

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2015

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

		nue Service	▶ Information abo	out Form 990-PF and its se	parate instructi	ons is	at www.	irs.gov/form	1990pf.	Open	to Public Ins	pection
For	calen	dar year 2015	or tax year beginning		11-01 ,2	015, a	nd endin	g		10-	31 ,201	6
N	lame of	foundation						A Employer	identification n	umber		
M	ARTE	NS FAMILY	FOUNDATION INC					26-3849043				
N	lumber a	and street (or P	O box number if mail is not	delivered to street address)		Ro	om/suite	B Telephone number (see instructions)				
6	21 N	COLLEGE	ROAD			10	00	(208)73	4-4888			
	ity or to	wn, state or prov	vince, country, and ZIP or fo	reign postal code				C If exempt	on application is	pendina.	check here	<b>•</b>
		FALLS, ID						o ii oxempi	.011 αρροσο.	periang,		
G	Check	all that apply.	Initial return	Initial return	of a former public	char	ıty	D 1. Foreig	n organizations, o	check he	e	▶ 🗌
			Final return	Amended re	turn						0.004	
			Address char	nge Name chang	je			_	n organizations n here and attach o	-		▶ 🗍
Н	Check	type of organia	zation X S	ection 501(c)(3) exempt priv	vate foundation				foundation status	-		
Γ	ີ] Sect	on 4947(a)(1)	) nonexempt charitable t	rust Other t	axable private fo	undatı	on		07(b)(1)(A), chec		·	▶□
1	Fair ma	arket value of a	all assets at	J Accounting method.	X Cash	1/7	Acenyal-	IP di thousan	กลาเกาะ เก.ล.60	-month te	rmination	
	end of	year (from Par	rt II, col (c),	Other (specify)	<del></del>	$\Gamma_r$	VEC	E LUNGE SE	idation is in a 60- tion 507(b)(1)(B	), check l	nere	▶ 🗍
	line 16	) ▶ \$	266,900	(Part I, column (d) must b	e on cash basis)	12	_		امر			
P	art l	Analysis	of Revenue and E	xpenses (The total of	(a) Revenue a	18	JAN	2 4 2017	Ϊ́Ι		(d) Disburs	ements
		amounts in co	plumns (b), (c), and (d) may	not necessarily equal	j expenses pe	7°-U	(b) Net	investment	(c) Adjusted		for chard	
		the amounts i	n column (a) (see instruction	ns))	books		OGN	ENLIT	Incom	ie	(cash basi	
	1	Contributions	s, gifts, grants, etc , rece	ived (attach schedule)	59	,900		=14 A L				
	12	Check ▶	if the foundation is <b>not</b> requ	red to attach Sch B								
	<b>3</b>	Interest on sa	avings and temporary ca	ish investments	5	,240		5,240				
	<b>4</b>	Dividends an	d interest from securities	s <i></i>								
	5a	Gross rents										
	[일 b	Net rental inc	come or (loss)									
O)	6a	Net gain or (I	loss) from sale of assets	not on line 10	31	,773						
n n	hЬ	Gross sales pnce	for all assets on line 6a	59,900								
evenue	7	Capital gain i	net income (from Part IV	(, line 2)				31,773				
S.	₽8	Net short-ten	m capıtal gaın									
~	9	Income modi	ifications	;								
	[10a	Gross sales less r	returns and allowances									
0	∮ b	Less Cost of	f goods sold									
	С	Gross profit of	or (loss) (attach schedule	e)								
	11	Other income	e (attach schedule) .									
	12				96	,913		37,013				
	13	Compensation	on of officers, directors, t	rustees, etc								
es	14		yee salanes and wages									
SU	15	•	is, employee benefits						<del></del>			
g	16a	•	•	· · · · · · · · · · · · · · · · · · ·								
ũ	b	•	ees (attach schedule)	STM108	1	,725		863				862
Ęį.	C	-	sional fees (attach sche	·	<del></del>							
and Administrative Expens	17	Interest				4.5	ļ		,- ,-			200
nis	18	•	h schedule) (see instruc	·		440		202				202
Ē	19		(attach schedule) and d									
Ad	20	Occupancy									<del></del>	
9	21		erences, and meetings									
g B	22	-	publications	i	<del></del>	7.0			<del></del>		<del> </del>	
Operating	23	-	ses (attach schedule)	STM103	<del></del>	145		73				72
era.	24 Total operating and administration		-	-	_	3.7		1 120			١ .	126
ă	25		through 23	•		,310		1,138				,136
	1-3					,146		1 100				,146
	26		ses and disbursements	s. Add lines 24 and 25	20	,456		1,138			19	,282
	27		26 from line 12	and diphusassassas		, , ,						
	a		evenue over expenses		76	,457		25 075				···········
	P		ent income (if negative et income (if negative et	·				35,875		······································		
		ACHISTOC NO	a oocome of Hedanive e	ner -W-1			,					

