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Form 990-PF

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

OMB No. 1545-0052

2011

		t of the Treasury venue Service	Note Ti	ne foundation may be able to use	a Filvate Fou		nortina requirer	nante	2011
_			tax year beginning		11-01 , 20		·	nerris.	10-31 ,2012
_		foundation	tax year beginning		11 01 ,10	i i, une chen		dentification number	
,	MARTE	NS FAMILY FO	UNDATION INC	!			26-3849	043	
				elivered to street address)		Room/suite		number (see instruc	tions)
	621 N	COLLEGE ROA	rD			100	(208)73	4-4888	
_	City or to	wn, state, and ZIP coo	ie				C If exempt	on application is per	nding, check here . >
	TWIN	FALLS, ID 83	301						
G	Check	all that apply:	Initial return	Initial return	of a former public	charity	D 1. Foreigr	organizations, chec	:k here ▶
			Final return	Amended re	eturn				
_			Address cha	~ ~~			2. Foreigr	i organizations meet here and attach com	ng the 85% test, putation
H	Check	type of organization	on: X S	Section 501(c)(3) exempt pri			F If private	foundation status w	as terminated under
1			nexempt charitable		taxable private four		section 50	7(b)(1)(A), check he	re ▶
ı		arket value of all as		J Accounting method:	X Cash	Accrual	F If the four	ndation is in a 60~mo	onth termination
		year (from Part II,		Other (specify)			under sec	tion 507(b)(1)(B), ch	ack here
re.	line 16		230,579	(Part I, column (d) must I	oe on cash basis.)				
	art I			Expenses (The total of	(a) Revenue and	(b) Ne	investment	(a) Adlivated as	(d) Disbursements for charitable
			s (b), (c), and (d) may no umn (a) (see instruction:		expenses per books		ncome	(c) Adjusted no income	purposes (cash basis only)
_	1			eived (attach schedule)					(cash basis only)
	2		-	quired to attach Sch B			***************************************		***************************************
	3			cash investments					
67)	4			9S				··	—
2013	5a								
os R	Ь	Net rental income	e or (loss)						
r=€e	6a		_	s not on line 10	16,8	153			-
	Ь	-	r all assets on line 6a	45,000		· ·····			•
SEP	7	Capital gain net i	income (from Part i	V, line 2)	711		16,853		
	8	Net short-term c	apital gain						
SCANNED	9	Income modifica	tions						
Z	10a	Gross sales less retu	irns and allowances .					~~~	
F	Ь	•	ods sold						·
ပ္က	С	· ·		ile)					
W	11	•	•						
_	12				16,8	153	16,853		
	13	•		trustees, etc					
	A 14 d 15		•						
	m 16a	l ension plans, e	h schedule)						
	n h	Accounting fees	(attach schedule)	STM108	1,2	10	605		605
O P	!			edule)					
p e r									
a t		axes_lattach-sci	hedule) (see instruc	ctions)	3,7	07	1,854		1,853
i	i 19	epreciation (att	ach schedule And	depletion					
n g		SecupAnd .2.	6 2013. J.						
a	21	Travel, conference	es, and meeungs						
n	x 22	Printing end pub	Indations						
d				STM103	2,9	20	1,460		1,460
	n s e	_	and administrative						
	e l		•		7,8	The state of the s	3,919		3,918
	25	_		he Add lines 24 and 25	7,1		2 020		7,167
_	26			ts. Add lines 24 and 25 .	15,0	U4	3,919		11,085
	27	Subtract line 26		s and disbursements .		40			ļ
	a			e, enter -0-)	1,8	727	12,934		······
	b		-	e, enter -0-/			14,334		0
F			Act Notice, see in:		<u></u>	<u></u>	EEA		Form 990-PF (2011)

