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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For	cale	endar year 2009, or tax	year beginning 01-	01-2009 , an	d end	ding 12-31-	-2009			
G	Che	eck all that apply Finite	_	eturn of a former publ		•	al return			
		Name of foundation	Tretain P Madress end	inge r italii	cilai		lentification numb	er		
Us	e the I label.		OUNDATION	26-3209131						
Ot	herwi	ise.			B Telephone number (see page 10 of the instructions)					
	print	8045 NW SKILLINGS DR	box number if mail is not deliver	red to street address) Room/ suite (541) 758-3312						
	or type e Spec									
Ins	tructio	ions. City or town, state, and ZIP CORVALLIS, OR 97330	code			· '	n application is pendin	· •		
		CONVILLIS, ON 97330				D 1. Foreign o	rganizations, check h	ere 🕨		
		type of organization			n n		organizations meeting re and attach comput			
		ket value of all assets at end		Cash Acc			undation status was			
of	year (from Part II, col. (c),	Other (specify)	_			on 507(b)(1)(A), chec			
_lın	e 16)	*\$ 314,955	(Part I, column (d) mus	t be on cash basıs.)			ation is in a 60-mont on 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue total of amounts in columns (b) necessarily equal the amounts in the instructions)	, (c), and (d) may not	(a) Revenue and expenses per books	(b) N	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , re	eceived (attach schedule)	363,500						
	2	Check F if the foundation is n	ot required to attach Sch B							
	3	Interest on savings and tem	porary cash investments							
	4	Dividends and interest from	securities							
	5a	Gross rents								
	ь	Net rental income or (loss)								
Φ.	6a	Net gain or (loss) from sale	of assets not on line 10	0						
Revenue	ь	Gross sales price for all assets on I	ine 6a							
ě	7	Capital gain net income (fro	m Part IV, line 2)							
~	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowa								
	Ь	Less Cost of goods sold .								
	C	Gross profit or (loss) (attack								
	11	Other income (attach sched	•	262 500						
	12	Total. Add lines 1 through 1		363,500		0				
	13	Compensation of officers, di								
φ	14	Other employee salaries and Pension plans, employee be								
S Like	15	Legal fees (attach schedule		96. 825				825		
Expenses	16a	Accounting fees (attach sch						450		
	b	Other professional fees (attach scr						150		
ij	17	Interest	•							
itra Stra	18	Taxes (attach schedule) (see page								
₫	19	Depreciation (attach schedu	•	45. 0						
튜	20	Occupancy								
4	21	Travel, conferences, and me								
and Administrative	22	Printing and publications .								
	23	Other expenses (attach sch						892		
Operating	24	Total operating and adminis		_						
Ž		Add lines 13 through 23 .	-	2,167		0		2,167		
0	25	Contributions, gifts, grants p		47,000				47,000		
	26	Total expenses and disbursem		49,167		0		49,167		
	27	Subtract line 26 from line 12	2							
	a	Excess of revenue over expe	enses and disbursements	314,333						
	ь	Net investment income (If n	egatıve, enter -0-)			0				
	С	Adjusted net income (If neg	atıve, enter - 0 -)							

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year				year				
			(a) Book Value 622	(b) Bool	k Value 314,9	_	(c) Fair Market Value 314,955				
	1	Cash—non-interest-bearing	622		314,5	733					
	2	Savings and temporary cash investments				\dashv					
	3	Accounts receivable									
	_		allowance for doubtful accounts -								
	4	Pledges receivable									
		Less allowance for doubtful accounts 🟲				\dashv					
	5	Grants receivable				\dashv					
	6	Receivables due from officers, directors, trustees, and other									
		disqualified persons (attach schedule) (see page 15 of the									
	_	instructions)				\dashv					
	7	Other notes and loans receivable (attach schedule)									
		Less allowance for doubtful accounts 🟲									
Assets	8	Inventories for sale or use									
АS	9	Prepaid expenses and deferred charges				П					
-	10a	Investments—U S and state government obligations (attach schedule)									
	ь	Investments—corporate stock (attach schedule)				П					
	С	Investments—corporate bonds (attach schedule)				T					
	11	Investments—land, buildings, and equipment basis 🕨				丁					
		Less accumulated depreciation (attach schedule) 🟲									
	12	Investments—mortgage loans				丁					
	13	Investments—other (attach schedule)				\Box					
	14	Land, buildings, and equipment basis 🟲				丁					
		Less accumulated depreciation (attach schedule) 🟲									
	15	Other assets (describe 🟲)				丁					
	16	Total assets (to be completed by all filers—see the									
		ınstructions Also, see page 1, item I)	622		314,9	955	314,955				
	17	Accounts payable and accrued expenses									
	18	Grants payable									
es	19	Deferred revenue									
	20	Loans from officers, directors, trustees, and other disqualified persons				П					
Liabiliti	21	Mortgages and other notes payable (attach schedule)									
_	22	Other liabilities (describe 🟲)									
	23	Total liabilities (add lines 17 through 22)				0					
		Foundations that follow SFAS 117, check here 🕨 🔽									
Ş		and complete lines 24 through 26 and lines 30 and 31.									
Fund Balance	24	Unrestricted	622		314,9) 55					
ılar	25	Temporarily restricted				_					
B	26	Permanently restricted				_					
ınd		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				_					
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				_					
15.5	29	Retained earnings, accumulated income, endowment, or other funds				4					
	30	Total net assets or fund balances (see page 17 of the									
Net		instructions)	622		314,9	} 55					
	31	Total liabilities and net assets/fund balances (see page 17 of									
		the instructions)	622		314,9) 55					
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances									
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ag	ree							
		with end-of-year figure reported on prior year's return)			. 1	<u></u>	622				
2		Enter amount from Part I, line 27a			2		314,333				
3		Other increases not included in line 2 (itemize)			3						
4		Add lines 1, 2, and 3			4		314,955				
5		Decreases not included in line 2 (itemize) 🟲			5						
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II. column (b). lu	ne 30 . .	6		314,955				