Da	ırt II	Relance Shoots Attached schedules and amounts in the description column	Beginning of year		End of	year
10	irt ii	Balance Sheets  Attached scriedules and amounts in the description column 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	24,472	68,	900	68,900
	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				
	١	disqualified persons (attach schedule) (see instructions)			i	
	7	Other notes and loans receivable (attach schedule)	STM135			······································
	Ι΄.	Less. allowance for doubtful accounts	49,500	49,	500	49,500
Ø	8	Inventories for sale or use	157500		1	15/500
Assets	9	Prepaid expenses and deferred charges				
As	1 -	· · ·				<del></del>
	l	Investments - U.S. and state government obligations (attach schedule)				
	1	Investments - corporate stock (attach schedule)				
		Investments - corporate bonds (attach schedule)				
	111	Investments - land, buildings, and equipment basis	1		1	
		Less accumulated depreciation (attach schedule)				
	)	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment: basis ► 85,632			- [	
	ĺ	Less accumulated depreciation (attach schedule)	85,632	85,	632	148,500
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	159,604	204,	032	266,900
	17	Accounts payable and accrued expenses				
	18	Grants payable				•
ies	19	Deferred revenue			]	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	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				
s		and complete lines 24 through 26 and lines 30 and 31.			\	·
Se	24	Unrestricted			Ī	
Net Assets or Fund Balances	l	Temporarily restricted				
Ba	26	Permanently restricted				
פ		Foundations that do not follow SFAS 117, check here				
֖֖֡֡֡֝֞֡֡֡֝֡֡֡֞֝֡֡֡֡֡֡֡֡	]	and complete lines 27 through 31.				
<u>-</u>	27	Capital stock, trust principal, or current funds	159,604	204,	032	
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund	233,001			
se	29	Retained earnings, accumulated income, endowment, or other funds				
Ą	30	Total net assets or fund balances (see instructions)	159,604	204,	032	
let	l		139,004	201,	032	
~	31	Total liabilities and net assets/fund balances (see	150 604	204	022	
De	- F21	Analysis of Changes in Net Assets or Fund Balance	159,604	204,	032	
••••	art III	······································		· · · · · · · · · · · · · · · · · · ·	,	
		net assets or fund balances at beginning of year - Part II, column (a), line	SO (must agree with			150 604
		f-year figure reported on prior year's return)			1	159,604
		amount from Part I, line 27a			2	76,457
		increases not included in line 2 (itemize)			3	000 000
		nes 1, 2, and 3	•		4	236,061
		eases not included in line 2 (itemize) STM116			5	32,029
6	Total	net assets or fund halances at end of year (line 4 minus line 5) - Part II, co	olumn (b) line 30		16 I	204.032

EEA

Form 990-PF (2015)

