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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

2010

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	calend	dar year 2010, or ta	x year beginning			11-01 , 20	iu, an	ia enain	9	10-	31 , 2011
G	Check a	all that apply	Initial return		Initial ret	urn of a former pu	plic c	harity	I	Final return	
			Amended retu	ırn	Addı	ess change		Name c			
N	ame of f	oundation							A Employer i	dentification number	
		NS FAMILY FOUR				·-·			26-3849		
N	umber ai	nd street (or P O box nu	mber if mail is not deli	ivered to street addres	ss)		Roo	m/sulte	B Telephone	number (see page 10 of the	e Instructions)
_6	21 N	COLLEGE ROAD					10	0	(208)73	4-4888	
C	ty or to	wn, state, and ZIP code							C If exempt	on application is pending,	check here . ▶
T	WIN 1	PALLS, ID 8330							_	organizations, check here	
H_(Check 1	type of organization.	. <u>X</u> Se	ection 501(c)(3) ex					2. Foreigr check	organizations meeting the ere and attach computation	85% test, ▶
\perp		on 4947(a)(1) nonex		ust	Other t	axable private four	ndatio	n	E If nelvata	foundation etatue was tern	alnated under —
1	air ma	rket value of all asse	ets at	J Accounting m	ethod:	X Cash	Ac	ccrual	section 50	foundation status was tern 07(b)(1)(A), check here •	· · · · · · · ·
•	end of	year (from Part II, co	ol. (c),	Other (spe	ecify)				E If the four	adation is in a 60-month te	emination —
_1	ine 16)	> \$	240,859	(Part I, column (c	d) must b	e on cash basis.)			under sec	ndation is in a 60-month te tion 507(b)(1)(B), check he	7 mination
P	ert i	Analysis of Re	evenue and E	xpenses (The to	otal of	(a) Revenue and					(d) Disbursements
-		amounts in columns (b				expenses per	İ		nvestment come	(c) Adjusted net income	for charitable purposes
		the amounts in column	n (a) (see page 11 of th	e instructions))		books				income	(cash basis only)
	1	Contributions, gifts,	-		,						
	2	Check ▶ X if the	e foundation is not re	quired to attach Sch.	в.,						
	3	Interest on savings	and temporary ca	sh investments .							
	4	Dividends and inter	s								
	5a	Gross rents				····		·····			
R	b	Net rental income of								*************	
ė	6a	Net gain or (loss) fr	rom sale of assets	not on line 10	• • •	·····					
V	b	Gross sales price for al			*************************	↓			****************	***************************************	
n	7	Capital gain net inc	ome (from Part IV	, line 2)	• • •	: 					
U	8	Net short-term capital gain				************		********	*************		[[[+++++++++++++++++++++++++++++++++
e	9	Income modification	ns			····					·····
٦.	10a	Gross sales less returns	s and allowances			**************************************		*********		·····	
Ź	Þ	· · · · · · · · · · · · · · · · · · ·							·····		
ס	C	Gross profit or (loss								· · · · · · · · · · · · · · · · · · ·	
<i>.</i>	11	Other income (attac	•								
<u> </u>	12	Total. Add lines 1 t					0		0		
) (113 (113	13	Compensation of of									
A P	14	Other employee sai	_		ŀ	·	-				
d	1	Pension plans, emp	ployee benefits .		• • •						
į	16a	Legal fees (attach s	schedule)		TM108						
oi n	"	Accounting fees (at	ttach schedule) .		• • • }	1,1	.80				1,180
ps et rr	- C	Other professional			ı		-			-1:1/:0	
r r	17	Interest			İM110		+		0 8FE	<u></u>	4 7 2 .
a a t t i i	18	Taxes (attach sched	, •		,	4,1	.94	10	SED.	1	4,194
ηV	1	Depreciation (attack					\dashv		<u> </u>	<u>'^'</u>	
g e		• •					\dashv		<u> </u>	1501 15	
a E	21	Travel, conferences					-+	<u>-</u> _			
d P	22	Printing and publica			,		\dashv				
T e	23 24	Other expenses (at					-+			·	
5 e	24	Total operating an					ادوا				E 384
9	1	Add lines 13 throug	-		,	5,3			0		5,374
	25	Contributions, gifts,	•				33				9,433
	26	Total expenses an		. Add lines 24 and	1 23 .	14,8	· u / [0		14,807
	27	Subtract line 26 fro		and dishuraaman	•						
	a	Excess of revenue	•			(14,	50 //)				
	Ь	Net investment in Adjusted net inco				- 1111111111111111111111111111111111	·····- 		0		
<u>-</u>	C										orm 990-PF (2010)
101	rapei	rwork Reduction Ac	or motice, see pag	je so oi ine instru	cuons.				EEA		-vim 330-FF (2010)

Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing	55,666	40,859	40,859
2	Savings and temporary cash investments			
	Accounts receivable >			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less. allowance for doubtful accounts ▶			
	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 15 of the			
	instructions)			
s 7	Other notes and loans receivable (attach schedule) ▶			
s '	Less allowance for doubtful accounts ▶	Ŧ		
	Inventories for sale or use			
s i	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule)			
	Investments - corporate stock (attach schedule)			
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis ▶	#		
	Less: accumulated depreciation (attach schedule)			
	Investments - mortgage loans			·
	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis ▶ 135,800	1		
	Less: accumulated depreciation (attach schedule)	135,800	135,800	200,000
1	Other assets (describe ▶)			
I	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	191,466	176,659	240,859
L 17	Accounts payable and accrued expenses			
a 18	Grants payable			
b 19	Deferred revenue			
į 20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
i 22	Other liabilities (describe ▶)			
s 23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here · · · · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
N F 24	Unrestricted			
	Temporarily restricted			
· n i	Permanently restricted	-		
- ;	Foundations that do not follow SFAS 117, check here X	-		
I	and complete lines 27 through 31.			
י ש	Capital stock, trust principal, or current funds	101 466	176,659	
	Paid-in or capital surplus, or land, bldg., and equipment fund	191,466	1/0,039	
- 1	Retained earnings, accumulated income, endowment, or other funds			
_ =	Total net assets or fund balances (see page 17 of the			
	instructions)	191,466	176,659	
	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	191,466	176,659	<u> </u>
Part III	······································			
	net assets or fund balances at beginning of year - Part II, column (a), line	•		
	f-year figure reported on prior year's return)			191,466
	amount from Part I, line 27a		2	(14,807
3 Other	ıncreases not included in line 2 (itemize) ▶		3	
4 Add iir	nes 1, 2, and 3		4	176,659
5 Decrea	ases not included in line 2 (itemize) ▶		5	
6 Total r	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b) line 30	6	176,659