P#	rt li	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
	42 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	40,859	70,579	70,579
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
	1	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ì	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			***************************************
A		Less. allowance for doubtful accounts ▶			
3	8	Inventories for sale or use			
5 Ø	9	Prepaid expenses and deferred charges			
ť	10a	Investments - U.S. and state government obligations (attach schedule)			
\$	l	Investments - corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
		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 ► 107,929		·····	
	14	Less accumulated depreciation (attach schedule)	135,800	107,929	160,000
	45	Other assets (describe >	133,800	107,323	100,000
	15				
	16	Total assets (to be completed by all filers - see the	156 650	150 500	220 570
	4=	Instructions Also, see page 1, Item I)	176,659	178,508	230,579
L i	17	Accounts payable and accrued expenses			4
a b	18	Grants payable			4
i	19	Deferred revenue			-
!	20	Loans from officers, directors, trustees, and other disqualified persons			4
į	21	Mortgages and other notes payable (attach schedule)			4
l e	22	Other liabilities (describe >)			_
<u>s</u>	23	Total liabilities (add lines 17 through 22)	0	0	4
NF		Foundations that follow SFAS 117, check here · · · · · >			
.e u	24	Unrestricted			
t n d	25	Temporarily restricted			
	26	Permanently restricted			
A S B		Foundations that do not follow SFAS 117, check here $ \triangleright X$		<u> </u>	
5 a		and complete lines 27 through 31.			
e i	27	Capital stock, trust principal, or current funds	176,659	178,508	
s n	28	Paid-in or capital surplus, or land, bldg., and equipment fund			7
C	29	Retained earnings, accumulated income, endowment, or other funds			7
σe s	30	Total net assets or fund balances (see instructions)	176,659	178,508	7
rs	31	Total liabilities and net assets/fund balances (see			1
	"	Instructions)	176,659	178,508	
p,	art II			2.07000	<u>_ </u>
		net assets or fund balances at beginning of year - Part II, column (a), line			
•	ond	of-year figure reported on prior year's return)	(1	176,659
2	Ente	r amount from Part I, line 27a		2	1,849
				2	1,013
		lines 1, 2, and 3			178,508
		eases not included in line 2 (itemize)		5	170,300
		eases not included in line 2 (itemize) > I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (h) line 30		178,508
0	lota	net assets of fund balances at end of year (line 4 minus line 5) - Part II, (COMMITTED (D), INTRESO		1/0,306

i artir j oupitur duni	3 and Fosses for the off file	Council mcom	C		
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P-Purchase C-D-Donation					(d) Date sold (yr , mo , day)
1a FIELD OF DREAMS	S SUBD BLK 1 LOT 8 ID		D	2007-12-11	2012-02-23
b					
c					
d					
е		, , , , , , , , , , , , , , , , , , , 			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			ain or (loss) (f) minus (g)
a 45,000			28,147		16,853
b					
С					
<u>e</u>		<u> </u>			
Complete only for assets s	howing gain in column (h) and owned	by the foundation o	n 12/31/69		Col. (h) gain minus
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j)			t less than -0e)r from col. (h))
a					16,853
b					
C					
<u>d</u>					
е	1	ļ <u>.</u>			
2 Capital gain net income or	(not conital loce)	lso enter in Part I, lin enter -0- in Part I, lir)	2	16,853
3 Net short-term capital gain	or (loss) as defined in sections 1222(5) and (6):	Γ		
If gain, also enter in Part I,	line 8, column (c) (see instructions) If	(loss), enter -0- in			
Part I, line 8	<u></u>		,	3	
Part V Qualification	Under Section 4940(e) for R	educed Tax on	Net Investme	ent Income	
f "Yes," the foundation does no	ave this part blank. The section 4942 tax on the distributable The section 4940(e) Do not The sech column for each year, see	ot complete this part.			Yes X No
(a)		the manachoris belo		uies.	(d)
Base period years Calendar year (or tax year beginni	(b) Adjusted qualifying distribution	ns Net value of no	(c) oncharitable-use ass		stribution ratio divided by col. (c))
2010	14,8	307	242,3		0.061096
2009	13,5	543	254,50		0.053214
2008	18,0	051	315,29	90	0.057252
2007			312,24	45	0.0
2006					
2 Total of line 1, column (d).		• • • • • • • • • • • • •		. 2	0.171562
	r the 5-year base period - divide the	•	•		
number of years the founda	ation has been in existence if less than	15 years		. 3	0.04289
4 Enter the net value of nonc	haritable-use assets for 2011 from Pa	rt X, line 5		. 4	231,198
5 Multiply line 4 by line 3				. 5	9,916
6 Enter 1% of net investment	income (1% of Part I, line 27b)	• • • • • • • • • •		. 6	129
7 Add lines 5 and 6				. 7	10,045
	s from Part XII, line 4				11,085
If line 8 is equal to or greate	er than line 7, check the box in Part VI	, line 1b, and comple	ete that part using	a 1% tax rate. See	the

