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Form **990-PF** Department of the Treasury

B

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Internal Revenue Service For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation THE PATRICIA M. AND ROBERT H. MARTINSEN FOUNDATION 27-6961238 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 761 RIDGEBURY ROAD 203-743-9434 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CT 06877 RIDGEFIELD, G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 383,808. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 100,240. N/A 1 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 34. 34 1,341 1,341 4 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 274,586 6a Net gain or (loss) from sale of assets not on line 10 415,357. 274,586 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 376,201 275,961 Total Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Q b Accounting fees 4,300 0. STMT 2 Ю. c Other professional fees ogden. 17 Interest 2,484 STMT 3 0. 18 Taxes 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 6,784 0 . expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 242,435 26 Total expenses and disbursements. 249,219 Add lines 24 and 25 27 Subtract line 26 from line 12. 126,982 a Excess of revenue over expenses and disbursements 275,961 b Net investment income (if negative, enter -0-) N/A

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions

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c Adjusted net income (if negative, enter -0-)

THE PATRICIA M. AND ROBERT H. MARTINSEN '

_		90-PF (2016) FOUNDATION	Daginara of was		961238 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	116,975.	284,488.	
	2		110,313.	201,100.	201/100.
	•	Accounts receivable			
	3				
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -		1	
		Less: allowance for doubtful accounts	<u> </u>		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			·····
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S and state government obligations			
	l t	Investments - corporate stock STMT 4	73,983.	33,452.	99,320.
		Investments - corporate bonds			
	ı	Investments - land, buildings, and equipment basis			
	'	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
					
	14	Land, buildings, and equipment: basis			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	100 050	217 040	202 000
_	<u> </u>	instructions. Also, see page 1, item I)	190,958.	317,940.	383,808.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
11 ti	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
۔	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0.	
-		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
an	25	Temporarily restricted			
Bal	26	Permanently restricted			
Fund Balances	-	Foundations that do not follow SFAS 117, check here			
Fu		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
155	29	Retained earnings, accumulated income, endowment, or other funds	190,958.	317,940.	
Net /		The state of the s	190,958.	317,940.	
Z	30	Total net assets or fund balances	190,930.	<u> </u>	
		Total Cabibbias and ask speeds found belongs	100 050	217 040	
	31		190,958.	317,940.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	 	
		st agree with end-of-year figure reported on prior year's return)	00	1.1	190 959
				1	190,958.
		r amount from Part I, line 27a		2	126,982.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	317,940.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		317,940.
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(a) List and descrit	nd Losses for Tax on be the kind(s) of property sold (e.	.g., real estate,	t Income	(b) I	low acquir Purchase	red	c) Date acquired	(d) Date sold
	ehouse; or common stock, 200's			Ď	- Donation	<u> </u>	(mo., day, yr.)	(mo, day, yr.)
1a CHARLES SCHWAB	<u>- 6901 (SEE AT</u>	TACHED)		-	D	_	JARIOUS	VARIOUS
<u>b</u>		·		╂		-		
c d			.	 				
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	
a 415,357.			140,77	11.				274,586.
<u>b</u>								
<u>c</u>		 						
<u>d</u>		-						
Complete only for assets showing	gain in column (h) and owned by	v the foundation	ол 12/31/69				Gains (Col. (h) gair	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (i)			col. ((k), but not less that Losses (from col.	ın -0-) or
a		 		- 1				274,586.
b	 			- †	 -		·	27175001
C		1					······································	
е								
Capital gain net income or (net capital)	If gain, also ent $\{f(loss), enter-$	er in Part I, line 0- in Part I, line	7 : 7	}[2			274,586.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co		and (6):						
If (loss), enter -0- in Part I, line 8					3		N/A	<u>.</u>
Part V Qualification Un	der Section 4940(e) fo	r Reduced	Tax on Net	Inve	estmen	it Inco	me	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify	on 4942 tax on the distributable a y under section 4940(e). Do not c	complete this pa	art.					Yes X No
1 Enter the appropriate amount in ea	ch column for each year; see the	instructions be	fore making any e	ntries.				(4)
(a) Base period years Calendar year (or tax year beginning			Net value of no	(c) onchar			(coi (b) dr	(d) bution ratio vided by col. (c))
2015		64,463.			369,			.715606
2014		02,100.			<u>290,</u>			.351376
2013		<u>70,800.</u> 06,587.			269,			.633162
2012 2011		10,500.			<u>147,</u> 176,			.723841 .626613
		10,300.	<u> </u>		<u> </u>	<u>545</u>		
2 Total of line 1, column (d)3 Average distribution ratio for the 5-	vear hase period - divide the total	l on line 2 hv 5	or by the number	of ver	ırs		2	3.050598
the foundation has been in existence		1 OII IIII 2 DY 3,	or by the number	OI yes	113		3	.610120
4 Enter the net value of noncharitable	-use assets for 2016 from Part X	, line 5					4	377,222.
5 Multiply line 4 by line 3							5	230,151.
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6	2,760.
7 Add lines 5 and 6							7	232,911.
8 Enter qualifying distributions from F	Part XII, line 4						8	242,435.
If line 8 is equal to or greater than li See the Part VI instructions	•	e 1b, and comp	lete that part usin	g a 1%	6 tax rate.			
623521 11-23-16								orm 990-PF (2016)