Part IV	Capital Gains	and Losses for Tax on Inve	estment Incon	ne					
		be the kind(s) of property sold (e g , real est ehouse; or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr., mo., day)	d (d) Date sold (yr., mo., day)			
1a									
ь									
С									
d									
•		····			<u> </u>				
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus expe	other basis nse of sale	(h) Gain or (loss) (e) plus (f) minus (g)				
a	·		· 	·					
_ <u>b</u>					· · · · · · · · · · · · · · · · · · ·				
<u> </u>						·			
_d									
•			<u> </u>						
Complete	only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		s (Col (h) gain minus			
(f) F M V. as of 12/31/69 (f) Adjusted basis as of 12/31/69		(k) Excessiover col (not less than -0-) or es (from col. (h))				
<u>a</u>									
_ <u>b</u>									
С			L						
<u>d</u>						·			
<u> </u>			so enter in Part I, li	· · - <u> </u>					
2 Capital ga	ain net income or (r	2							
		or (loss) as defined in sections 1222(
-		ne 8, column (c) (see pages 13 and 1		ns) }					
		ne 8			3				
		nder Section 4940(e) for Re				·			
(For optional	use by domestic pr	ivate foundations subject to the secti	on 4940(a) tax on	net investment inc	ome)				
If section 494	0(d)(2) applies, leav	ve this part blank.							
						□., .			
		section 4942 tax on the distributable		•	od?	Yes X No			
		qualify under section 4940(e). Do no it in each column for each year; see			king any entries				
r Enter the	(a)		page 10 of the inst		aking any entries.	(d)			
	ase period years ar (or tax year beginning	(b) Adjusted qualifying distribution	ns Net value of	(c) noncharitable-use as		Distribution ratio			
- Ozionau ye	2009	13,5		254,5	(cor. (b) divided by cor. (c))				
	2008	18,0		315,2		0.057252			
	2007	20,1	-	312,2		0.0			
	2006								
	2005								
		<u> </u>							
2 Total of li	ine 1, column (d).				2	0.110466			
3 Average	distribution ratio for	the 5-year base period - divide the	total on line 2 by 5	, or by the					
number o	of years the foundat	ion has been in existence if less than	5 years		3	0.036822			
			•						
4 Enter the	net value of nonch	aritable-use assets for 2010 from Pa	rt X, line 5		4	242,357			
5 Multiply line 4 by line 3						8,924			
6 Enter 1%	of net investment in	ncome (1% of Part I, line 27b)			6				
7 Add lines	5 and 6				7	8,924			
8 Enter ous	ilifvina distributions	from Part XII, line 4			8	14,807			
If line 8 is	equal to or greater	than line 7, check the box in Part VI							
Part VI in:	structions on page	18							

instructions) ▶ ID

corm	1 990-PF (2010) MARTENS FAMILY FOUNDATION INC 26-3849	043	-	age 5
Pa	rt 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	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			
14	The books are in care of ▶ GERALD MARTENS Telephone no ▶ 208-7	/34-4	888	
	Located at ▶ 621 N COLLEGE RD, 100 TWIN FALLS, ID ZIP+4 ▶ 833	01		
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	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter			
	the name of the foreign country ▶			
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.		Yes	No
1 a	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.) Yes X No			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	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			7,7
•	were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section $4942(jX3)$ or $4942(jX5)$) At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
•	6e, Part XIII) for tax year(s) beginning before 2010?			
	If "You" list the years			
ь	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			
	all years listed, answer "No" and attach statement - see page 22 of the instructions.)	2ь	•	
С	If the provisions of section 4942(a)(2) are being applied to any 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 enterprise			
	at any time during the year?			
Ь	If "Yes," did it have excess business holdings in 2010 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\(X7\)) 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 2010)	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			-
	charitable purpose that had not been removed from leonardy before the first day of the tay year beginning in 20102	1 4h	•	Y