		IS FAMILY FOUNDATION INC			26	-3849043	Page 3
Par	t IV   Capital Gains and	Losses for Tax on Investr	nent income	(b) How acquired	<del></del>		<del></del>
	(a) List and describe th 2-story brick warehou	e kınd(s) of property sold (e g , real estate se, or common stock, 200 shs MLC Co )	e, 	P-Purchase D-Donation	(c) Date acquir (mo , day, y		ate sold , day, yr )
1 a	FIELD OF DREAM SUBI	BLK 1 LOT 12 ID		D	03-16-201	.6 03-25-	-2016
b				<u> </u>			
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o		(e)	)	
a	59,900			28,127			31,773
b						<del></del>	
C							
d							
	amplete only for accets abounce	s says us column (b) and award by th	a foundation on	12/24/60			
	omplete only for assets showing	gain in column (h) and owned by th	e loundation on	12/31/09		ns (Col (h) gain n	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (			out not less than -( sses (from col. (h))	
а							31,773
b							
С			,,,,				
d					<del></del>		
e							
	apital gain net income or (net ca	If gain, also e	enter in Part I, lin	e7 }			
2 0	apital gain fiet income of (fiet ca	If (loss), ente	r -0- in Part I, lin	e7 <b>5</b>	2		31,773
3 N	et short-term capital gain or (los	s) as defined in sections 1222(5) and	d (6):				
if	gain, also enter in Part I, line 8,	column (c) (see instructions). If (loss	s), enter -0- in	1			
	art I, line 8			}	3		
Par		er Section 4940(e) for Redu	ced Tax on	Net Investme	nt Income		
		foundations subject to the section 49					
יי ייי	plional use by domestic private	ioditidations subject to the section 48	940(a) tax on he	t investment inco	iiie.)		
If sect	ion 4940(d)(2) applies, leave thi	s part blank.					
						Г	
		on 4942 tax on the distributable amo		in the base period	37	Yes	s X No
If "Ye	s," the foundation does not qualif	y under section 4940(e) Do not cor	nplete this part.				
1 E		ach column for each year, see the in	structions befor	e making any ent	nes	·	
	(a) Base period years	(b)		(c)		(d) Distribution ratio	,
Ca	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of r	noncharitable-use as	ssets (c	ol (b) divided by c	ol (c))
	2014	11,267	<i>'</i>	223,	093	0.050504	
	2013	19,755	5	240,	052	0.082295	
	2012	15,236		248,	700	0.061263	
	2011	11,085	5	231,	198	0.047946	
	2010	14,807	<del>-  </del>	242,		0.061096	
					<del></del>		
2 Т	otal of line 1, column (d)				. 2	0.303103	
	. , ,				·   <del>-2  </del> -	0.303103	
	<del>-</del>	-year base period - divide the total o	-	·	1 - 1		
กเ	imber of years the foundation ha	is been in existence if less than 5 ye	ars		3	0.060621	
					1 1		
4 E	nter the net value of noncharitat	le-use assets for 2015 from Part X,	line 5		4	2	250,548
5 M	ultiply line 4 by line 3				5		15,188
	•						
6 F	nter 1% of net investment incom	e (1% of Part Lline 27h)			6		359
- L	or more moon	- ( . / o o ,		• • • •	·· <del>  • +  </del>		
<b>,</b> .	dd baca E aw d C				_		15 545
/ A	dd lines 5 and 6	• •	-	•	7		15,547
		<b>-</b>					
	nter qualifying distributions from			•	8		19,282
lf	line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and complet	te that part using	a 1% tax rate S	ee the	
P	art VI instructions						

orm	990-PF (2015) MARTENS FAMILY FOUNDATION INC 26-38490	43	P	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instru	ctions	s)	
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			359
	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-)			0
3	Add lines 1 and 2			359
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			359
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a			
b	Exempt foreign organizations - tax withheld at source			
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			350
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			359
10				
11 Par	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11   t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
14	participate or intervene in any political campaign?	1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
-	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ►\$ (2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			•
	on foundation managers   \$\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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_		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?	4b		
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	<del></del>
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	9		Х
10	complete Part XIV	9		

names and addresses

If "Yes," did it have excess business holdings in 2015 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)(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

. .

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

.

foundation had excess business holdings in 2015.)