THE PATRICIA M. AND ROBERT H. MARTINSEN .

orn		6961 <u>2</u> 3		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see inst	ructio	ns)
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 🕨 🗶 and enter 1%		2,	760.
	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-)			<u>0.</u>
3	Add lines 1 and 2		2,	760.
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-		2,	760.
6	Credits/Payments:			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 1,500.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		1,5	500.
8	Enter any penalty for underpayment of estimated tax. Check here X 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		1,2	260.
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 2017 estimated tax			
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	11		X
	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.			
C	Did the foundation file Form 1120-POL for this year?	10	; }	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .	1		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•		
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X_
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			1
	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 4b	<u>. </u>	
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	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CT			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	}	1	
	of each state as required by General Instruction G? If "No," attach explanation	8b	<u> </u>	
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 2016 or the taxable year beginning in 2016 (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 STMT	5 10		
		Form 9	90-PF	(2016)

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Pa	art VII-A Statements Regarding Activities (continued)	·		· · · · · ·
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see 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		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ROBERT H. MARTINSEN Telephone no. ► 203-74			
	Located at ► 761 RIDGEBURY ROAD, RIDGEFIELD, CT ZIP+4 ►00	<u> 877</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	, –		
	File Form 4720 if any Item Is checked in the "Yes" column, unless an exception applies.	<u></u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		}	
	(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)?	1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
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)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	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 2016?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):		1	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning]	
	before 2016?		1	
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
			ł	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	 	[
	during the year?		ł	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		ĺ	
	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 foundation had excess business holdings in 2016) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u>X</u>
	Fo	rm 99 0)-ピト ((2016)

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Form 990-PF (2016) FOUNDATION	F 4700 M B 1	 _	<u>27-69612</u>	38 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section]]]
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	es X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check	here		▶	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	uned		
expenditure responsibility for the grant?	Ŋ	1/A 🔲 Ye	es No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		1	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?) e	Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A 7	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	, ·	·	,	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evpopoo
A Maria and Aldrews	hours per week deveted		employee benefit plans	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address ROBERT H. MARTINSEN	hours per week devoted to position TRUSTEE - AS	(If not paid,	employee benefit plans and deferred compensation	account, other allowances
	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
ROBERT H. MARTINSEN	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS	(If not paid, enter -0-) REQUIRED	compensation	allowances
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	TRUSTEE - AS	(If not paid, enter -0-) REQUIRED	compensation	allowances
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN	TRUSTEE - AS	(If not paid, enter -0-) REQUIRED	compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS	(If not paid, enter-0-) REQUIRED 0. REQUIRED	Compensation	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD	TRUSTEE - AS 0.00 TRUSTEE - AS 0.00	(If not paid, enter-0-) REQUIRED 0. REQUIRED 0.	O.	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those inc	TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none,	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O . O . (d) Contributions to employee benefit plans	0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	TRUSTEE - AS 0.00 TRUSTEE - AS 0.00	(If not paid, enter-0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those inc	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.
ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 PATRICIA M. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877 2 Compensation of five highest-paid employees (other than those included in the compensation of the highest-paid employee paid more than \$50,000	to position TRUSTEE - AS 0.00 TRUSTEE - AS 0.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) REQUIRED 0. REQUIRED 0.	O. O.	allowances 0. 0.

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Form **990-PF** (2016)

Total number of other employees paid over \$50,000

0.

