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990-PF

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

OMB No 1545-0052

Department of the Treasury

		the Treasury nue Service	Note. The fou	indation may be able to use a d	copy of this return to sa	itisfy state rep	orting requirem	ents. Öp	en to Public Inspection
			or tax year beginning		11-01 ,201				0-31 ,2013
		oundation		A Employer	identification number	†			
MA	RTEN	S FAMILY	FOUNDATION INC				26-3849	9043	
			D box number if mail is not o	delivered to street address)		Room/suite	B Telephone	number (see instructio	ns)
62	1 N	COLLEGE	ROAD			100	(208)73	34-4888	
		vn, state, and Zl					C If exempt	ion application is pendir	ng, check here
TW	IN E	ALLS, ID	83301						
		all that apply:	Initial return	Initial return	of a former public cl	nanty	D 1. Foreig	n organizations, check	here ▶
_		a	Final return	Amended re		·			
			Address chan	ge Name chang	ge			n organizations meeting here and attach compu	
1 C	heck t	ype of organiz	1-1	ection 501(c)(3) exempt priv				foundation status was t	
			nonexempt charitable tru		taxable private found	dation		07(b)(1)(A), check here	
F		rket value of a		J Accounting method:	X Cash	Accrual	F If the four	ndation is in a 60-month	termination
		ear (from Par		Other (specify)			1	ction 507(b)(1)(B), chec	1 1
	ne 16)		244,214	(Part I, column (d) must b	e on cash basis.)				
	rt l		of Revenue and E						(d) Disbursements
			olumns (b), (c), and (d) may		(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable purposes
			n column (a) (see instruction		books	"	ncome	income	(cash basis only)
\exists	1	Contributions	, gifts, grants, etc., receiv	ved (attach schedule)					
	2		if the foundation is not requi						
	3		_	sh investments					-
	4		-				R	CEIVED	
	5a	Gross rents							d
	b		come or (loss)				18 CE	P 1 K 7 M 14	ă
اه	6a			not on line 10			181 %	4 0 = -	9
Revenue	b	-	e for all assets on line 6a						#
§	7	Capital gain r	net income (from Part IV,	line 2)			1 00	BDEN, UI	
& ∣	8						C		
	9	Income modi	fications						
ļ	10a	Gross sales tess	returns and allowances						
ļ	b	Less: Cost of	f goods sold						
	С	Gross profit of	or (loss) (attach schedule	e)					
	11	Other income	e (attach schedule)						
	12	Total. Add lir	nes 1 through 11	<u> </u>		0	0		
	13	Compensation	on of officers, directors, tr	rustees, etc					
es	14	Other employ	yee salanes and wages						
S	15	Pension plan	s, employee benefits .						
ğ	16a	Legal fees (a	ittach schedule)						
ω	b	Accounting for	ees (attach schedule) .	STM108	1,1	80			1,180
<u>\</u>	С	Other profess	sional fees (attach sched	lule)					
Tat	17	Interest							
Operating and Administrative Expen	18	Taxes (attacl	h schedule) (see instructi	ions) STM110	2,2	89	129		2,160
道	19	Depreciation	(attach schedule) and de	epletion					
ᅙ	20	Occupancy							
٦	21	Travel, confe	erences, and meetings .			_			
a	22	Printing and	publications						
ing	23	Other expens	ses (attach schedule) .	STM103	1,7	30			1,730
rati	24		ting and administrative						
be	2 5				5,1		129	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,070
	25				10,1				10,166
	26	Total expen	ses and disbursements	. Add lines 24 and 25 .	15,3	65	129		15,236
	²27	Subtract line	26 from line 12:						1
	а	Excess of re	evenue over expenses a	and disbursements .	(15,3	65)		<u> </u>	
1	b	Net investm	nent income (if negative,	enter -0-)			0		
	С	Adjusted ne	et income (if negative, er	nter -0-)					o .