X

X

3b

4a

4b

Form 990-PF (2015) MARTENS FAMILY FOUND						26-3849	043	Page 6
Part VII-B Statements Regarding Activities	for Which	Form	4720	May Be F	Require	ed (continued)		
5a During the year did the foundation pay or incur any am	ount to						$\top$	
(1) Carry on propaganda, or otherwise attempt to influ		n (sectio	on 4945	(e))?	[	Yes X No		
(2) Influence the outcome of any specific public election	on (see section	4955);	or to ca	irry on,	_			
directly or indirectly, any voter registration drive?					ſ	Yes X No		
(3) Provide a grant to an individual for travel, study, or					. [	Yes X No		
(4) Provide a grant to an organization other than a ch				cribed in		ے ت		
		-			ſ	Yes X No		
(5) Provide for any purpose other than religious, chari					٠ ١			
purposes, or for the prevention of cruelty to children					ſ	Yes X No		- }
b If any answer is "Yes" to 5a(1)-(5), did any of the trans					L,			
Regulations section 53.4945 or in a current notice regu				-		CO III	5b	1
-	_		•		•		30	
Organizations relying on a current notice regarding dis							1 1	
c If the answer is "Yes" to question 5a(4), does the foun		•			ſ	¬., ¬.,		
because it maintained expenditure responsibility for th	Ū				٠٠٠	Yes No		1
If "Yes," attach the statement required by Regulations								
6a Did the foundation, during the year, receive any funds,	-	•			r			
on a personal benefit contract?					L	Yes X No		1
b Did the foundation, during the year, pay premiums, dire	ectly or indirect	ly, on a	persona	al benefit cor	tract?		6b	<u> X</u>
If "Yes" to 6b, file Form 8870.					r		1	
7a At any time during the tax year, was the foundation a p	arty to a prohit	bited tax	k shelter	transaction?	' . [	Yes X No		1
b If "Yes," did the foundation receive any proceeds or ha							7b	
Part VIII Information About Officers, Direct	ctors, Trust	ees, F	Founda	ation Mar	agers	, Highly Paid B	Employe	es,
and Contractors						- <u></u>		
1 List all officers, directors, trustees, foundation mana			ensatio	n (see instru	ctions).			
(a) Name and address	(b) Title, and av hours per we			mpensation ot paid,		Contributions to oyee benefit plans		se account,
	devoted to pos			ter -0-)		erred compensation	otner at	owances
GERALD MARTENS	PRES-DIREC	TOR						
621 N COLLEGE RD, 100, ID 83301		1.00		0		0		0
JUDY MARTENS	/P - DIREC	TOR						
11 EAST 500 SOUTH, JEROME, ID 83338		1.00		0		0		0
TARA MARTENS MILLER	DIRECTOR							
1028 E HARCOURT DR, BOISE, ID 83702	1	1.00		0		0		0
	DIRECTOR							
11607 W RAUL ST, BOISE, ID 83709	1	1.00		0		0		0
2 Compensation of five highest-paid employees (other	than those in	cluded	on line	1 - see instr	uctions	), If none, enter		
"NONE."						•		
						(d) Contributions to		
(a) Name and address of each employee paid more than \$50,0		tle, and a urs per w		(c) Comper	sation	employee benefit plans and deferred		se account, owances
		ted to po		( , , , , , ,		compensation	Office and	Walles
NONE								
				<del></del> -	-			
	<del></del>			<del></del>				
	ļ							
							<del></del> -	<del></del>
				<del> </del>	-	<u> </u>	<del></del>	
Total number of other employees and over \$50,000				l	<del></del>		<del></del>	
Total number of other employees paid over \$50,000 .	<u> </u>	•	· · · ·	· · ·		<b>&gt;</b>	F 000	0
EEA							rorm 990	-PF (2015)

Form 990-PF (2015)

All other program-related investments. See instructions

Total. Add lines 1 through 3

3

EEA

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign f	ounda	tions,
	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	21,421
С	Fair market value of all other assets (see instructions)	1c	232,942
d	Total (add lines 1a, b, and c)	1d	254,363
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	254,363
4	Cash deemed held for charitable activities  Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	3,815
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	250,548
6	Minimum investment return. Enter 5% of line 5	6	12,527
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ındatio	ons
	and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	12,527
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b	1 1	
С	Add lines 2a and 2b	1 2c	359
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,168
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,168
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	12,168
			·
Fa	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	19,282
b	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		
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	19,282
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<del>-</del>
	Enter 1% of Part I, line 27b (see instructions)	5	359
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,923
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne found	dation
	qualifies for the section 4940(e) reduction of tax in those years		
EEA			Form 990-PF (2015)