Form	990-PF (2011) MARTENS FAMILY FOUNDATION INC 26-3849	043	F	age 4
Pat	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	-		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.—			
	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			129
	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			129
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		······	129
6	Credits/Payments:			
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
Ь	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			
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 ▶ 9			129
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 2012 estimated tax > Refunded > 11			
	t VII-A Statements Regarding Activities	1	Yes	N _a
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		res	No X
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1a	-	
D	of 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	10		<u> </u>
	published or distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	1c	•	x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10		
a	(1) On the foundation. > \$ (2) On foundation managers > \$		•	
_	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	F	х
-	If "Yes," attach a detailed description of the activities.	-		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		[
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	}	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	· · · ·	X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		
	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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	ID			
b	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	8ь	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 2011 or the taxable year beginning in 2011 (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		X
	EEA F	orm 99	0-PF	(2011)

X

Х

Form	990-PF (2011) MARTENS FAMILY FOUND						26-384	9043	Р	age 6
Par	t VII-B Statements Regarding Activitie	s for	Which Forn	n 4720	0 May Be	Requir	'ed (continued)			
5a	During the year did the foundation pay or incur any									į
	(1) Carry on propaganda, or otherwise attempt to in	fluence	legislation (sec	tion 494	45(e))?	[Yes X No		. 1	ĺ
	(2) Influence the outcome of any specific public elec					-				į
	directly or indirectly, any voter registration drive?					[Yes X No			ĺ
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No									ĺ
	(4) Provide a grant to an organization other than a control of the state of the sta					_				ĺ
	section 509(a)(1), (2), or (3), or section 4940(d)(2					, [Yes X No			İ
	(5) Provide for any purpose other than religious, cha					<u> </u>				ĺ
	purposes, or for the prevention of cruelty to child					[Yes X No			į
ь	If any answer is "Yes" to 5a(1)-(5), did any of the tra						ped in			
	Regulations section 53 4945 or in a current notice re						N/A	5 b	[]	ĺ
	Organizations relying on a current notice regarding of						▶ 🗍			
С	If the answer is "Yes" to question 5a(4), does the fou				the tay	N/A -				ĺ
	because it maintained expenditure responsibility for					[Yes No		į	
	If "Yes," attach the statement required by Regulation					_			ļ	
6a	Did the foundation, during the year, receive any fund				premiums			=	[ĺ
	on a personal benefit contract?					Г	Yes X No			ĺ
ь	Did the foundation, during the year, pay premiums,							6b	1	Х
	If "Yes" to 6b, file Form 8870.	,	,	•						
7a	At any time during the tax year, was the foundation a	party t	o a prohibited	tax shel	ter transactio	n? . [Yes X No		[]	
b	If yes, did the foundation receive any proceeds or ha					_	_	7b	i 1	
	t VIII Information About Officers, Dire							Emplo	yees	
L.1	and Contractors	•	•					•	-	
1 L	ist all officers, directors, trustees, foundation man	agers a	nd their comp	ensatio	n (see instr	uctions).				
		(b) TI	lle, and average urs per week	(c) C	ompensation t paid, enter	(d) (Contributions to yee benefit plans	(e) Expe		
	(a) Name and address		ted to position	(11.12)	-0-)		rred compensation	other	allowan	ces
GERA	ALD MARTENS	PRES-	DIRECTOR							
621	N COLLEGE RD, 100, ID 83301		1		0		0			0
ימטנ	MARTENS	VP -	DIRECTOR							
11 1	EAST 500 SOUTH JEROME, ID 83338		1		0		0			0
TAR	A MARTENS MILLER	DIREC	TOR							
1028	BE HARCOURT DR BOISE, ID 83702		1		0		0			0
BRIZ	AN MARTENS	DIREC	TOR					,		
29 1	EAST 500 SOUTH JEROME, ID 83338		1	<u>L</u>	0		0	j		0
2 C	ompensation of five highest-paid employees (oth	er than	those include	d on lin	e 1 - see in	struction	s). If none, enter	<u> </u>		
**	NONE."									
			(b) Title, and	average			(d) Contributions to	(a) Eve		
	(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Compe	nsation	employee benefit plans and deferred	(e) Expe	allowand	
			devoted to po	psition			compensation			
NON	<u> </u>		1							
			<u> </u>		<u> </u>					
								ļ		
					<u> </u>					
			<u> </u>		<u> </u>					
Total	number of other employees paid over \$50,000			· · · ·				E 00		(0044)
								LATER DO	4 L UF /	J117 1

