b	usines	ss)	or substantial contributor	recipient		
Paid during the year						
CLOVER LUTHERAN SCHOO	L				GENERAL USE	
3552 N 1825 E						
BUHL	ID	83316	N/A	501(C)(3)		2,500
IMMANUEL LUTHERAN CHU	RCH				GENERAL USE	
2055 FILER AVE EAST						
TWIN FALLS	ID	83301	N/A	501(C)(3)		5,000
COLLEGE OF SOUTHERN I	סאגם				GENERAL USE	
315 FALLS AVE PO BOX				1	GENERAL USE	
TWIN FALLS	ID	83303-1238	N/A	501(C)(3)		200
DOLLARS FOR SCHOLARS					GENERAL USE	
ONE SCHOLARSHIP WAY					January Con	
SAINT PETER	MN	56082	N/A	501(C)(3)		300
			ĺ			
				ı		
Total			<u> </u>	<u> </u>	3a	
	<u></u> -					9 000
b Approved for future payment				• • • • • • • • • • • • • • • • • • • •		8,000
Approved for future payment				······································	July	8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000
Approved for future payment						8,000

26-3849043 Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. (e) Unrelated business income Excluded by section 512, 513, or 514 Related or exempt (a) (b) (c) (d) function income (See page 28 of Business code Amount Exclusion Amount the instructions) 1 Program service revenue: code g Fees and contracts from government agencies . . . 3 Interest on savings and temporary cash investments . 5 Net rental income or (loss) from real estate: 6 Net rental income or (loss) from personal property . . . 8 Gain or (loss) from sales of assets other than inventory. 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue. a 12 Subtotal, Add columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)

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

1	Did the c	organization dire	ctly or indirectly engi	age in any of the followi	ing with an	y other org	janization o	lescribed		11	29Y	No
	, in section	n 501(c) of the C	ode (other than sec	tion 501(c)(3) organizat	ions) or in :	section 527	7, relating t	o political				
	organiza		·	•	·		_	·		1 1		
_	•			nanaharitahla ayarent a		6						
а		•	-	noncharitable exempt o	•							
	(1) Cash	1 <i>.</i>		<i></i>	• • • • •	• • • • •				1a(1)		<u>X</u>
	(2) Othe	rassets		<i></i>						1a(2)		X
ь	Other tra	insactions.										
			noncharitable evemo	ot organization						16(1)		Х
			•	•								X
				exempt organization						1b(2)		
			• •	ssets						1b(3)		<u>X</u> _
	(4) Rein	nbursement arra	ngements							1b(4)		X_
	(5) Loar	ns or loan quarai	ntees				<i>.</i>			16(5)		X
		-		or fundraising solicitation						1b(6)		X
_			•	other assets, or paid er						1c		X
	_	•	-							لنتنا		
d		•		mplete the following sc				•				
	value of	the goods, othe	r assets, or services	given by the reporting f	oundation.	If the four	idation rec	eived less th	an fair mark	(et		
	value in	any transaction	or sharing arrangem	ent, show in column (d) the value	of the goo	ds, other a	ssets, or ser	vices receiv	ed		
a) L	ine no (b)	Amount involved	(c) Name of nor	ncharitable exempt organizat	tion	(d) Descr	iption of tran	sfers, transact	ions, and sha	ring arra	ngeme	nts
	,,,			···			<u> </u>					
												
			<u> </u>									
					}							
_				····								
												
				··								
		•										
												
										•		
_												
2a	ls the for	undation directly	or indirectly affiliate	d with, or related to, on	e or more t	av-avama	t Organizat	000				
La									ſ	٦ v.	_ [۱
				er than section 501(c)(3)) or in sec	tion 52/			• • • •	Ye	s A	No
ь	If "Yes,"	complete the fol	lowing schedule									
		(a) Name of organ	ization	(b) Type of or	ganization			(c) Descrip	tion of relation	nship		
												
)			ì						
				ined this return, including ac								
	belief, it is	s true, correct. ager	complete Declaration of	f preparer (other than taxpay	er or fiduciar	ry) is based o	in all informat	ion of which p	reparer has a	ny know	iedge	
\$, (1/2	and the			14/2	. ادام		, -	-		
İ			- Upro	·		1 K/3	///	/ Du	e Ben	<u> </u>		
J	Signatu	ire of officer or trus	tee			6ate /		Title				
١.					Date				Preparer's in	dentify	ng	
4	Paid		_						number (see	-		
•	Prepar-		11.0	Λ			Check if		page 30 of t	he instr	uctions	i)
,	er's	Preparer's	1.11 K.	, a V			self-emplo	yea 💆 🔲				
•	Use	signature	vy je	menso	08-24-	2011	L,					
	Only	Firm's name (or y self-employed),		NSOLO & ASSOCIA	TES			EIN >				
		and ZIP code	BOISE	, ID 83702				Phone no	208-34	4-634	10	