Pa	T AIII Undistributed income (see	1150 000	1			
1	Distributable amount for 2015 from Part XI,		(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
1		-				12,168
2	line 7 Undistributed income, if any, as of the end of 20	715			······	22,200
	Enter amount for 2014 only	1.5	1	Ì		
a	•	·				
ь 3	Total for prior years,,  Excess distributions carryover, if any, to 2015					
	From 2010					
a			1			
b						
- C	From 2012	,078	1			
d	- <del></del>	148				
e	From 2014	140	1,226			
f 4	Total of lines 3a through e	-	1,220			
4	Qualifying distributions for 2015 from Part XII,					
	line 4. ▶ \$ 19,282					
a	Applied to 2014, but not more than line 2a	.				
b	Applied to undistributed income of prior years	l				
	(Election required - see instructions)	· ·				
С	Treated as distributions out of corpus (Election					
	required - see instructions)	·  -	<u></u> }			12,168
d	Applied to 2015 distributable amount	· ·			······································	12,100
е _	Remaining amount distributed out of corpus	·  -	7,114			
5	Excess distributions carryover applied to 2015	.			······································	
	(If an amount appears in column (d), the same					
_	amount must be shown in column (a).)					
6	Enter the net total of each column as		1			
	indicated below:	_ ]	2.44			
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	` ├-	8,340			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b	• •				
С	Enter the amount of prior years' undistributed		1			
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed	· -				
d	Subtract line 6c from line 6b. Taxable					
	amount - see instructions					
е	Undistributed income for 2014. Subtract line					
	4a from line 2a Taxable amount - see		1			
					······································	
f	Undistributed income for 2015. Subtract lines		į			
	4d and 5 from line 1 This amount must be					,
_	distributed in 2016					
7	Amounts treated as distributions out of corpus		1			
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					
_	required - see instructions)	-				
8	Excess distributions carryover from 2010 not					
_		· ·				
9	Excess distributions carryover to 2016.		ا م			
	Subtract lines 7 and 8 from line 6a	·	8,340			
10	Analysis of line 9					
а	Excess from 2011		1			
b	Excess from 2012					
С		.,078				
d	Excess from 2014	148				
е	Excess from 2015 7	,114				

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 Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approved	for Future Pa	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	тестрия		
a Paid during the year				
BOISE STATE UNIVERSITY		İ		
2225 UNIVERSITY DRIVE	1 / .			1 540
BOISE, ID 83706	N/A	PC	GENERAL USE	1,500
COLLEGE OF IDAHO		1		
2112 CLEVELAND BLVD				
CALDWELL, ID 83605-4432	N/A	PC	GENERAL USE	250
CONCORDIA UNIVERSITY				
2811 NE HOLMAN STREET			l	
PORTLAND, OR 97211	N/A	PC	GENERAL USE	2,000
ZONIZZAJO, ON JYZZZ	1,7		Junian opi	2,000
BOYS & GIRLS CLUBS				
999 FRONTIER ROAD		1		
TWIN FALLS, ID 83301	N/A	PC	GENERAL USE	6,500
IMMANUEL LUTHERAN CHURCH				
2055 FILER AVENUE EAST			1	
TWIN FALLS, ID 83301-4398	N/A	PC	GENERAL USE	5,340
XROSSWAY LUTHERAN MINISTRIES				
218 BUCKINGHAM DRIVE	}	}	]	
TWIN FALLS, ID 83301	N/A	PC	GENERAL USE	156
TRANS CHARLE TRANSPORTER	Į.			
IDAHO STATE UNIVERSITY 921 S 8TH AVENUE STOP 8050				
POCATELLO, ID 83209	N/A	PC	GENERAL USE	2,400
100.1.1.0.000	1.,			2,100
			ļ	
Total	<u> </u>		<b>&gt;</b> 3a	18,146
b Approved for future payment	<u> </u>	<del> </del>	▶ 3a	10,110
		1		
		•		
			ļ	
		İ		
Total			▶ 3b	

EEA

Form 990-PF (2015)