Page 6

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
	0
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	
EEA	Form 990-PF (2011)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıo	ns,
	see 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
þ	Average of monthly cash balances	1 b	48,052
c	Fair market value of all other assets (see instructions)	1c	186,667
d	Total (add lines 1a, b, and c)	1d	234,719
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	234,719
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	3,521
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	231,198
6	Minimum investment return. Enter 5% of line 5	6	11,560
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	11,560
2a	Tax on investment income for 2011 from Part VI, line 5		
ь	Income tax for 2011. (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	129
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,431
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	11,431
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	11,431
Pa	REALITY Qualifying Distributions (see 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	11,085
Ь	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)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	11,085
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
•	Enter 1% of Part I, line 27b (see instructions)	5	129
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,956
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether		
	qualifies for the section 4940(e) reduction of tax in those years		
	qualities for the society to take the for the military years		

	(C) TATE OF THE OFFICE AND ADDRESS OF THE OFFICE ADDRESS OF THE OF	1107	I		
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
_			<u> </u>		11,431
2	Undistributed income, if any, as of the end of 2011:		1		
a				9,388	
b	Total for prior years:,,				
3	Excess distributions carryover, if any, to 2011] [
а	From 2006		1		
b	From 2007		1 1		
С	From 2008		1		
d	From 2009		1		
е	From 2010	•	<u> </u>	ţ	
f	Total of lines 3a through e]		
4	Qualifying distributions for 2011 from Part XII,	Y ,		***************************************	/////////////////////////////////////
•	line 4 ▶ \$ 11,085			1	
а	Applied to 2010, but not more than line 2a		[9,388	
_	Applied to undistributed income of prior years	·······		3,300	
	(Election required - see instructions)				
_	Treated as distributions out of corpus (Election				
C	•		<u> </u>	‡	
	required - see instructions)		<u> </u>		
d	, ,		 		1,697
е	,		ļ <u></u>		·····
5	Excess distributions carryover applied to 2011 .		<u> </u>		
	(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:		1 1		
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.		1		
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			•	
	been issued, or on which the section 4942(a)		[
	tax has been previously assessed		[1	
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions				
e	Undistributed income for 2010. Subtract line			<u> </u>	
Ū	4a from line 2a. Taxable amount - see			ŀ	
				ļ	
	Undistributed income for 2011. Subtract lines		<u> </u>		
ī			}		
	4d and 5 from line 1. This amount must be			1	
_	distributed in 2012				9,734
7	Amounts treated as distributions out of corpus		1	1	
	to satisfy requirements imposed by section		1	1	
	170(b)(1)(F) or 4942(g)(3) (see instructions)			***************************************	*************
8	Excess distributions carryover from 2006 not		f		
	applied on line 5 or line 7 (see instructions)			<u> </u>	
9	Excess distributions carryover to 2012.	•			
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9 [.]				
а	Excess from 2007		1		
Ь	Excess from 2008			<u> </u>	
c	Excess from 2009				
ď	Excess from 2010			<u> </u>	
~	Excess from 2011				
		<u></u>	<u> </u>	<u> </u>	