	990-PF (2010) MARTENS FAMILY FOUN						26-3849	043_	Page 6	
Pa	t VII-B Statements Regarding Activitie	es for \	Which For	n 4720	May Be	Requ	ired (continued)			
5a	During the year did the foundation pay or incur any	amount t	to:				_			
	(1) Carry on propaganda, or otherwise attempt to in	fluence l	legislation (sed	tion 494	\$5(e))?		Yes X No			
	(2) Influence the outcome of any specific public elec-				•					
	directly or indirectly, any voter registration drive?						Yes X No			
	(3) Provide a grant to an individual for travel, study,	or other	sımılar purpo	ses?			Yes X No			
	(4) Provide a grant to an organization other than a c		•							
	section 509(a)(1), (2), or (3), or section 4940(d)(3)		. •				Yes X No	1		
	(5) Provide for any purpose other than religious, cha	aritable,	scientific, litera	ry, or ed	ducational					
	purposes, or for the prevention of cruelty to child						Yes X No			
þ	If any answer is "Yes" to 5a(1)-(5), did any of the tra	insaction	s fail to qualify	under 1	the exception	ns descr	ibed in N/A			
	Regulations section 53.4945 or in a current notice re	garding	disaster assist	ance (se	e page 22 o	f the ins	tructions)?	5b		
	Organizations relying on a current notice regarding of						▶ 📋			
C	If the answer is "Yes" to question 5a(4), does the fou		•			N/A				
	because it maintained expenditure responsibility for	-			• • • • • •		Yes No			
	If "Yes," attach the statement required by Regulation									
6a	Did the foundation, during the year, receive any fund				•	i	m			
on a personal benefit contract?										
D	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								<u> </u>	
_	If "Yes" to 6b, file Form 8870									
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . Yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?										
b								7b		
7#	1 VIII Information About Officers, Direction and Contractors	ectors,	irustees,	round	iation ma	nager	s, nigniy Paid	Emplo	yees,	
-	ist all officers, directors, trustees, foundation man	25252	ad their come		-/	22 -4 4				
	ist di Unicers, directors, trustees, fodination mair		e, and average		ompensation	,	Contributions to	(a) Evan	nse account,	
	(a) Name and address	hou	ours per week (If not oted to position		ot paid, enter employ		oyee benefit plans erred compensation		illowances	
GER	ALD MARTENS	PRES-DIRECTOR					orred compensation			
	N COLLEGE RD, 100, ID 83301		1		0	İ	o		0	
	Y MARTENS	VP -	DIRECTOR							
11	EAST 500 SOUTH JEROME, ID 83338		1	0		0		o		
	A MARTENS	DIREC	TOR							
796	CARRIAGE LANE NORTH, ID 83301		1		0 0			0		
BRI.	AN MARTENS	DIREC	TOR			-				
29	BAST 500 SOUTH JEROME, ID 83338		1		0		0		0_	
	ompensation of five highest-paid employees (oth	er than t	those include	d on lin	e 1 - see pa	ige 23 o	f the instructions)			
<u>l</u> i	none, enter "NONE."									
	(a) Name and address of each employee paid more than \$50,00	ю	(b) Title, and hours per v	reek 🐪	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred		nse account, llowances	
			devoted to po	sition			compensation			
NON	3									
										
		• • • • • • • • • • • • • • • • • • • •			ļ					
Total	number of other employees paid over \$50,000									
					- · · · · · · · · · · · · · · · · · · ·	· · · ·				

Form 990-PF (2010) MARTENS FAMILY FOUNDATION INC	26-3	849043 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none, e	nter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
750000		
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 charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 MADE CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS		
IN THE COMMUNITY		
2		9,433
3		
4	· · · · · · · · · · · · · · · · · · ·	
Part IX-B Summary of Program-Related Investments (see page 24 o	f the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A		
		o
2		<u>_</u>
All other program-related investments. See page 24 of the instructions		
3		
Totał. Add lines 1 through 3		
romerra mas runougho ir ir ir ir ir ir ir ir ir ir ir ir ir	· · · · · · · · · · · · · · · · · · ·	1

Form **990-PF** (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations,	
see page 24 of the instructions)		
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
b Average of monthly cash balances	1b	46,048
c Fair market value of all other assets (see page 25 of the instructions)	1c	200,000
d Total (add lines 1a, b, and c)	1d	246,048
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	246,048
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
the instructions)	4	3,691
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	242,357
6 Minimum investment return. Enter 5% of line 5	6	12,118
Part 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	12,118
2a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010. (This does not include the tax from Part VI.) 2b	1	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	12,118
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	12,118
6 Deduction from distributable amount (see page 25 of the instructions)	6	22,220
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
line 1	7	12,118
		12,110
Part 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	14,807
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)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	14,807
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		11,007
Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
taran da antara da antara da antara da antara da antara da antara da antara da antara da antara da antara da a	6	14,807
6 Adjusted qualitying distributions. Subtract line 5 from line 4		
6 Adjusted qualifying distributions. Subtract line 5 from line 4		