_	att AVI-A   Allalysis of Income-1 reducing A			T = 3		
	ter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue	code		<u> </u>		
	a			<del></del>		
	b			ļ		
	С	<b></b>	· · · · · · · · · · · · · · · · · · ·	1		
	d	<b></b>		<del>   </del>		
	e			-		
				<del> </del>		
_	g Fees and contracts from government agencies	ļ <del>  </del>		<del> </del>		<del></del>
	Membership dues and assessments	<b> </b>	<del></del>	<del>                                     </del>		
	Interest on savings and temporary cash investments .	<del> </del> +		<del>                                     </del>	5 240	
	Dividends and interest from securities	ļ <u> </u> -	······································	14	5,240	······································
5	Net rental income or (loss) from real estate.	}		<del> </del>		
	a Debt-financed property	<del></del>	<del></del>	1		
_	b Not debt-financed property		<u> </u>			<del></del>
	Net rental income or (loss) from personal property	-		<del>   </del>		
	Other investment income  Gain or (loss) from sales of assets other than inventory	<del></del>		10	21 772	
	• •	<del> </del>		18	31,773	
	Net income or (loss) from special events Gross profit or (loss) from sales of inventory	<del></del>		-		
		<del> </del>		<del>   </del>	<del></del>	
• •	Other revenue a	<del> </del>	·	<del>   </del>		
	b c	<del></del>	<del></del>	<del> </del>	<del></del>	<del></del>
		<del>                                     </del>		<del> </del>		
	e	<u> </u>	<del></del>			
12	Subtotal. Add columns (b), (d), and (e)			<del> </del>	37,013	
	Total. Add line 12, columns (b), (d), and (e)					37,013
	ee worksheet in line 13 instructions to verify calculations.)	. , , ,				
	art XVI-B Relationship of Activities to the	Accomplis	shment of Exe	mpt Purpose	es	
	Explain below how each activity for which inc					ne
1	ine No. accomplishment of the foundation's exempt p	urposes (othe	er than by providing	g funds for such p	ourposes) (See instru	ctions.)
	<b>V</b>					
					<u>.</u>	
		·	<del>_</del>			
			·····	<del> </del>		
					···	
			·			
	,			<del></del>		
		<del></del>				
				<del></del>		
_						<del></del>
_		<u> </u>				_ <del></del>
_				<del></del>		
		<del></del>	·			
		<del></del>				
		<del></del>				
			<del></del>			

**BOISE ID 83702** 

Part			n Regarding Tran ganizations	sfers To and Trai	nsactions and	Relations	ships With N	oncharital	ole	
1 1			ctly or indirectly engage	e in any of the following	with any other or	nanization de		<del></del>	Yes	No
		_	Code (other than section						100	
	organizati	• •	2006 (0810) (110) 200		10) 01 111 3001.011 0	zr, roldang a	pontoci			
	•		ting foundation to a non	charitable exempt orga	inization of					1
	1) Cash			onamable exemptiong				. 1a(1)		Х
	•	assets				•		1a(1)		X
	•	sactions:						10(2)		<del></del>
· <del>-</del>			noncharitable exempt of	organization				. 1b(1)		х
			from a noncharitable e	=	• •			1b(2)	-	X
	•					• •		1b(2)	-	X
	(3) Rental of facilities, equipment, or other assets									X
										X
		•	rices			• • • •	• • • • •	(1b(5)		X
	•		•	~				. 10(0)	-	X
	_		pment, mailing lists, oth		•					
		=	ne above is "Yes," comp	_		=				
		_	r assets, or services giv	· · · · · ·						
			or sharing arrangemen		T					
(a) Line	no (b) A	mount involved	(c) Name of nonch	aritable exempt organization	on (d) Des	cription of trans	fers, transactions,	and sharing arra	angeme	nts
						<del></del>			<del></del>	
						<del></del>				
								<del> </del>		
						·				
		<del></del>								
				<u>-</u>						
							<del></del>			
	_							· · · · · · · · · · · · · · · · · · ·		
		<del></del>					<del></del>			
			1							
(	described	in section 501	or indirectly affiliated w (c) of the Code (other the llowing schedule	•	•	-	is 	Ye	es X	No
	(;	a) Name of organ	nization	(b) Type of orga	nızatıon		(c) Description of	f relationship		
	_									
	correct a	nalties of perjury, I and complete Decla	declare that I have examined to artion of preparer (other than	his retum, including accompar taxpayer) is based on all inform	nying schedules and standation of which prepare	atements, and to r has any knowle	he best of my knowle dge	edge and belief, it i	s true,	
Sigr		Land	Mur	1/19/	17 Dan	siles +		ay the IRS discus		
Here		ature of officer or tru	ustee	Date	Title	1000)			Yes	No.
		Pnnt/Type prepar		Preparer's signature		Date	Check	if PTIN		
Paid		1	BERMENSOLO M	PI Ken	ensko	01-16-20	, -	'"	3516	
	arer	Firm's name	► BERMENSOLO &	ASSOCIATES		P1-10-20	Firm's EIN	,, <u>F0002</u>	2210	
•		Firm's address	► 1087 W RIVER				Phone no			
USE	Only	3 2001033								

208-344-6340

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.