For	n 990-	-PF (2012) MARTENS FAMILY FOUNDATION INC		26-38	349043 Page 2
<u> </u>		Attached schedules and amounts in the description column	Beginning of year	End	of year
۳a	rt H	Balance Sheets Addition of schedules and amounts in the description country 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	70,579	55,214	55,214
	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 instructions)			
	_	, , , , , , , , , , , , , , , , , , , ,			
	7	Other notes and loans receivable (attach schedule)	ţ		
s	_	Less: allowance for doubtful accounts		 	
Assets	8	Inventories for sale or use		···	
₽S.	9	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis	†		
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ► 107,929	F		
		Less accumulated depreciation (attach schedule)	107,929	107,929	189,000
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		ınstructions. Also, see page 1, item l)	178,508	163,143	244,214
	17	Accounts payable and accrued expenses			_
	18	Grants payable			
ies	19	Deferred revenue			_
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			_
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
Ses					
or Fund Balances	24	Unrestricted			-
3al	25	· •		······································	4
9	26	Permanently restricted			4
를		Foundations that do not follow SFAS 117, check here X			
ř		and complete lines 27 through 31.	150 500	162 142	
S	27	Capital stock, trust principal, or current funds	178,508	163,143	4
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			4
Ş	29	Retained earnings, accumulated income, endowment, or other funds			4
Net /	30	Total net assets or fund balances (see instructions)	178,508	163,143	4
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	178,508	163,143	
	art II				
1		net assets or fund balances at beginning of year - Part II, column (a), line 3			
		of-year figure reported on prior year's return)		<u>1</u>	178,508
2	Enter	r amount from Part I, line 27a		2	(15,365)
		r increases not included in line 2 (itemize)			<u> </u>
4	Add I	ines 1, 2, and 3		4	163,143

163,143

5

5 Decreases not included in line 2 (itemize) ▶

Part IV Capital Gains and	Losses for Tax on Investm	<u>rent Income</u>			
(a) List and describe the 2-story brick warehous	kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a					ļ
b	·				
С					ļ
d					
					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or ot plus expens	her basis e of sale		ain or (loss) (f) minus (g)
а					·
b					
<u>c</u>					
d					
e		d-b 45	V24/60	·	
Complete only for assets snowing g	gain in column (h) and owned by the f			(I) Gains (C	col (h) gain minus ot less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col (j)			(from col (h))
a					
b					
С					
d		_ 		 	
е !		ton in Doct I line			
2 Capital gain net income or (net cap	ital loce)	ter in Part I, line -0- in Part I, line	> 1	2	
2. Not short term conital gain or /loss	• • • • • • • • • • • • • • • • • • • •		'		
3 Net short-term capital gain or (loss)	olumn (c) (see instructions). If (loss),		_		
			}	3	
	er Section 4940(e) for Reduc		Net Investme	-	
(For optional use by domestic private for					
(1 of optional use by domestic private it	sandadone subject to the cooler. To the	5(G) W. 1101 /		 ,	
If section 4940(d)(2) applies, leave this	part blank.				
Was the foundation liable for the section	n 4942 tax on the distributable amour	it of any year in	the base period?	1	Yes X No
If "Yes," the foundation does not qualify			•		
1 Enter the appropriate amount in ea			making any entri	es.	· · · · · · · · · · · · · · · · · · ·
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of no	oncharitable-use as		tribution ratio divided by col (c))
2011	11,085		231,1	.98 0	.047946
2010	14,807		242,3	57 0	.061096
2009	13,543		254,5	02 0	.053214
2008	18,051	ļ <u>.</u>	315,2	90 0	.057252
2007			312,2	45 0	.0
2 Total of line 1, column (d)				. 2 0	.219508
3 Average distribution ratio for the 5-	year base period - divide the total on l	ine 2 by 5, or by	the		
number of years the foundation has	s been in existence if less than 5 year	s		3 0	.043902
4 Enter the net value of nonchantable	e-use assets for 2012 from Part X, line	e5		. 4	248,700
5 Multiply line 4 by line 3				. 5	10,918
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			. 6	
7 Add lines 5 and 6				. 7	10,918
8 Enter qualifying distributions from F					15,236
If line 8 is equal to or greater than I	ine 7, check the box in Part VI, line 1b	, and complete	that part using a	1% tax rate. See the	•
Part VI instructions					

Par	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see 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		·	(
	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			
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			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		, , , , , , , , , , , , , , , , , , , ,	
6	Credits/Payments:			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d 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 2013 estimated tax ► Refunded ► 11			
-	t VII-A Statements Regarding Activities		1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a	 	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	45		_v
	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		ŧ	
_	published or distributed by the foundation in connection with the activities.	1 4-	-	Х
C A	Did the foundation file Form 1120-POL for this year?	1c		
ď	(1) On the foundation. \$\\$\$ \\$\$ \\$\$ \\$\$ \\$\$ \\$\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
•	on foundation managers. > \$	ļ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ ,	х
-	If "Yes," attach a detailed description of the activities.		-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
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			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
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	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 2012 or the taxable year beginning in 2012 (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