26-340003 26-34003 26-340003 26-340003 26-340003 26-340003 26-340003 26-34003 26-340	Name(s) as shown on return		Federal St	Federal Supporting Statements	nents	2009 PG 01 . Your Social Security Number	-
NET ADJUSTED CHARITABLE NET INCOME PURPOSE 0 0 1,510 0 0 0 1,510	INC	FORM 990PF.	ART I. LINE 16(B) -	ACCOUNTING FEES SCH	a nod	26-3849043 STATEMENT #108	
		REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHAR I TABLE PURPOSE		_
		1,510	0		1,510		
		1,510	0	0			
							-
							·
							-
							· -

Name(s) as shown on return MARTENS FAMILY FOUNDATION INC						
1011111					Your Social Security Number 26–3849043	ty Number
COSTOTION	FORM 99	OPF, PART I, LINE 1	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE		STATEMENT #110	10
ESCRIFILON	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
EXCISE TAXES PROPERTY TAXES	431	431	0 0	4,033		
TOTALS	797'7	431	0	4,033		-
						-

Form **8868**

(Rev. January 2011)

Application for Extension of Time to File an Exempt Organization Return

OMB.No. 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

	ing for an Automatic 3-Month Extension, col					▶ 🏻
	ing for an Additional (Not Automatic) 3-Mont				000	
o not compl	ete Part II unless you have already been gran	ted an autoi	matic 3-month extension on a previously	illea Form 8	808.	
a corporation (3868 to reque Return for Trai	ng (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (r st an extension of time to file any of the forms l insfers Associated With Certain Personal Benefi For more details on the electronic filing of this f	not automati isted in Part t Contracts,	 c) 3-month extension of time. You can ell or Part II with the exception of Form 88 which must be sent to the IRS in paper f 	ectronically f 70, Informati ormat (see	ile Form on	
Part I	Automatic 3-Month Extension of T	ime. Only	submit original (no copies neede	ed)		
	required to file Form 990-T and requesting an					
•				•		▶□
	prations (including 1120-C filers), partnerships,					
o file income		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Type or	Name of exempt organization			Employer id	lentificati	on number
orint	MARTENS FAMILY FOUNDATION INC	•		26-38490		
ile by the	Number, street, and room or suite no. If a P			20-30430		
due date for	621 N COLLEGE ROAD	O. DOX, 300	in istractions.			
filing your	City, town or post office, state, and ZIP code	For a foreign	an address, see instructions	···		
return, See instructions.	TWIN FALLS, ID 83301	. I OF a lotely	gir address, see mstructions.			
	IWIN FALLS, ID 83301	····	· · · · · · · · · · · · · · · · · · ·			
Enter the Retu	ırn code for the return that this application is fo	r (file a sepa	rate application for each return)			0 4
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-E	JL	02	Form 1041-A			08
Form 990-E		03	Form 4720			09
Form 990-F		04	Form 5227			10
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
· · · · · · · · · · · · · · · · · · ·	(trust other than above)	06	Form 8870			12
• The books	are in the care of ▶ GERALD MARTENS	521 N CO	LLEGE ROAD STE 100, ID 833	01		
Telephone	No. ▶ 208-734-4888	F	AX No ▶ 208-734-6049			
 If the organ 	nization does not have an office or place of bus	siness in the	United States, check this box			▶□
• If this is for	a Group Return, enter the organization's four	digit Group I	Exemption Number (GEN)	If this is		
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	is for.				
1 reque	st an automatic 3-month (6 months for a corpo	ration requir	ed to file Form 990-T) extension of time			
until	06-15 , 20 11, to file the exempt of	organization	return for the organization named above	. The extens	ion is	
for the	organization's return for:					
▶ 🔲	calendar year 20 or					
	tax year beginning 11-01	, 20 09), and ending 10 -3	31 , 20 1	LO	
_						
	x year entered in line 1 is for less than 12 mont nge in accounting period	hs, check re	eason: 🔲 Initial return 🔲 Final return	n		
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T,	4720 or 606	ig. enter the tentative tax less any		<u> </u>	
	indable credits. See instructions	., 25, 5, 50	or, order the terms to tax, loss arry	3a	\$	0
	pplication is for Form 990-PF, 990-T, 4720, or	6069 enter	any refundable credits and		 	
	ed tax payments made. Include any prior year			3 b	\$	0
	e due. Subtract line 3b from line 3a Include yo					
	onic Federal Tax Payment System). See instruct			3c	\$	0
	ou are going to make an electronic fund withdra		Form 8868, see Form 8453-FO and Fo		<u> </u>	
payment insti	• •			, 55, 5-20	.5.	
						·-