an	XIV Private Operating F	oundations (see insti	ructions and Part VII-A	question 9)	N/A	
la	If the foundation has received a ru	ling or determination lette	r that it is a private ope	rating		
	foundation, and the ruling is effecti	ve for 2011, enter the dat	te of the ruling		<u> </u>	
b	Check box to indicate whether the	foundation is a private of	perating foundation des	scribed in section	4942(j)(3) or 49	942(j)(5)
2a	Enter the lesser of the adjusted ne			Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) 10tai
h	each year listed		<u> </u>			
•	Qualifying distributions from Part X					
С	line 4 for each year listed					
ď	Amounts included in line 2c not used direct for active conduct of exempt activities.	· 1				
е	Qualifying distributions made director for active conduct of exempt activity Subtract line 2d from line 2c	ties.				
3	Complete 3a, b, or c for the alternative test relied upon:					
a	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	er l				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter: (1) Total support other than gross 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(j)(3)(B)(ii)					
	(3) Largest amount of support from an exempt organization	n				
	(4) Gross investment income					
art	XV Supplementary Infor	•	•. •	e foundation ha	d \$5,000 or more in	n assets a
	any time during the	·	ions.)			
	Information Regarding Foundation	_				
а	List any managers of the foundation before the close of any tax year (be	n who have contributed r it only if they have contril	more than 2% of the tot outed more than \$5,000	al contributions receiv)) (See section 507(d	red by the foundation ((2).)	
	GERALD MARTENS,					
b	List any managers of the foundatio ownership of a partnership or othe				arge portion of the	
	NONE,					
_	Information Regarding Contribut					

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 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:

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

Recipier	nt		If reciplent is an individual show any relationship to any foundation manager	roundation	Purpose of grant or contribution	Amount
Name and address (ho	me or	business)	any foundation manager or substantial contributor	recipient		····
a Paid during the year						
BOYS AND GIRLS CLUB					GENERAL USE	
999 FRONTIER ROAD						
TWIN FALLS	ID	83301	N/A	501(C)(3)		2,300
CONCORDIA UNIV FOUNDA	TION				GENERAL USE	
2811 NE HOLMAN ST						
PORTLAND	OR	97211	N/A	501(C)(3)		4,667
WISHING STAR					GENERAL USE	
205 N 10TH STE B-100						
BOISE	ID	83702	N/A	501(C)(3)		200
Total					▶ 3a	7,167
b Approved for future payment					1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					}	
Total					> 3b	

Part XVI-A Analysis of Income-Producing	Activities				<u>~</u>
Enter gross amounts unless otherwise indicated.		d business income	Excluded by s	ection 512, 513, or 514	(e)
-		(a.)			Related or exempt
	(a)	(b)	(c)	(d) Amount	function income (See instructions)
1 Program service revenue.	Business code	Amount	Exclusion code	Amount	(5555.1 25.15(15)
a					
b					
c					
d					
θ					
1					
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:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	16,853	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)				16,853	
13 Total. Add line 12, columns (b), (d), and (e)					16,85
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to the					
Line No. Explain below how each activity for which in	come is repo	rted in column (e) c	of Part XVI-A co	ntributed importantly to	o the
accomplishment of the foundation's exempt	purposes (ot	her than by providir	ng funds for suc	h purposes) (See inst	tructions.)
		_			
					