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			i
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ GERALD MARTENS Telephone no. ▶ 208-7		888	
	Located at ► 621 N COLLEGE RD, 100 TWIN FALLS, ID ZIP+4 ► 83303	•		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here	 N/		▶ ∟
40	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	مدا	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	!	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶			
Dai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
T a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly):		103	140
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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 penod after			
	termination of government service, if terminating within 90 days.) (Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see 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			
_	were not corrected before the first day of the tax year beginning in 2012?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		:	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2012?			
h	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(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 instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			****
_	•	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	{	l	
b	If "Yes," did it have excess business holdings in 2012 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	E		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2012.)	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	_		7777
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X
EEA	Fi	orm 990)-PF (2	2012)

- 01111	990-PF (2012) MARTENS FAMILY FOU	NDATIO	N INC				26-384	9043	Page 6	
Par	t VII-B Statements Regarding Activ	ties for	Which For	m 472	0 May Be	Requi	i red (continued)		
5a	During the year did the foundation pay or incur any	amount to	•							
	(1) Carry on propaganda, or otherwise attempt to i	nfluence le	gislation (section	on 4945((e))?		Yes X No			
	(2) Influence the outcome of any specific public ele	ection (see	section 4955);	or to car	rry on,					
	directly or indirectly, any voter registration drive	?					Yes X No			
	(3) Provide a grant to an individual for travel, study						Yes X No			
	(4) Provide a grant to an organization other than a									
	section 509(a)(1), (2), or (3), or section 4940(d		•				Yes X No			
	(5) Provide for any purpose other than religious, cl		•				163 21 110			
	purposes, or for the prevention of cruelty to chi		•	•			Yes X No			
L	•									
b	If any answer is "Yes" to 5a(1)-(5), did any of the tr		-				N/A		:	
	Regulations section 53.4945 or in a current notice i			•		•		5b		
	Organizations relying on a current notice regarding					• • • •	· · · · · ▶ 📋			
С	If the answer is "Yes" to question 5a(4), does the fo		-			N/A	— —	1	·	
	because it maintained expenditure responsibility for	_					Yes No			
	If "Yes," attach the statement required by Regulation		, ,							
6 a	Did the foundation, during the year, receive any fun									
	on a personal benefit contract?									
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b									<u> X</u>	
	If "Yes" to 6b, file Form 8870.									
	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . U Yes X No									
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?										
Par	t VIII Information About Officers, D	irectors	, Trus te es,	Found	dation Ma	ınageı	ട, Highly Paid	l Emple	oyees,	
	and Contractors									
1 L	ist all officers, directors, trustees, foundation ma									
			(b) Title, and average (c) Compensa hours per week (If not paid,						nse account,	
	(a) Name and address	hou	ırs per week	l (if r		l empi	ovee benefit plans			
CERLY R. WARRING			ed to position				oyee benefit plans ferred compensation		allowances	
	(a) Name and address	devo	ed to position DIRECTOR		not paid, nter -0-)					
621	ALD MARTENS N COLLEGE RD, 100, ID 83301	PRES-	ted to position DIRECTOR 1		not paid,					
621	ALD MARTENS	PRES-	ed to position DIRECTOR		not paid, nter -0-)		ferred compensation		allowances	
621 JUDY	ALD MARTENS N COLLEGE RD, 100, ID 83301	PRES-	ted to position DIRECTOR 1		not paid, nter -0-)		ferred compensation		allowances	
621 JUDY 11 E	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS	PRES-	DIRECTOR DIRECTOR DIRECTOR 1		not paid, nter -0-)		ferred compensation		allowances 0	
621 JUDY 11 E	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338	PRES-	DIRECTOR DIRECTOR DIRECTOR 1		not paid, nter -0-)		ferred compensation		allowances 0	
621 JUDY 11 E TARA 1028	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS LAST 500 SOUTH JEROME, ID 83338 MARTENS MILLER	PRES-	DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 TOR		not paid, iter -0-)		ferred compensation 0 0		0 0	
JUDY 11 E TARA 1028 BRIA	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702	PRES- VP - DIREC	DIRECTOR 1 DIRECTOR 1 DIRECTOR 1 TOR		not paid, iter -0-)		ferred compensation 0 0		0 0	
JUDY 11 E TARA 1028 BRIA 29 E	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS	PRES- VP - DIREC	DIRECTOR DIRECTOR 1 DIRECTOR 1 TOR 1 TOR	er	0 0 0	and de	ferred compensation 0 0 0		0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338	PRES- VP - DIREC	DIRECTOR DIRECTOR 1 DIRECTOR 1 TOR 1 TOR	er	0 0 0	and de	ferred compensation 0 0 0		0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot	PRES- VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 TOR 1 nose included	on line	0 0 0	and de	ferred compensation 0 0 0 0 0 1 (d) Contributions to	other	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0	and de	ferred compensation 0 0 0 0 0 if none, enter (d) Contributions to employee benefit	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS LAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS LAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 nose included	on line	0 0 0 0	and de	ferred compensation 0 0 0 0 0 1 (d) Contributions to	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	
621 JUDY 11 E TARA 1028 BRIA 29 E 2 C	ALD MARTENS N COLLEGE RD, 100, ID 83301 MARTENS EAST 500 SOUTH JEROME, ID 83338 A MARTENS MILLER B E HARCOURT DR BOISE, ID 83702 AN MARTENS EAST 500 SOUTH JEROME, ID 83338 Compensation of five highest-paid employees (ot NONE."	PRES - VP - DIREC	DIRECTOR 1 DIRECTOR 1 TOR 1 TOR 1 hose included	on line	0 0 0 0	and de	o 0 0 0 0 if none, enter (d) Contributions to employee benefit plans and deferred	(e) Exper	0 0 0 0	