Total. Add lines 1 through 3

<u>Form</u>	990-PF (2016) FOUNDATION	<u> 27-69612</u>	238 Page 8
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndations, see instru	ctions)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a A	Average monthly fair market value of securities	1a	38,598.
b /	Average of monthly cash balances	1b	344,368.
c F	air market value of all other assets	1c	
d 1	'otal (add lines 1a, b, and c)	1d	382,966.
e F	Reduction claimed for blockage or other factors reported on lines 1a and		
1	c (attach detailed explanation) <u>1e</u> <u>0 .</u>		
2 /	Acquisition indebtedness applicable to line 1 assets	2	0.
3 5	Subtract line 2 from line 1d	3	382,966.
-4(Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	_4	5,744.
5 M	let value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	377,222.
<u>6 N</u>	Ainimum investment return Enter 5% of line 5	6	18,861.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1 N	Ainimum investment return from Part X, line 6	1	18,861.
2a 1	ax on investment income for 2016 from Part VI, line 5		
ЬI	ncome tax for 2016. (This does not include the tax from Part VI.)		
c A	add lines 2a and 2b	2c	2,760.
3 [Distributable amount before adjustments. Subtract line 2c from line 1	3	16,101.
4 F	Recoveries of amounts treated as qualifying distributions	4	0.
5 A	add lines 3 and 4	5	16,101.
6 [Deduction from distributable amount (see instructions)	6	0.
	pistributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,101.
	t XII Qualifying Distributions (see instructions)		
	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	242,435.
	Program-related investments - total from Part IX-B	1b	<u> </u>
2 <i>A</i>	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	mounts set aside for specific charitable projects that satisfy the:		
	autability test (prior IRS approval required)	3a	
	ash distribution test (attach the required schedule)	3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	242,435.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome. Enter 1% of Part I, line 27b	5	2,760.
	djusted qualifying distributions. Subtract line 5 from line 4		239,675.
N	lote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1	Distributable amount for 2016 from Part XI,		, , , , , , , , , , , , , , , , , , ,		
	line 7				16,101.
	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only			0.	
ŀ	Total for prior years:		0		
		 	0.		ļ
_	Excess distributions carryover, if any, to 2016:				
	a From 2011 — — — — — — — — — — — — — — — — — —				
	From 2012 99,224.				
	From 2013 160,535. 4From 2014 87,868.				
	1From 2014 87,868. From 2015 248,959.				
	Total of lines 3a through e	704,063.			
	Qualifying distributions for 2016 from	704,003.			
4	Part XII, line 4: ► \$ 242, 435.				
	Applied to 2015, but not more than line 2a			0.	
	a Applied to 2013, but not more than line 2a				
٠	years (Election required - see instructions)		0.		
,	: Treated as distributions out of corpus				
•	(Election required - see instructions)	0.			
	Applied to 2016 distributable amount				16,101.
	Remaining amount distributed out of corpus	226,334.			
	Excess distributions carryover applied to 2016	0.			0.
•	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5	930,397.			
ŀ	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which		;	i	
	the section 4942(a) tax has been previously assessed		0.		
C	Subtract line 6c from line 6b. Taxable		_		,
	amount - see instructions		0.		
6	Undistributed income for 2015 Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
f	Undistributed income for 2016. Subtract				
	lines 4d and 5 from line 1. This amount must				^
~	be distributed in 2017				0.
1	Amounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	0.			
٥	Excess distributions carryover from 2011	0.			
o	not applied on line 5 or line 7	107,477.			
q	Excess distributions carryover to 2017.	10//1/1/			
,	Subtract lines 7 and 8 from line 6a	822,920.			
0	Analysis of line 9:				
	Excess from 2012 99,224.				
	Excess from 2013 160,535.				
	Excess from 2014 87,868.				
c	Excess from 2015 248, 959.				
6	Excess from 2016 226, 334.				

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Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described i	n section	4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed			1		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
— d -Amounts-included-in-line-2c-not———					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c					
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)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "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			<u></u>		
an exempt organization		_			
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mor	e in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			ibutions received by the t	foundation before the close	of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)			
SEE STATEMENT 6	·····				
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large portio	n of the ownership of a part	inership or
• ,	a 10% of greater interes	il.			
NONE					
2 Information Regarding Contribution					
Check here X if the foundation of the foundation makes gifts, grants, etc. (
					·
a The name, address, and telephone numb	er or e-mail address of the	he person to whom applic	ations should be address	sed:	
					
b The form in which applications should be	e submitted and informati	ion and materials they sh	ouia include:		
a Any submission deadlines:					
c Any submission deadlines:					
d Any restrictions or limitations on awards	Such as by neographica	l areas, charitable fields	ands of institutions or of	ther factors:	
a , any reconcions or miniations on awards	, coon as by goograpinoa	. a. oas, enarnasis neids, i	as or manunons, of O	anor ractors.	