			<u> </u>		
	······································				
		· · · · · · · · · · · · · · · · · · ·		·····	
		· · · · · · · · · · · · · · · · · · ·		 	

Form 990-PF (2011) MARTENS FAMILY FOUNDATION INC 26-3849043 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) Х (2) Other assets . . 1a(2) X Other transactions: (1) Sales of assets to a noncharitable exempt organization . . 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) 1b(5) X (6) Performance of services or membership or fundraising solicitations Х 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of p , I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief etc. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return 10/22 with the preparer shown below (see inst.)? X Yes No PTIN

Here /	nature of officer or trustee	10/-2/-	Title	(see inst.)? X Yes
Sigi	Print/Type preparer's name	Preparer's signature	Date	I DTIM
Paid	RICHARD C BERMENSOLO M	Senera		Check if PTIN self-employed P00023516
Preparer	Firm's name BERMENSOLO &	ASSOCIATES	Firm's E	IN ▶
Hee Only	Firm's address ▶ 1087 W RIVER	ST STE 280	Phone n	na.

BOISE ID 83702

208-344-6340

2011 PG 01	Employer Identification Number 26-3849043	108						
Federal Supporting Statements		FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	REVENUE NET ADJUSTED CHARITABLE AND EXPENSES INVESTMENT NET INCOME PURPOSE 1,210 605 0	1,210 605 605				
	Name(s) as shown on return MARTENS FAMILY FOUNDATION INC		DESCRIPTION ACCOUNTING FEES	TOTALS				

		Federal Sul	Federal Supporting Statements	nents	2011 PG 01
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC					Employer Identification Number 26–3849043
	FORM 9	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE	18 - TAXES SCHEDULE		STATEMENT #110
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
PROPERTY TAXES	207,8	1,854	0	1,853	
TOTALS	3,707	1,854	0	1,853	

		Federal Sup	Federal Supporting Statements	nents	2011 PG 01
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC					Employer Identification Number 26–3849043
	FORM 990PF,	FORM 990PF, PART 1, LINE 23 - OTHER EXPENSES SCHEDULE	THER EXPENSES SCHEDU	JT.	STATEMENT #103
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
MAINTENANCE TOTAI S	2,920	1,460	0 0	1,460	
	77.75	004/1		00,1	

Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return



► File a separate application for each return.