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Form 990-PF (2012)

Form 990-PF (2012) MARTENS FAMILY FOUNDATION INC

26-3849043

Page 7

Form 990-PF (2012)

MARTENS FAMILY FOUNDATION INC

Form 990-PF (2012)

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Га	IT X] Minimum Investment Return (All domestic foundations must complete this part. Foreign	n toundatio	ns,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	63,487
C	Fair market value of all other assets (see instructions)	1c	189,000
d	Total (add lines 1a, b, and c)	1d	252,487
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	252,487
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	3,787
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	248,700
6	Minimum investment return. Enter 5% of line 5	6	12,435
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	<u> </u>	
	foundations and certain foreign organizations check here ▶ ☐ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	12,435
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (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	12,435
4	Recoveries of amounts treated as qualifying distributions	4	22,133
5	Add lines 3 and 4	5	12,435
6	Deduction from distributable amount (see instructions)	6	12/133
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1	7	12,435
		<u> </u>	12/133
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,236
b	Program-related investments - total from Part IX-B	1b	13,230
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		·· <u> </u>
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		· · · · · · · · · · · · · · · · · · ·
а	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	15,236
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		13,436
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,236
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		13,436
	qualifies for the section 4940(e) reduction of tax in those years.	เงนานสขอก	

	() () () () () () () () () ()	1	1 - 1		
_	Distributable amount for 2012 from Bart VI	(a) Comus	(b) Years pnor to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI,	301943	Tears prior to 2011	2011	
_	line 7		. 		12,435
2	Undistributed income, if any, as of the end of 2012:	:		t	
а	Enter amount for 2011 only			9,734	
b	Total for prior years:,				
3	Excess distributions carryover, if any, to 2012:	ļ]	ŧ	
а	From 2007		1]	
b	From 2008	}		1	
С	From 2009			ŧ	
d	From 2010		}	1	
е	From 2011	-			
f	Total of lines 3a through e	1		1	
4	Qualifying distributions for 2012 from Part XII,			· · · · · · · · · · · · · · · · · · ·	**************************
-	line 4: ▶\$ 15,236				
а	Applied to 2011, but not more than line 2a			9,734	
	Applied to undistributed income of prior years				
	(Election required - see instructions)				
_	•		-		
C	Treated as distributions out of corpus (Election			1	
	required - see instructions)		<u> </u>		
d	Applied to 2012 distributable amount	,		 	5,502
9	Remaining amount distributed out of corpus			-	
5	Excess distributions carryover applied to 2012 .			······································	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)			1	
6	Enter the net total of each column as				
	indicated below:		1	1	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .			······································	
b	Prior years' undistributed income. Subtract			1	
	line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				
	income for which a notice of deficiency has	į		<u> </u>	
	been issued, or on which the section 4942(a)	ŀ		1	
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions			ļ	
е	Undistributed income for 2011. Subtract line			-	
	4a from line 2a. Taxable amount - see				
	instructions			ļ	