Fa	rt XIII Undistributed Income (see page 26	of the instructions)			
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•					12,118
2	Undistributed income, if any, as of the end of 2010:				
a	Enter amount for 2009 only			12,077	***************************************
ь	Total for prior years:,,				
3	Excess distributions carryover, if any, to 2010				
a	From 2005				
Ь	From 2006			1	
C	From 2007			1	
d	From 2008	ŕ	1	1	
•	From 2009			1	
f	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,			1	
	line 4· ▶ \$14,807				
a	Applied to 2009, but not more than line 2a			12,077	
Ь	Applied to undistributed income of prior years			1	
	(Election required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)		<u> </u>	1	
d	Applied to 2010 distributable amount				2,730
•	Remaining amount distributed out of corpus			**************************************	
5	Excess distributions carryover applied to 2010 .				
	(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			1	
	indicated below:			‡	
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5.			•	
þ	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			I	
d	Subtract line 6c from line 6b. Taxable	***************************************			
	amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a. Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2011				9,388
7	Amounts treated as distributions out of corpus		<u> </u>	<u>-</u>	2,300
-	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		1	I I	
	instructions)				
8	Excess distributions carryover from 2005 not	• • • • • • • • • • • • • • • • • • • •	<u> </u>		······
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)			I I	
9	Excess distributions carryover to 2011.		 		***************************************
-	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9	· · · · · · · · · · · · · · · · · · ·		······································	
-	Excess from 2006		1	#	
ă L	Excess from 2006			1	
-				Ī	
ی مہ	Excess from 2008				
đ	Excess from 2009			1	
e	Excess from 2010		1		

_		MILY FOUNDATIO	ON INC		26-3849043	Pa
Ì	XIV Private Operating Found	dations (see page	27 of the instructions	and Part VII-A, question	9) N/A	
	If the foundation has received a ruling of	r determination letter	that it is a private op	erating		
	foundation, and the ruling is effective for	r 2010, enter the date	of the ruling			
	Check box to indicate whether the found	dation is a private op-	erating foundation de	scribed in section	4942(j)(3) or 49	942(j)(5)
	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotal
	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed	···············				
	Amounts included in line 2c not used directly for active conduct of exempt activities .					
	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(j/(3)(B)(i)					
	"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 section 4942()(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
=	Supplementary Informati any time during the year				\$5,000 or more i	n assets at
	Information Regarding Foundation Ma	anagers:				
	List any managers of the foundation wh before the close of any tax year (but on					
	GERALD MARTENS,					

NONE,

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ 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.

- 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
- c Any submission deadlines:
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Fart XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipie		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 (h	ome o	r business)	or substantial contributor						
a Paid during the year									
CLOVER LUTHERAN SCHOOL					GENERAL USE				
3552 N 1825 E									
BUHL	ID	83316	N/A	501(C)(3)		2,500			
CONCORDIA UNIV FOUND	ATION				GENERAL USE				
2811 NE HOLMAN ST									
PORTLAND	OR	97211	N/A	501(C)(3)		5,833			
COLLEGE OF SOUTHERN	IDAHO				GENERAL USE				
315 FALLS AVE PO BOX	1238								
TWIN FALLS	ID	83303-1238	N/A	501(C)(3)		200			
			,						
NEW HOPE DIAMOND HEA	D				GENERAL USE				
4211 WAIALAB AVE STE	_								
HONOLULU	HI	96816	N/A	501(C)(3)		200			
nonobobo	n.	30010	N/A	301(0)(3)		200			
BOISE STATE UNIV FOU	MD A TO T	ON			CONTRACT FIGS				
2225 W UNIVERSITY DR		ON			GENERAL USE				
		02706	37/3	E01 (a) (3)					
BOISE	ID	83706	N/A	501(C)(3)		600			
OPTIMIST INTL FOUNDA	TION				GENERAL USE				
880 CARILLON PKWY									
SAINT PETERSBURG	FL	33716	N/A	501(C)(3)		100			
Total						9,433			
b Approved for future payment									
			i						
Total		<u></u>	 .	<u> </u>	▶ 3b				

المتنا	· · · · · · · · · · · · · · · · · · ·					
	er gross amounts unless otherwise indicated. Program service revenue:	(a) Business	(b) Amount	(c) Excluded by	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
						