	filing for an Automatic 3-Month Extension, co					▶ ②
•	filing for an Additional (Not Automatic) 3-Mon I lete Part II unless you have already been graf			· ·		8868
Electronic fil a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (lest an extension of time to file any of the forms ansfers Associated With Certain Personal Benef For more details on the electronic filing of this	68 if you nee not automati listed in Part it Contracts,	ed a 3-month automatic exte c) 3-month extension of time I or Part II with the exception which must be sent to the IF	nsion of time to file (You can electronic of Form 8870, Info S in paper format ((6 m cally rmat	onths for file Form tion
Part I	Automatic 3-Month Extension of T					<u> </u>
•••••••••••••••••••••••••••••••••••••••	required to file Form 990-T and requesting an					
•						
	orations (including 1120-C filers), partnerships,					_
to file income	-			•		
			Ente	r filer's identifying	nun	nber, see instructions
Type or	Name of exempt organization or other filer, s	ee instructio	ns.	Employer iden	tıfıca	tion number (EIN) or
print	MARTENS FAMILY FOUNDATION INC	3		26-3849 0	143	
File by the	Number, street, and room or suite no. If a P.	O. box, see	instructions.	Social security	nun	nber (SSN)
due date for filing your	621 N COLLEGE ROAD					
return. See	City, town or post office, state, and ZIP code	. For a forei	gn address, see instructions.			
instructions.	TWIN FALLS, ID 83301					
Enter the Ret	urn code for the return that this application is fo	r (file a sepa	rate application for each retu	rn)		0 4
Application)	Return	Application			Return
_ Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-8	3L	02	Form 1041-A			08
Form 990-E	Z	01	Form 4720			09
Form 990-F		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	(trust other than above)	06	Form 8870			12
Telephone If the orga If this is for	nization does not have an office or place of bus r a Group Return, enter the organization's four of group, check this box ▶ ☐ If	Finess in the digit Group E	AX No. ▶ 208-734-0 United States, check this book Exemption Number (GEN)	5049 	IS	▶ [
	names and EINs of all members the extension		-d 4- 6/- F 000 T\4			
ı ı reque: until	st an automatic 3-month (6 months for a corpo 06-17, 20 13, to file the exempt of				tanci	ion is
	organization's return for:	ngar iization	return for the organization ha	Illed above Tile ex	101131	OITIS
_	calendar year 20 or					
٠ ــ ٠	0.					
▶ 🔯 :	ax year beginning 11-0	1 . 20 11	, and ending	10-31 ,2	20 1	.2
	x year entered in line 1 is for less than 12 month			Final return		_
_	nge in accounting period					
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T,	4720, or 606	9, enter the tentative tax, less	any		
	ndable credits. See instructions.				3a	\$ 0
b If this a	oplication is for Form 990-PF, 990-T, 4720, or	6069, enter a	iny refundable credits and			
estimate	ed tax payments made. Include any prior year	overpaymen	t allowed as a credit		3 b _	\$0
c Balance	e due. Subtract line 3b from line 3a. Include yo	ur payment v	with this form, if required, by	using		
EFTPS	(Electronic Federal Tax Payment System). See	instructions.			3с	\$ 0
Caution If your	are going to make an electronic fund withdrawal with this	s Form 8868, se	ee Form 8453-EO and Form 8879-1	O for payment instructi	ons	

Type or print		-Month Extensi	on of Time. Only file the origina	l (no copie	s neede	d).
•			Enter filer's ide			
print	Name of exempt organization or other	r filer, see instruction	ns. Emplo	yer identifica	tion numbe	er (EIN)
p	MARTENS FAMILY FOU	NDATION IN	C 🛚 🗓	26-384	9043	
File by the	Number, street, and room or suite no			security num	nber (SSN)	ı
due date for filing your	621 N COLLEGE ROAD					
return See instructions.	City, town or post office, state, and Z TWIN FALLS, ID 833	•	n address, see instructions			
Enter the Ret	urn code for the return that this applicat	tion is for (file a sepa	rate application for each return)		• • • • •	0
Application	1	Return	Application		*	Retu
ls For		Code	is For			Coc
Form 990		01				
Form 990-E	BL	02	Form 1041-A			08
Form 990-E	7	01	Form 4720			09
Form 990-F	PF	04	Form 5227			10
Form 990-	(sec_401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	「(trust other than above)	06	Form 8870			12
 If this is fo for the whole 	nization does not have an office or placer a Group Return, enter the organization	e of business in the n's four digit Group E it is for part of the gi	AX No. ► 208-734-6049 United States, check this box	_ If this is		
 If the orga If this is fo for the whole list with the n 	nization does not have an office or place in a Group Return, enter the organization group, check this box	e of business in the n's four digit Group E it is for part of the gi nsion is for	United States, check this box	If this is and attach	a	
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If the orga If this is fo for the whole list with the ni I reque: For calc if the ta Cha The State in ADDIT NECES If this a nonreful if this a estimate amount of Balance.	nization does not have an office or place of a Group Return, enter the organization group, check this box	e of business in the o's four digit Group E it is for part of the ginsion is for me until eginning 12 months, check research ATHER THE INF E AND ACCURAT 990-T, 4720, or 6069, enter a pryear overpayment winstructions.	United States, check this box	If this is and attach 10-3 n 8a 8b	1 , 20]	