f	Undistributed income for 2012. Subtract lines		<u> </u>		
•	4d and 5 from line 1. This amount must be		1	Ī	
	distributed in 2013	•			6,933
7	Amounts treated as distributions out of corpus	<u> </u>	<u> </u>		0,933
•	•				
	to satisfy requirements imposed by section			<u> </u>	
•	170(b)(1)(F) or 4942(g)(3) (see instructions)			· ····································	· · · · · · · · · · · · · · · · · · ·
8	Excess distributions carryover from 2007 not				
_	applied on line 5 or line 7 (see instructions)		 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Excess distributions carryover to 2013.		1	ļ.	
	Subtract lines 7 and 8 from line 6a		<u> </u>		· · · · · · · · · · · · · · · · · · ·
10	Analysis of line 9:]	ŧ	
а	Excess from 2008		1	[
b	Excess from 2009	ļ.	1	[
С	Excess from 2010		[į	
ď	Excess from 2011		1	Į.	
е	Excess from 2012	i , , , , _ , _ , _	<u>l </u>		
EEA				For	m 990-PF (2012)

Part	XIV Private Operating Four	ndations (see ins	tructions and Part	VII-A, question 9)	N/A	
1a	If the foundation has received a ruling or	determination letter that	at it is a private operatir	ng		
	foundation, and the ruling is effective for	2012, enter the date of	f the ruling		<u> </u>	
b	Check box to indicate whether the foundation	ation is a private opera	iting foundation describ	ed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter: (1) Total support other than gross 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)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Informa			ne foundation had	\$5,000 or more	in assets at
	any time during the yea	<u>r - see instructio</u>	ons.)			
1 a	Information Regarding Foundation M List any managers of the foundation who before the close of any tax year (but onl	have contributed mor	re than 2% of the total of ted more than \$5,000).	contributions received b (See section 507(d)(2).	y the foundation)	
	GERALD MARTENS,					
b	List any managers of the foundation who ownership of a partnership or other entit				portion of the	
	NONE,				<u> </u>	
2	Information Regarding Contribution,	Grant, Gift, Loan, Sc	holarship, etc., Progra	ams:		
	Check here ▶ X if the foundation only	makes contributions	to preselected chantabl	e organizations and do	es not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, gr	ants, etc. (see instructi	ons) to individuals or or	ganızatıons under	
	other conditions, complete items 2a, b, c					
а	The name, address, and telephone num	ber or e-mail of the pe	rson to whom application	ons should be addresse	d:	
b	The form in which applications should be	e submitted and inform	nation and materials the	y should include:	······································	· · · · · · · · · · · · · · · · · · ·
С	Any submission deadlines:			····		
d	Any restrictions or limitations on awards factors:	, such as by geograph	ical areas, chantable fi	elds, kinds of institutions	s, or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipie	nt		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (ho	ome c	or business)	or substantial contributor	recipient				
a Paid during the year BOISE STATE UNIV FOUN	DATI	ON			GENERAL USE			
2225 UNIVERSITY DRIVE								
BOISE	ID	83706	N/A	501(C)(3)		250		
COLE VALLEY CHRISTIAN	I SCH	ools			GENERAL USE			
MERIDIAN	ID	83642	N/A	501(C)(3)		1,000		
COLLEGE OF SOUTHERN 1 315 FALLS AVE PO BOX				1	GENERAL USE	•		
TWIN FALLS		83303-1238	N/A	501(C)(3)		250		
CONCORDIA UNIV FOUNDA 2811 NE HOLMAN ST	TION	ı			GENERAL USE			
PORTLAND	OR	97211	N/A	501(C)(3)		1,666		
IMMANUEL LUTHERAN CHU 2055 FILER AVENUE EAS					GENERAL USE			
TWIN FALLS	ID	83301-4398	N/A	501(C)(3)		7,000		
			i					
7.4.1								
b Approved for future payment			<u> </u>		▶ 3a	10,166		
2 Approved to receive paymone								
				ļ				
		į						
Total					▶ 3b			