	onth Extensi	on of Time. Only file the original (r			
ype or Name of exempt organization		ļ ·	oloyer identi		nber
rint MARTENS FAMILY FOUND		C 2	<u>6-384</u> :	9043	
xtended Number, street, and room of suite no. If a P. O. box	k, see instructions.				
ue date for 621 N COLLEGE ROAD					
iling the City, town or post office, state, and ZIP code. For	r a foreign address,	see instructions.			
structions. TWIN FALLS, ID 83301	·				<u>.</u>
inter the Return code for the return that this application	ıs for (file a sepa	rate application for each return)			0 4
Application	Return	Application			Return
is For	Code	ls For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
The books are in the care of ► GERALD MARTEN Telephone No. ► 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ► ☐ If it is the with the names and EINs of all members the extension	IS 621 N CO f business in the four digit Group I is for part of the ion is for	LLEGE ROAD STE 100, ID 83301 AX No. > 208-734-6049 United States, check this box Exemption Number (GEN) If group, check this box	f this is		▶□
The books are in the care of ► GERALD MARTEN Telephone No. ► 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ► ☐ If it is	F business in the our digit Group I is for part of the on is for until	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) If group, check this box ▶ □ a 09-15 , 2011. 11-01 , 2009and ending	f this is	a	▶ □
The books are in the care of ► GERALD MARTEN Telephone No. ► 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ► ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year begin If the tax year entered in line 5 is for less than 12 regions.	f business in the four digit Group I is for part of the on is for until months, check re	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) group, check this box▶ □ a 09-15, 2011. 11-01, 2009and ending eason: □ Initial return □ Final return	f this is	a	▶ [
The books are in the care of ▶ GERALD MARTEN Telephone No. ▶ 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ▶ ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year beging If the tax year entered in line 5 is for less than 12 million Change in accounting period State in detail why you need the extension	f business in the our digit Group is for part of the on is for until oning months, check re	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) If the state is a second o	f this is	a	▶ [
The books are in the care of ► GERALD MARTEN Telephone No. ► 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ► ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year beging If the tax year entered in line 5 is for less than 12 marginal conditions. Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GAT.	f business in the our digit Group is for part of the on is for until months, check remarks, chec	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) If the content of the	f this is	a	▶ [
The books are in the care of ▶ GERALD MARTEN Telephone No. ▶ 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ▶ ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year begin If the tax year entered in line 5 is for less than 12 marginal conditions. Change in accounting period The calendar why you need the extension ADDITIONAL TIME IS NEEDED TO GATE NECESSARY TO PREPARE A COMPLETE	f business in the our digit Group is for part of the on is for until months, check remarks, chec	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) If the content of the	f this is	a	▶ [010.
The books are in the care of ▶ GERALD MARTEN Telephone No. ▶ 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ▶ ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year begin If the tax year entered in line 5 is for less than 12 r ☐ Change in accounting period Tate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GAT NECESSARY TO PREPARE A COMPLETE 8a If this application is for Form 990-BL, 990-PF, 990-	IS 621 N CO f business in the our digit Group is for part of the on is for until	LLEGE ROAD STE 100, ID 83301 AX No. ▶ 208-734-6049 United States, check this box Exemption Number (GEN) If group, check this box ▶ □ a 09-15 , 2011. 11-01 , 2009 and ending Final return Final return FORMATION FE TAX RETURN. 69, enter the tentative tax, less any	f this is nd attach	a 1, 20	▶ [010.
The books are in the care of ▶ GERALD MARTEN Telephone No. ▶ 208-734-4888 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for the whole group, check this box ▶ ☐ If it is st with the names and EINs of all members the extension I request an additional 3-month extension of time For calendar year, or other tax year begin If the tax year entered in line 5 is for less than 12 r ☐ Change in accounting period The State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GAT NECESSARY TO PREPARE A COMPLETE . Ba If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions.	f business in the four digit Group II is for part of the ion is for until mining months, check remarks, check r	AX No. ► 208-734-6049 United States, check this box Exemption Number (GEN) group, check this box	f this is nd attach	a 1, 20	▶ [010.
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