	(a) List and describe	the kınd(s) of property sold (e g , rea ouse, or common stock, 200 shs M	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a									
(е) Gross sales price	(f) Depreciation allowed	107	t or other basis		or (loss)			
	•	(or allowable)	pius ex	pense of sale	(e) plus (f) mınus (g)			
a 									
b									
с									
d									
e									
Co	mplete only for assets s	showing gain in column (h) and owned				(h) gain minus			
(i)	FM V as of 12/31/69	(j) A djusted basis as of 12/31/69		cess of col (1) col (j), ıf any		less than -0-) or om col (h))			
a									
b									
с									
d									
e									
2	Capital gain net incor		If gaın, also enter If (loss), enter - 0-		2				
3	Net short-term canita	نه al gain or (loss) as defined in section	us 1222(5) and (6	,	2				
3	·		. ,						
	If gain, also enter in F If (loss), enter -0- in	Part I, line 8, column (c) (see pages Part I, line 8		nstructions)	}				
				· · · · ·	J 3				
Part	Qualification (Jnder Section 4940(e) for Re	educed lax on	Net Investme	nt Income				
(For opt	ional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax	on net investment	ıncome)				
Ifsectio	on 4940(d)(2) applies, l	eave this part blank							
		•				- · · - ·			
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do			riod?	┌ Yes ┌ No			
		unt in each column for each year, se			making any entries				
	(a)	(b)	(c)	(c) (d)					
Base vear (c	period years Calendar or tax year beginning in)	Adjusted qualifying distributions	Net value of noncha		Distributior (col (b) divided				
7 (-	2008				((-)	- / (-//			
	2007								
	2006								
	2005								
	2004								
2	Total of line 1 colum	n (d)			2				
3		ratio for the 5-year base period—div			_				
		the foundation has been in existence			3				
4	Enter the net value o	f noncharitable-use assets for 2009	from Part X, line 5	5	4				
5	Multiply line 4 by line	. 3			5				
					_				
6	Enter 1% of net inves	stment income (1% of Part I, line 27	'b)		6				
7	Add lines E and 6				7				
7	Add lines 5 and 6			-	<u>'</u>				
8		ibutions from Part XII, line 4		<u> </u>	8				
	If line 8 is equal to or the Part VI instruction	greater than line 7, check the box iins on page 18	n Part VI, line 1b,	and complete that	part using a 1% tax	rate See			

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Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	t ruct ic	ns)				
1 a	Exempt operating foundations described in section 4940(d)(2), check here T 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			0			
	here Fand enter 1% of Part I, line 27b						
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0						
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
ь	Exempt foreign organizations—tax withheld at source 6b						
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						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid b						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax • 0 Refunded • 11						
Par	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No			
	ıt participate or intervene in any political campaign?	. 1a		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of						
	the instructions for definition)?	. 1b		No			
	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?						
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 \$						
e	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		No			
	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			l			
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No			
ь -	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		No			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5	-	No			
_	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		No			
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	Yes	110			
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	-	162	<u> </u>			
Ja	instructions) POR						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8ь	Yes				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3)						
-	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on						
	page 27)? If "Yes," complete Part XIV	. 9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	Yes				

Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address 🕨 simpleactions family foundation org			
14	The books are in care of ►BONNIE HELPENSTELL Telephone no ►(541	758-	3312	
	Located at ▶8045 NW SKILLINGS DR CORVALLIS OR ZIP+4 ▶97330	,		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year	• •		- ,
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes ✓ 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? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree 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)			
Ь	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 page 20 of the instructions)?	1b		No
	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 2009?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years 🕨 20, 20, 20			
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 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			
	ıf the foundation had excess business holdings in 2009.)	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		No

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Pai	rt VIII-B Statements Rega	rdir	ng Activities for	· Wh	ich Form 4720	May	y Be Required (conti	nued)			
5a	During the year did the foundation	п рау	or incur any amoun	t to							
	(1) Carry on propaganda, or other	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	e)) [?]	No			
	(2) Influence the outcome of any										
	on, directly or indirectly, any	votei	registration drive?			•					
	(3) Provide a grant to an individu	al for	travel, study, or otl	ners	ımılar purposes?		☐ Yes ☑	No			
	(4) Provide a grant to an organiza			-	· -						
			or section 4940(d)(2)? (see page 22 of the instructions) Yes 🔽 No								
			han religious, charitable, scientific, literary, or								
educational purposes, or for the											
b If any answer is "Yes" to 5a(1)-(5),											
	Regulations section 53 4945 or i						<u> </u>	_	5b		No
	Organizations relying on a curren										
С	If the answer is "Yes" to question		* *		•			_			
	tax because it maintained expend					•	Yes	' No			
	If "Yes," attach the statement requ										
6a	Did the foundation, during the year	-	·	-				_			
	premiums on a personal benefit c										
Ь	Did the foundation, during the yea	ar, pa	y premiums, directl	yorı	ndirectly, on a perso	onal	benefit contract?	•	6b		No
	If "Yes" to 6b, file Form 8870.							_			
7a	At any time during the tax year, w		•	-	·						
ь	If yes, did the foundation receive								7b		No
Pai	and Contractors	t Off	ncers, Directors	5, 11	rustees, Founda	τιο	n Managers, Highly	Paid	Emp	ioye	es,
1	List all officers, directors, trustees	s, fou	ındat ion managers a	and t	heir compensation (see	page 22 of the instruction	ns).			
		(b)	Title, and average		c) Compensation		(d) Contributions to	(e) E	xpens	e acco	ount.
	(a) Name and address		hours per week evoted to position	C	If not paid, enter -0-)	1	employee benefit plans d deferred compensation			owanc	
EMILY	' HELPENSTELL	1	Secretary		0	_	a acterred compensation				
804	5 NW SKILLINGS DRIVE	0 00			·						
COR	VALLIS,OR 97330										
LILY F	HELPENSTELL	Vice President 0 00		0							
	5 NW SKILLINGS DRIVE										
	VALLIS,OR 97330	<u> </u>									
	HELPENSTELL F. NIW CKILL IN CC. D.R.I.V.E.	Treasurer 0 00		0							
	5 NW SKILLINGS DRIVE VALLIS,OR 97330										
	IE HELPENSTELL	Pres	sident	0							
804	5 NW SKILLINGS DRIVE	0 00)								
COR	VALLIS,OR 97330										
2	Compensation of five highest-paid If none, enter "NONE."	l emp	oloyees (ot her t han	t hos	e included on line 1–	-see	page 23 of the instructio	ns).			
	I hone, enter hone.		(Is) Table and succession				(d) Contributions to				
(a)	Name and address of each employ	/ee	(b) Title, and aver		(c) Compensation	n	employee benefit			e acc	
	paid more than \$50,000		devoted to positi				plans and deferred compensation	oti	her all	owanc	es
NON	 IE						Compensation				
	· -		1								
			1								
			1								
			1								
			1								
	I muumban a6 akkan amalawa		t		I		l b.				

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Hi	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see page 23 of the instructions). If no	one, enter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro-		r of Expenses
1SUPPORT THE VISIONS AND ACTIONS OF THOSE WHO IMPROV	49,167	
WORLDWIDE		,
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during	· · ·	A mount
1		
2		
All other program-related investments See page 24 of the instruction	S	
3		

orm 990-PF (2009)							
Part	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,						
	see page 24 of the instructions.)						
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,						

	see page 24 of the instructions.)		1
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
ь	A verage of monthly cash balances	1b	16,519
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	16,519
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	16,519
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	248
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	16,271
6	Minimum investment return. Enter 5% of line 5	6	814
Pai	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(
	foundations and certain foreign organizations check here 🕨 📗 and do not complete t	his pa	
1	Minimum investment return from Part X, line 6	1	814
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	814
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	814
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	814
Par	Qualifying Distributions (see page 25 of the instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	49,167
ь	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
ь	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	49,167
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,167
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the section 4940(e) reduction of tax in those years	ner the	