Part XVI	Part XVI-A Analysis of Income-Producing Activities									
	amounts unless otherwise indicated.	T	d business income	Excluded by s	ection 512, 513, or 514	(e)				
_	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)				
-	i service reveriue.	code								
a b										
°										
d										
e										
·				 		······································				
g Foor	and contracts from government agencies			 	-					
_										
	ship dues and assessments		 							
	ds and interest from securities									
	al income or (loss) from real estate:									
	financed property									
	lebt-financed property									
	al income or (loss) from personal property			 						
	vestment income			 						
	(loss) from sales of assets other than inventory			 						
	me or (loss) from special events	<u> </u>								
	rofit or (loss) from sales of inventory			 						
	venue: a	·								
				 						
d					· · - · · · · · · · · · · · · · · · · ·					
e										
	. Add columns (b), (d), and (e)					<u> </u>				
	Add line 12, columns (b), (d), and (e)			<u> </u>	13					
	eet in line 13 instructions to verify calculations.)									
	B Relationship of Activities to the	Accomp	lishment of Exe	empt Purpo	ses					
	Explain below how each activity for which inco									
Line No.	accomplishment of the foundation's exempt pi									
•				·		,				
	-									
										
			·							
										

	90-PF (2			Y FOUNDATION IN				6-3849		Pa	ige 1:
Part	XVII		n Regarding rganizations	Transfers To and	ransactions	and Relation	nships V	Vith Nor	ncharit	able	
1 D	id the or	ganızatıon dire	ctly or indirectly er	ngage in any of the followi	ng with any other	organization de	scribed			Yes	No
				ection 501(c)(3) organizat							
	rganızatı		·	.,	•	, 5	•				
аT	ransfers	from the report	ting foundation to a	a nonchantable exempt or	ganization of						
									1a(1)		х
									1a(2)		X
		sactions:							1		
(1) Sales	of assets to a	noncharitable exer	mpt organization					1b(1)		х
(2) Purch	ases of assets	from a noncharita	ble exempt organization		<i>.</i>			1b(2)		Х
				assets					1b(3)		Х
(4) Reiml	oursement arra	ngements		· · · · · · · · ·	<i></i>			1b(4)		X
(5) Loans	or loan guarar	ntees			. .			1b(5)		X
(€) Perfo	mance of serv	ices or membershi	p or fundraising solicitation	ns	. .			1b(6)		Х
c S	hanng o	f facilities, equi	pment, mailing lists	s, other assets, or paid en	nployees				1c		X
d If	the ansv	ver to any of th	ie above is "Yes," (complete the following scl	nedule. Column (b) should alway:	s show the fa	ar market			
				s given by the reporting f					et		
va	alue in a	ny transaction o	or sharing arrange	ment, show in column (d)	the value of the g	oods, other ass	ets, or servi	ces receive	ed.		
(a) Line i	no (b) A	mount involved	(c) Name of r	noncharitable exempt organiz	ation (d)	Description of tran	sfers, transac	tions, and si	haring arra	angeme	nts
				· · · · · · · · · · · · · · · · · · ·							
											
	_	 		 							
		 	ļ								
				· · · · · · · · · · · · · · · · · ·							
						···					
			<u> </u>								
				ed with, or related to, one			S			[==	
		``		ner than section 501(c)(3)	or in section 527	?			Yes	s X	No
11 d			lowing schedule.								
	(;	a) Name of organ	nization	(b) Type of o	rganization		(c) Descrip	tion of relation	onship		
		•									
		 	 -								
	·	· ·	 						··- <u>-</u>		
											
	Hodor or	politice of popular H	final are that I bhus avar	mined this return, including according		<u> </u>	- Ab - L L C	Lan Late			
Sian	correct; a	ind complete Decla	aration of preparer (othe	r than taxpayer) is based on all in	formation of which pre	id statements, and to parer has any knowl	edge edge	knowledge an	d belief, it is	s true,	
Sign			1/n	7 1 9/2	110 1	4 .			RS discuss		
Here		/ hu	of flan	m 1/2	114 1	un-		with the pr (see inst)	reparer sho ? [갓]	wn belov Yes	No
	Signi	Rept/Type penage		Date /	Title	l Dete	 -		- 21		
Paid		Print/Type prepar		Preparer's signature	<i>[]</i>	Date	Che		PTIN		
			BERMENSOLO		ersolo	07-29-20	14 self-	employed	P00023	516	
Prepa		Firm's name		O & ASSOCIATES			Firm's EIN	P			
Use (Jnly	Firm's address		VER ST STE 280			Phone no.				
		[BOISE ID	83702			20	18-344-4	634N		

Form **8868**

(Rev January 2013)

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.