				 	· · · · · · · · · · · · · · · · · · ·	
				_		
	·					
	d	<u>.</u>				··
	•		ļ <u></u>	-		
	f				· · · · · · · · · · · · · · · · · · ·	
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments .					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					v
•	a Debt-financed property					
			<u> </u>	 		-
_	b Not debt-financed property		 	 		
	Net rental income or (loss) from personal property					
	Other investment income					
8	Gain or (loss) from sales of assets other than inventory.					
9	Net income or (loss) from special events			L		
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
					 -	
	A					
				-	 :	
10	Subtotal. Add columns (b), (d), and (e)					<u> </u>
				l		-
	Total. Add line 12, columns (b), (d), and (e)				13	
	e worksheet in line 13 instructions on page 29 to verify cal					· · · · · · · · · · · · · · · · · · ·
-	art XVI-B Relationship of Activities to the					
L	ine No. Explain below how each activity for which inc accomplishment of the foundation's exempt p instructions)					
		·····	· · · · · · · · · · · · · · · · · · ·			
				··		
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Form	990-PF (2	2010) MJ	ARTENS FAMILY	FOUNDATION INC			26-384904	3	Pa	ge 13				
Par	I XVII	Information	n Regarding Tra	ansfers To and Transact	ions and R	elationships	With Nonch	arita	ble					
		Exempt Or	ganizations											
1	Did the o	rganization dire	ctly or indirectly eng	age in any of the following with	any other orga	nization describe	ł		Yes	No				
	ın section	501(c) of the 0	Code (other than sec	tion 501(c)(3) organizations) or	n section 527,	relating to politica	al							
	organizat	ions?												
а	Transfers	from the repor	ting foundation to a	noncharitable exempt organizati	on of:									
	(1) Cash							1a(1)		Х				
	(2) Other	rassets						1a(2)		X				
b	Other trai	nsactions:												
	(1) Sales	of assets to a	noncharitable exemp	ot organization				16(1)		X				
	(2) Purcl	nases of assets	from a noncharitable	e exempt organization				1b(2)		X				
	(3) Renta	al of facilities, ed	quipment, or other as	ssets				1b(3)		X				
	(4) Reim	bursement arra	ngements					1b(4)		Х				
	(5) Loan	s or loan guara	ntees					1b(5)		X				
	(6) Perfo	rmance of serv	ices or membership	or fundraising solicitations				1b(6)		X				
C	Sharing o	of facilities, equi	pment, mailing lists,	other assets, or paid employees				1c		Х				
d	If the ans	wer to any of th	ne above is "Yes," co	mplete the following schedule.	Column (b) sho	ould always show	the fair market							
	value of t	he goods, othe	r assets, or services	given by the reporting foundation	n If the found	ation received les	s than fair mark	et						
	value in a	ny transaction	or sharing arrangem	ent, show in column (d) the value	e of the goods	s, other assets, or	services receive	ed.						
(a) Lin	ne no. (b)	Amount Involved	(c) Name of nor	ncharitable exempt organization	(d) Descrip	tion of transfers, trar	sactions, and shar	ing arra	ngeme	nts				
				_										
	[_							
2a	Is the fou	ndation directly	or indirectly affiliate	d with, or related to, one or mor	e tax-exempt o	organizations								
	described	d in section 501	(c) of the Code (other	er than section 501(c)(3)) or in s	ection 527? .		[Yes	s X	No				
b_	If "Yes," o	omplete the fol	llowing schedule.											
		(a) Name of organ	ization	(b) Type of organization		(c) Des	cription of relation	ship						
			·											
		<u>.</u>	·											
	hallef	penalties of perjun	y, i declare that I have ex	amined this return, including accompa n of preparer (other than taxpayer or f	nying schedules a	and statements, and to all information of	o the best of my k	nowledg	ge and	de				
Sigi	n	-//	1 h. +	· Frahmon / - mon manhabat of of t	al. l.					-				
Her		/www	(/ Mention		7/6/12		und							
		nature of officer o			Date /	title								
n.:		Print/Type prep	arer's name	Preparer's signature	Dat		Check If P	TIN						
Paid		RICHARD C	BERMENSOLO	Kill Bernens	ر, 8	-29-2012	self-employed							
Pre	parer	Firm's name	► BERMENSOLO	& ASSOCIATES		Firm's Ell	→							
Use	Only	Firm's address	▶ 1087 W RIVE	R ST STE 280		Phone no								
	•	}	BOISE ID 83702							208-344-6340				