FOUNDATION

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient a Paid during the year ALZHEIMER'S DISEASE RESEARCH NONE PUBLIC MEDICAL PURPOSES 22512 GATEWAY CENTER DRIVE CLARKSBURG_MD-2087-1-100. NONE AMERICAN INSTITUTE FOR CANCER PUBLIC MEDICAL PURPOSES RESEARCH 1759 R STREET NW WASHINGTON, DC 20009 100. ASPCA ADOPTION CENTER NONE PUBLIC SOCIAL PURPOSES 424 E 92ND STREET NEW YORK, NY 10128 100. COLGATE UNIVERSITY NONE PUBLIC EDUCATIONAL PURPOSES 13 OAK DR HAMILTON NY 13346 10,000. FOUNDERS HALL NONE PUBLIC SOCIAL PURPOSES 193 DANBURY RD RIDGEFIELD CT 06877 100. SEE CONTINUATION SHEET(S) ▶ 3a Total 242 435 **b** Approved for future payment NONE Total

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Part XVI-A

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Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue.	code	711100111	code	Amount	TOTICOOT INCOME
a NONE			ļ		
b			l		
c					
d			1		
- <u> </u>			l		
e			 		
	<u> </u>		\vdash		
g-Fees and contracts from government agencies-					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities			14	1,341.	
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	ļ. <u>-</u>				
8 Gain or (loss) from sales of assets other	ļ		ļ	ļ l	
than inventory			L		<u>274,586.</u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			\vdash		
a NONE	ļ				
	-	<u>-</u>		-	
b	<u> </u>		 -		
c	-				
d			<u> </u>		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	1,375.	
13 Total. Add line 12, columns (b), (d), and (e)				13	<u>275,961.</u>
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incom	ne is reported i	n column (e) of Part XVI-A	contrib	outed importantly to the accom	nplishment of
the foundation's exempt purposes (other than b				, ,	•
N/A	<u> </u>	<u> </u>			
	_				 _
	_				
					
		· · · · · · · · · · · · · · · · · · ·			
					
		-			
					
					

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Part XVII	Information Re Exempt Organ		nsfers To	and Transactions	and Relations	hips With Noncharit	able)	2
1 Did the o	rganization directly or indi	rectly engage in any	of the following	ng with any other organizat	on described in sect	ion 501(c) of		Yes	No
•	-			27, relating to political orga		, , ,	I		
a Transfers	s from the reporting found	ation to a noncharita	able exempt or	ganization of:				i	
(1) Cast	1						1a(1)	_ }	X
(2) Othe	r assets						1a(2)		X
b Other tra	nsactions.								
(1) Sale	s of assets to a noncharita	ible exempt organiza	ation				16(1)		Х
(2) Puro	chases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
. — -(4)-Rein	nbursement arrangements	;					1b(4)		X
(5) Loar	ns or toan guarantees					L	lb(5)		<u>X</u>
(6) Perf	ormance of services or me	embership or fundra	ising solicitatio	ons]	16(6)		X
c Sharing (of facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees		Į.	1c		X
						narket value of the goods, oth		ets,	
					ue in any transactior	ı or sharıng arrangement, sho	w in		
	d) the value of the goods,							_	
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	of transfers, transactions, and sha	ring arra	angeme	nts
			N/A						
	····				 				
-				·					
		 							
		ļ							
		 					_		
		 							
				·				_	
									
		 							
		-		· · · · · · · · · · · · · · · · · · ·					
-					 				
									
									
				 					
ın sectior	on 501(c) of the Code (other complete the following sch	r than section 501(c edule.		· · · · · · · · · · · · · · · · · · ·	T		Yes	X] No
	(a) Name of org	janization		(b) Type of organization		(c) Description of relationship			
	N/A								
					 				