OMB No 1545-0047

2015

Employer identification number

MARTE	NS FAMILY FOUNDA	TION INC	20-3849043
Organi	zation type (check one).		
Filers o	of:	Section:	
Form 9	90 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt chantable trust not treated as a private foundation	
		527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check r	f your organization is cove	ered by the General Rule or a Special Rule.	
Note. C	, ,,,,,	3), or (10) organization can check boxes for both the General Rule and a Special	Rule. See
Genera	l Rule		
X		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin perty) from any one contributor. Complete Parts I and II. See instructions for detections.	
Special	Rules		
	regulations under section 13, 16a, or 16b, and that	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ received from any one contributor, during the year, total contributions of the great mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Pa	), Part II, line ter of <b>(1)</b>
	contributor, during the year	ribed in section $501(c)(7)$ , (8), or (10) filing Form $990$ or $990$ -EZ that received from $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$ or $990$	ientific,
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to t	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar, contributions exclusively for religious, charitable, etc., purposes, but no such a than \$1,000. If this box is checked, enter here the total contributions that were industriely religious, charitable, etc., purpose. Do not complete any of the parts unliked in the parts unliked in the parts of the parts unliked in the parts of the parts unliked in the parts of the parts unliked in the parts of the parts unliked in the parts of the pa	received ess the
990-EZ	, or 990-PF), but it must a	ot covered by the General Rule and/or the Special Rules does not file Schedule nswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form tify that it does not meet the filing requirements of Schedule B (Form 990, 990-E.	orm 990-EZ or on its

Name of organization
MARTENS FAMILY FOUNDATION INC

Employer identification number 26-3849043

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	GERALD MARTENS  621 N COLLEGE RD, STE 100  TWIN FALLS, ID 83301	\$59,900	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
: 		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
MARTENS FAMILY FOUNDATION INC

Employer identification number 26-3849043

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) FIELD OF DREAMS SUBD BLK 1 LOT 12 TWIN FALLS IDAHO 1 59,900 03-16-2016 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

		Federal Su	Federal Supporting Statements	nents	2015 PG01	
Name(s) as shown on return MARTENS FAMILY FOUNDATION INC					Employer Identification Number 26-3849043	
	FORM 990PF - PART I		- LINE 23 - OTHER EXPENSES SCHEDULE	EDULE	STATEMENT #103~	
DESCRIPTION	REVENUE AND_EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
BANK CHARGES MISCELLANEOUS	20	10	0 0	10		
TOTALS	145	73	0	72		
STM-LD						

2015 PG01	Employer tdentification Number 26-3849043	STATEMENT #108-			
Federal Supporting Statements		FORM 990PF - PART I - LINE 16(B) - ACCOUNTING FEES SCHEDULE	NET ADJUSTED CHARITABI INVESTMENT NET INCOME PURPOS	1,725     863     0     862       1,725     863     0     862	
	Name(s) as shown on return MARTENS FAMILY FOUNDATION INC		DESCRIPTION	ACCOUNTING FEES TOTALS	

|--|--|

•	· · · ·
Federal Supporting Statements	2015 PG01
Name(s) as shown on return  MARTENS FAMILY FOUNDATION INC	Employer Identification Number 26 - 3849043
FORM 990PF - PART III - LINE 5  OTHER DECREASES SCHEDULE  UNREALIZED GAIN ON CONTRIBUTIONS 32,02	STATEMENT #116
TOTAL 32,029	_

#### **Federal Supporting Statements**

2015

Employer Identification Number

PG01

Name(s) as shown on return

MARTENS FAMILY FOUNDATION INC

26-3849043

FORM 990PF - PART II - LINE 7

STATEMENT #135

BORROWER'S NAME

OTHER NOTES AND LOANS RECEIVABLE (LONG) SCHEDULE

TKO INC NONE

RELATION TO INSIDER

\$ 49,500

ORIGINAL AMOUNT BALANCE DUE

\$ 0

DATE OF NOTE

2014-02

MATURITY DATE

2016-12

REPAYMENT TERMS

SHORT-TERM LOAN

INTEREST RATE

SECURITY

FIELD OF DREAMS LOT

PURPOSE

SELLER FINANCING SALE OF REAL ESTATE

LENDER CONSIDERATION FMV OF CONSIDERATION

NONE

\$ 0