FORM 990PF, PART 1, LINE 16(B) - ACCOUNTING FEES SCHEDULE REVENUE	Name(s) as shown on return	;	Federal Su	Federal Supporting Statements	nents	2010 PG 01 Employer identification Number	
FORM 900Pr, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE REVENUE AND EXPERSES 1,180 0 1,180 0 1,180 1,180 1,180	OUNDATION INC					26-3849043	
AND EXPENSES INVESTMENT NET INCOME PURPORT 1,180 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		FORM 990PF, P	ART I, LINE 16(B) -	ACCOUNTING FEES SCHI	EDULE	STATEMENT #108	
1,180 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
0 0	S	1,180	0		1,180		
							· · · · · · · · · · · · · · · · · · ·
				;			

	Fede	eral Sup	Federal Supporting Statements	ments	2010	2010 PG 01
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC					Employer Identif 26-3849043	dentification Number 043
	FORM 990PF, PART	I, LINE 18	I, LINE 18 - TAXES SCHEDULE		STATEMENT #110	NT #110
DESCRIPTION PROPERTY TAXES	REVENUE NET AND EXPENSES INVESTMENT 4,194	ENT 0	ADJUSTED NET INCOME	CHARITABLE PURPOSE 4,194		
TOTALS	761,4	9	0	4,194		

Form

(Rev. January 2011)

Application for Extension of Time to File an Exempt Organization Return

Department of t Internal Revenue	- 1	▶ File a :	separate ab	plication for each return.			
• If you are i	filing for an		·	Part I and check this box	ATI-POLITEDA	426	
	-			n, complete only Part II (on page 2 of th			
•	-			matic 3-month extension on a previously		8868.	
a corporation 8868 to reque Return for Tra	required to est an exter ansfers Asso	o file Form 990-T), or an additional (r nsion of time to file any of the forms l ociated With Certain Personal Benefi	not automation isted in Part t Contracts,	d a 3-month automatic extension of time c) 3-month extension of time. You can el I or Part II with the exception of Form 88 which must be sent to the IRS in paper for ww.irs.gov/efile and click on e-file for Cha	ectronically 70, Informat ormat (see	file Forr tion	n
Part 1	Automa	tic 3-Month Extension of T	ime. Only	submit original (no copies neede	d).		······································
A corporation				-month extension - check this box and c			
Part I only							▶ 🔲
All other corp	orations (in	cluding 1120-C filers), partnerships,	REMICs, an	d trusts must use Form 7004 to request a	an extension	n of time	•
to file income	tax returns	•					
Type or	Name of	exempt organization			Employer i	dentific	ation number
print	MARTE	NS FAMILY FOUNDATION INC	<u>:</u>		26-3 <u>84</u> 90	143	
File by the	Number	, street, and room or suite no. If a P.	O. box, see	instructions.			
due date for filing your	621 N	COLLEGE ROAD					
return. See	City, tow	n or post office, state, and ZIP code	. For a forei	gn address, see instructions.			
instructions.	TWIN I	FALLS, ID 83301					
Enter the Ret	urn code fo	or the return that this application is for	r (file a sepa	rate application for each return)			0 4
Annilanda							——————————————————————————————————————
Application	П		Return	Application			Return
Form 990			Code	Is For			Code
Form 990-1	DI		01 02	Form 990-T (corporation) Form 1041-A			07
Form 990-I			02	<u> </u>	· · · · · · · · · · · · · · · · · · ·		08
Form 990-I		•	04	Form 4720 Form 5227			09
		(a) or 408(a) trust)	05	Form 6069			10
		er than above)	06	Form 8870			11
10111 330-	1 (tildat Otile	mail above,	00	1-01111 0070			
Telephone If the orga If this is fo for the whole a list with the until for the	a No. ▶ 20 Inization do Ir a Group F group, che names and Ist an autom 06- organization calendar ye	es not have an office or place of bus Return, enter the organization's four of the ck this box	F/ liness in the digit Group E it is for part is for. ration require rganization	of the group, check this box ▶ □ ed to file Form 990-T) extension of time return for the organization named above.			▶□
			, 20 10	, and ending 10-3	1 ,20	L1.	
2 If the ta	ax year ente	ered in line 1 is for less than 12 montl ounting period					
3a If this a	pplication is	s for Form 990-BL, 990-PF, 990-T, 4	1720, or 606	9, enter the tentative tax, less any			
		dits. See instructions.			3a	\$	0
		s for Form 990-PF, 990-T, 4720, or 6					
		ments made. Include any prior year			3b	\$	0
		· · · · · · · · · · · · · · · · · · ·	, .	with this form, if required, by using EFTPS			_
(Electro	onic Federa	l Tax Payment System). See instructi	ons.		3с	2	0