				 	ļ				
									
			1	g accompanying schedules and	1				
Sign Here	r penalties of person, fielday elief, it is fud sorreon and or nature of officer or trustee	Totals Total and lot p	repair other than	n taxpayer) is based on all inform	Title	has any howledge return v	vith the	scuss the prepare see insti	er
	Print/Type preparer's na	ame	Preparer's si		Date	Check If PTIN			
						self- employed			
Paid	SANDRA A.	FABERY	Lande	. A dabey (A)	5/3/17	P005	757	756	
Preparer				ADVISORS LI	'C	Firm's EIN ► 46 - 317			
Use Only		- -		-					
	Firm's address ▶ 52	0 WHITE P	PLAINS	ROAD, 3RD FL	JOOR				
		RRYTOWN,		-		Phone no. 914-846	_01	L <u>0</u> 0	
								-PF(2016)

Schedule B

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE PATRICIA M. AND ROBERT H. MARTINSEN FOUNDATION

Employer identification number

27-6961238 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE PATRICIA M. AND ROBERT H. MARTINSEN FOUNDATION

Employer identification number

27-6961238

Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$66,788.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$33,452.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

THE PATRICIA M. AND ROBERT H. MARTINSEN

FOUNDATION

Employer identification number

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No.		(4)	
1	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		(eee med detent)	
	5,565 SHS DFA REAL ESTATE		
<u> </u>			
-			
		\$206,350.	09/23/16
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		(555 11152 45415115)	
Ì	2,935 SHS DFA US SMALL CAP PORT	}	
2			
-			
		\\$100,289.	12/27/16
	tt. , <u>journ</u> tojt ne 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		(555 11.52 551.51.5)	
1		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
		<u> </u>	
		<u> </u>	
ļ			
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions)	
		\$	
(a)			
(a) No.	<i>(</i> L)	(c)	<i>(</i>).
no. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
- 1	Description of noncash property given	(See instructions)	Date received
art I			
Part I			
Part I			
Part I			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Employer identification number Name of organization THE PATRICIA M. AND ROBERT H. MARTINSEN 27-6961238 FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations. Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$_3 Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee_ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE PATRICIA M. AND ROBERT H. MARTINSEN

FOUNDATION

·27-6961238

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
JUDICIAL WATCH 425 THIRD STREET, SW, SUITE 800 WASHINGTON, DC 20024	NONE	PUBLIC	SOCIAL PURPOSES	100
NEW_YORK_UNIVERSITY	- NONE	PUBLIC	EDUCATIONAL PURPOSES -	230,000
PHI GAMMA DELTA EDUCATIONAL	NONE	PUBLIC	SOCIAL PURPOSES	
PO BOX 4599 LEXINGTON, KY 40544				100
RIDGEFIELD VISITING NURSE ASSOCIATION 90 EAST RIDGE	NONE	PUBLIC	MEDICAL PURPOSES	1 500
RIDGEFIELD, CT 06877				1,500
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	NONE	PUBLIC	SOCIAL PURPOSES	100
US OLYMPIC COMMITTEE 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	NONE	PUBLIC	SOCIAL PURPOSES	100
NATIONAL LEGAL & POLICY CENTER 107 PARK WASHINGTON COURT	NONE	PUBLIC	SOCIAL PURPOSES	
FALLS CHURCH, VA 22046		-		100
RIDGEFIELD PROFESSIONAL FIREFIGHTERS 6 CATOONAH STREET RIDGEFIELD, CT 06877	NONE	PUBLIC	SOCIAL PURPOSES	35
·				
Total from continuation sheets	·····			232 035

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	ITIES S	TATEMENT 1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
DIVIDEND INCOME 1,34	1.	0. 1,341.	1,341.	
TO PART I, LINE 4 1,34	1.	0. 1,341.	1,341.	
FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	4,300.	0.		0.
TO FORM 990-PF, PG 1, LN 160	4,300.	0.		0.
FORM 990-PF	TAX	ES	S'	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	2,484.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,484.	0.		0.
FORM 990-PF	CORPORAT	E STOCK	S'	ratement 4
DESCRIPTION	-	воо	FA K VALUE	AIR MARKET VALUE
2,935 SHS DFA US SMALL CAP P	ORT		33,452.	99,320.
	ORI		55,452.	22,320.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		
ROBERT H. MARTINSEN	761 RIDGEBURY ROAD RIDGEFIELD, CT 06877		
PATRICIA M. MARTINSEN	761 RIDGEBURY ROAD RIDGEFIELD, CT 06877		
FORM 990~PF	PART XV - LINE 1A	STATEMENT	