OMB No 1545-1709

 If you are f 	iling for an Automatic 3-Month Extension, con	nplete only i	Part I and check this box				 X
• If you are f	iling for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II (on pa	age 2 of this form).			
Do not comp	i lete Part II unless you have already been grant	ed an automa	atic 3-month extension on a pi	eviously filed Form	n 886	8.	
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 8866 required to file Form 990-T), or an additional (no est an extension of time to file any of the forms list ansfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	t automatic) : sted in Part I t Contracts, v	3-month extension of time. Yo or Part II with the exception of which must be sent to the IRS	u can electronically Form 8870, Inform in paper format (s	y file i nation ee	Form 1	
Part I	Automatic 3-Month Extension of T	ime. Only	submit original (no con	ies needed)			
	required to file Form 990-T and requesting an au						
•				•			▶ □
_	orations (including 1120-C filers), partnerships, F					ftıme	
to file income	• • • • • • • • • • • • • • • • • • • •	.,					
			Enter	filer's identifying	nun	nber, se	e instructions
Type or	Name of exempt organization or other filer, se	e instruction	s.	Employer identifi	catio	numbe	er (EIN) or
print	MARTENS FAMILY FOUNDATION INC	3		26-3849	043		
File by the	Number, street, and room or suite no. If a P.C). box, see in	structions.	Social security n	umbe	r (SSN)	
due date for filing your	621 N COLLEGE ROAD						
return See	City, town or post office, state, and ZIP code.	For a foreign	address, see instructions.				
instructions	TWIN FALLS, ID 83301			···			
							(- I
Enter the Ret	urn code for the return that this application is for	(file a separa	te application for each return)			· · · ·	0 4
Application	1	Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-B	<u>L</u>	02	Form 1041-A				08
Form 4720	` <u> </u>	03	Form 4720				09
Form 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
Telephone	are in the care of ► GERALD MARTENS 6 No. ► 208-734-4888 nization does not have an office or place of busin	F/	AX No. ➤ 208-734-6049	3301			▶ □
•	a Group Return, enter the organization's four dig		•	. if thi	c ic		
	group, check this box			▶ 🔲 and a			
	names and EINs of all members the extension is		or the group, effect this box	P and a	lacii		
	at an automatic 3-month (6 months for a corporat		to file Form 990-T) extension of	of time			
until	06-16 , 20 14 , to file the exempt of		-		ensior	ı ıs	
-	organization's return for:	•					
	calendar year 20 or						
	-						
▶ 🗓 1	ax year beginning 11-01	, 2012	, and ending	10-31 ,	201	3.	
2 If the ta:	x year entered in line 1 is for less than 12 months			Final return	_		
Char	nge in accounting period						
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, o	enter the tentative tax, less an	y			
nonrefu	ndable credits. See instructions.				3a	\$	0
b If this a	oplication is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and				
estimate	ed tax payments made. Include any рлог year o	verpayment a	allowed as a credit.		3b	\$	0
c Balance	e due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required, by usir	g			
EFTPS	(Electronic Federal Tax Payment System). See	nstructions.			3с	\$	0
Caution. If you a	re going to make an electronic fund withdrawal with this Form 8	3868, see Form	8453-EO and Form 8879-EO for payme	ent instructions			