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.

orm 8868 (Rev.						Page 2
If you are filing	for an Additional (Not Automatic) 3-Mor	nth Extension	n, complete only Part II and check this	box		▶ 🏻
lote. Only comp	lete Part II if you have already been granted	d an automat	ic 3-month extension on a previously fil	ed Form 8868).	
If you are filing	for an Automatic 3-Month Extension, co	mplete only	Part I (on page 1).			
	ditional (Not Automatic) 3-Mont			I (no copie	s needed).
	me of exempt organization		, , , , , , , , , , , , , , , , , , ,	Employer identi		
	MARTENS FAMILY FOUNDAT	יד ארדי	اح ا	26-384	9043	
	imber, street, and room or suite no. If a P.O. box, se		<u> </u>	20 304	7043	
xtended i						
	521 N COLLEGE ROAD by, town or post office, state, and ZIP code. For a fo	unian addison	ene lanta ettene			
eturn See		ireign address,	see instructions.			
structions.	TWIN FALLS, ID 83301					
inter the Return	code for the return that this application is fo	or (file a sepa	rate application for each return)			. 0 4
Application		Return	Application			Return
ls For		Code	Is For		-	Code
Form 990		01		A 18 18 18 18 18 18 18 18 18 18 18 18 18		<u> </u>
Form 990-BL	·······	02	Form 1041-A		~~~	08
Form 990-EZ		03	Form 4720		-	09
Form 990-PF	······································	04	Form 5227			10
	ec. 401(a) or 408(a) trust)	05	Form 6069			11
	ust other than above)	06	Form 8870			12
	omplete Part II if you were not already gr					12
	in the care of SERALD MARTENS					
4 I request a 5 For calend 6 If the tax yo Change 7 State in de ADDITIO	es and EINs of all members the extension is additional 3-month extension of time until ar year, or other tax year beginning ear entered in line 5 is for less than 12 months in accounting period tail why you need the extension	II g ths, check re	ORMATION	10-3	1, 20_1	1.
8a If this appli	cation is for Form 990-BL, 990-PF, 990-T,	4720, or 606	9, enter the tentative tax, less any			
nonrefunda	able credits. See instructions.			8a	\$	0
b If this appli	cation is for Form 990-PF, 990-T, 4720, or	6069, enter	any refundable credits and	[C		
	ax payments made. Include any prior year					
	id previously with Form 8868.	- •	-	8b	\$	C
	ue. Subtract line 8b from line 8a. Include ye	our payment	with this form, if required, by using EFT	PS		
	Federal Tax Payment System). See instruc			8c	\$	C
(2.000.01.10			nd Verification		l <u>*</u>	
rue, correct, and co	erjury, I declare that I have examined this form, inc mplete, and that I am authorized to prepare this for	luding accompa	nying schedules and statements, and to the be	-		
Signature 🕨 🗶	Il Benerado	Ti	ttle ► CPA	Date ▶	6 - // rm 8868 (Re	- 20
EEA				Fo	rm 8868 (Re	v. 1-2011