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ROBERT H. MARTINSEN PATRICIA M. MARTINSEN



R MARTINSEN & P MARTINSEN TTEE PATRICIA M AND ROBERT H MARTIN FOUNDATION TR DTD 12/13/2010 Schwab One® Trust Account of

Account Number 7324-6901

TAX YEAR 2016 YEAR-END SUMMARY Date Prepared: February 10, 2017

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.
The information in this and all subsequent sections is not provided to the IRS by Charles Schwab It is provided to you as additional tax reporting information you may need to complete your tax return

REALIZED GAIN OR (LOSS)

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions

Long-Term Realized Gain or (Loss)

This section is for noncovered securities and corresponds to transactions reported on your 1099B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part II, with Box E checked.

(=)Realized Gain or (Loss)	12,316 33	18,759 09	12,889 17	43,964.59	140,478 48	140,478.48	2,261 85	9,945 87	6,525 95	18,733.67	2,505 32	9,394 62	9,749 68	21,649.62
(+)Wash Sale Loss Disallowed	⇔	⇔ ¦	⇔ 1	.	↔ ¦	У	↔ ¦	⇔ ¦ 	<i>⇔</i>	.	↔ !	⇔ ¦	<i>в</i>	9
Fos						 								! !
(-)Cost Basis	6,666 43	6,347 14	4,256 55	17,270.12	66,787 77	66,787.77	1,907 11	6,729 97	4,591 27	13,228.35	2,114.42	6,444 49	6,089 43	14,648.34
Total Proceeds	18,982 76\$	25,106 23 \$	17,145 72 \$	61,234.71 \$	207,266 25 \$	207,266.25\$	4,168 96\$	16,675 84 \$	11,117 22 \$	31,962.02 \$	4,619 74 \$	15,839 11 \$	15,839 11 \$	36,297.96\$
Date Date Acquired Sold	04/08/08 02/22/16 \$	12/01/08 02/22/16 \$	12/18/08 02/22/16 \$	₩	01/15/09 09/26/16 \$	சு	12/17/04 02/22/16 \$	12/01/08 02/22/16 \$	12/18/08 02/22/16 \$	€ 7	00 10/07/08 02/22/16 \$	12/01/08 02/22/16 \$	12/18/08 02/22/16 \$	₩.
Quantity/Par /	310 00	410 00	280 00		5,565 00		45 00	180 00	120 00		35 00	120 00	120 00	
CUSIP Number	02209S103	02209S103	02209S103		SECURITIES 233203835		372460105	372460105	372460105		494368103	494368103	494368103	
Description OR Option Symbol	ALTRIA GROUP INC	ALTRIA GROUP INC	ALTRIA GROUP INC	Security Subtotal	DFA REAL ESTATE SEC	Security Subtotal	GENUINE PARTS CO	GENUINE PARTS CO	GENUINE PARTS CO	Security Subtotal	KIMBERLY-CLARK CORP	KIMBERLY-CLARK CORP	KIMBERLY-CLARK CORP	Security Subtotal

R MARTINSEN & P MARTINSEN TTEE PATRICIA M AND ROBERT H MARTIN **FOUNDATION TR DTD 12/13/2010** Schwab One® Trust Account of

Account Number 7324-6901

TAX YEAR 2016 YEAR-END SUMMARY

Date Prepared: February 10, 2017

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Long-Term Realized Gain or (Loss) (continued)

This section is for noncovered securities and corresponds to transactions reported on your 1099B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part II, with Box E checked.

Description OR Option Symbol	CUSIP Number	Date Quantity/Par Acquired	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
TRAVELERS COMPANIES	89417E109	300.00	300.00 03/27/09 02/22/16\$	/22/16 \$	32,774.37 \$	12,001 87	€ -	20,772 50
Security Subtotal				\$	32,774.37 \$	12,001.87	<i>₽</i>	20,772.50
3M COMPANY	88579Y101	290 00	00 01/08/09 02/22/16 \$	/22/16 \$	45,821 65 \$	16,834 31	↔ ¦	28,987 34
Security Subtotal				₩.	45,821.65\$	16,834.31	· •	28,987.34
Total Long-Term (Cost basis is available but not reported to the	basis is available but not repor	rted to the IRS)		. ↔	415,356.96\$	140,770.76	; 1 ; -	274,586.20
Total Long-Term	;	-	•		415,356.96\$	140,770.76	ь	274,586.20