Form 8868 (F	Rev. 1-2013)					Page 2	
	filing for an Additional (Not Automatic) 3-Mon	nth Extension	, complete only Part II and che	ck this box			
-	omplete Part II if you have already been granted					_	
•	filing for an Automatic 3-Month Extension, co			•			
Part II	Additional (Not Automatic) 3-Mon			original (no copi	es neede	ed).	
				ler's identifying nu			
Type or	Name of exempt organization or other filer, se	ee instructions		Employer identification			
print	MARTENS FAMILY FOUNDATION IN			26-3849		,	
File by the	Number, street, and room or suite no. If a P.O.		structions.	Social security numb	er (SSN)		
due date for	621 N COLLEGE ROAD			-	, ,		
filing your return See	City, town or post office, state, and ZIP code.	. For a foreign	address, see instructions.				
instructions	TWIN FALLS, ID 83301	_					
Enter the Re	turn code for the return that this application is fo	r (file a separa	te application for each return)			0 4	
Application	In .	Return	Application			Return	
Is For	41	Code	Is For			Code	
	or Form 990-EZ	01					
Form 990-l		02	Form 1041-A			08	
	(individual)	03	Form 4720			09	
Form 990-I	<u> </u>	04	Form 5227				
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		10		
	T (trust other than above)	06	Form 8870			12	
 If the orga If this is for the whole list with the n 	e No. > 208-734-4888 anization does not have an office or place of bus or a Group Return, enter the organization's four or group, check this box >	iness in the Ur digit Group Ex r part of the gro	emption Number (GEN) pup, check this box	If this is	na		
	lendar year , or other tax year beginning		11-01 , 2012 and ending		1 , 20	13	
	ax year entered in line 5 is for less than 12 mont			nal return	, 20	<u> </u>	
_	ange in accounting period	aro, oricon road	Son. E maartetam E ,	na rotani			
	n detail why you need the extension						
	TIONAL TIME IS NEEDED TO GATHE	R THE INF	ORMATION				
	SSARY TO PREPARE A COMPLETE AN			·····			
							
8a If this a	application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069.	enter the tentative tax, less any				
	undable credits. See instructions.		.,,	8a	\$	0	
b If this	application is for Form 990-PF, 990-T, 4720, or 6	6069, enter any	y refundable credits and				
estima	ted tax payments made. Include any prior year	overpayment a	illowed as a credit and any				
amour	t paid previously with Form 8868.			8b	\$	0	
c Balan	EFTPS						
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0	
	Signature and Verifi	ication mu	st be completed for Par	t II only.			
Under penali knowledge a	ties of perjury, I declare that I have examined the nd belief, it is true, correct, and complete, and th	s form, includir at I am author	ng accompanying schedules and ized to prepare this form.	statements, and to t	he best of n	ny ,	
Comment S			Ie > CPA	- ·	6/13	3/2014	
Signature >	1 Jenenso V	Tit	/ / /	Date ►	- / OSCO /5	 ′	
EEA				Fo) ชฮชช (H	Rev. 1-2013)	

2012 PG 01 Employer Identification Number 26–3849043	STATEMENT #108					
		0	1,180			
tements	SCHEDULE	CHARITABLE PURPOSE 1,180	7			
Federal Supporting Statements	LINE 16(B) - ACCOUNTING FEES SCHEDULE	ADJUSTED NET INCOME	0			
Federal St		NET INVESTMENT 0	0			
	FORM 990PF, PART I,	REVENUE AND EXPENSES 1,180	1,180			
DATION INC						
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC		DESCRIPTION ACCOUNTING FEES	TOTALS			

2012 PG 01 Employer identification Number 26–3849043	STATEMENT #110				
nents		CHARITABLE PURPOSE 2,160	2,160		
Federal Supporting Statements	8 - TAXES SCHEDULE	ADJUSTED NET INCOME 0	0		
Federal Sur	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE	NET INVESTMENT 0	129		
	FORM 9	REVENUE AND EXPENSES 2,160 129	2,289		
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC		I KES			
Name(s) as shown on return MARTENS FAMILY FOUN		DESCRIPTION PROPERTY TAXES EXCISE TAXES	TOTALS		

2012 PG 01 Employer Identification Number	26-3849043	STATEMENT #103					
nents		JLE CHARITABIF	PURPOSE 1,730	1,730			
Federal Supporting Statements		LINE 23 - OTHER EXPENSES SCHEDULE FT ADJUISTED	NET INCOME	0			
Federal Su		PART I, LINE 23 - 0	INVESTMENT	0			
		FORM 990PF, PART I, REVENUE	AND EXPENSES 1,730	1,730			
wn on retum	MARTENS FAMILY FOUNDATION INC		Z 4				
Name(s) as shown on return	MARTENS FAMI		DESCRIPTION MAINTENANCE	TOTALS			