Li	ondistributed income (see page	26 of the mstruct	ions)		
		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7	·	·		814
	Undistributed income, if any, as of the end of 2008				
	Enter amount for 2008 only				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	From 2008 19,478				
	Total of lines 3a through e	19,478			
	Qualifying distributions for 2009 from Part				
	XII, line 4 🕨 \$ 49,167				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)	0			
d	Applied to 2009 distributable amount				814
е	Remaining amount distributed out of corpus	48,353			
5	Excess distributions carryover applied to 2009				
	(If an amount appears ın column (d), the same amount must be shown ın column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	67,831			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27				
f	of the instructions				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27				
_	of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	67,831			
10	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007				
d	Excess from 2008				
е	Excess from 2009 48,353				

b The form in which applications should be submitted and information and materials they should include

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year See Additional Data Table 47,000 **b** Approved for future payment

Form 990-F	PF (2009) -A Analysis of Income-Produc	ina Activitie	<u> </u>			Page 1 2
	s amounts unless otherwise indicated		usiness income	Excluded by section	າ 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exemptions (See page 28 of
a	and contracts from government agencies rship dues and assessments on savings and temporary cash investments ads and interest from securities tal income or (loss) from real estate financed property ebt-financed property		A mount	Exclusion code	Amount	the instructions)
13 Total. A	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) orksheet in line 13 instructions on page 2 B Relationship of Activities to Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions)	28 to verify calc the Accom	ulations) plishment of E ported in column(Exempt Purpos (e) of Part XVI-A c	es ontributed import	

Form 99	0-PF (2	.009)									Pa	ge 1 3
Part	XVII	Information Re Noncharitable			nsfers To and Tran	sac	tions ar	nd Relat	ionships With			
1 Did t	he organiz				he following with any other org	janiza	ation describ	ed in section			Yes	No
501(c) of the (Code (other than section !	501(c)(3) org	ganızat	ions) or in section 527, relating	to p	olitical organ	nizations?				
a Tran	nsfers fro	om the reporting foun	ndation to a	nonc	harıtable exempt organız	atio	n of					
(1)	Cash.									1a(1)		No
(2)	Othera	ssets								1a(2)		No
b Oth	er trans	actions										
(1)	Sales o	fassets to a nonchar	rıtable exe	mpt o	rganızatıon	•				. 1b(1)		No
(2)	Purchas	ses of assets from a	noncharita	ble ex	cempt organization					. 1b(2)		No
(3)	Rental	of facilities, equipme	nt, or other	rasse	ts	•				. 1b(3)		No
(4)	Reımbu	rsement arrangemen	ts							. 1b(4)		No
		_								<u> </u>		No
					ndraising solicitations.							No
	_		_	•	er assets, or paid employ							No
of th	ne goods	, other assets, or ser	rvices give	n by t	ete the following schedule the reporting foundation in column (d) the value c	Ifth	e foundati	on receive	d less than fair ma	rket value		
(a) Line	No ((b) Amount involved	(c) Name o	of nonc	harıtable exempt organization	_	(d) Descrip	otion of trans	fers, transactions, and	sharing arra	ingemer	nts
						_						
						+						
-						\vdash						
												,
						₩						
						+-						
						+						
						<u> </u>						
						-						
	_					\vdash						
des	cribed in 'es," cor	·	ne Code (ot chedule		with, or related to, one or nan section 501(c)(3)) or (b) Type of organiza	'ın s					es F	, _{No}
	the be		nd belief, i	t is tr	have examined this retur ue, correct, and complete las any knowledge		claration		=			
	Sig	nature of officer or tr	rustee				Date		Title			
Sign Here	il er's nly	Preparer's Kathy Signature	y L Hysell				Date		Check if self- employed ▶▼	Preparer' Identifyin number (s Signature 30 of the i	g see on pa	-
	Paid Preparer's Use Only	Firm's name (or you if self-employed),										
	_	address, and ZIP co	ode g	70 E	Main St Suite 100				Phone no. (530)	777 777	0	
			C	Grass	Valley, CA 95945				Phone no (530) 272-7339			
ı	Grass Valley, CA 95945											

Schedule B Schedule of Contributors		OMB No 1545-004/				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	90-PF) ► Attach to Form 990, 990-EZ, or 990-PF.					
Name of organization SIMPLE ACTIONS FAMILY FOL	NDATION	Employer	identification number			
Organization type (che	ck one)	26-3209	.31			
Organization type (one	ck one)					
Filers of: Section:						
Form 990 or 990-EZ	「 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated	d as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
property) from a Special Rules	ny one contributor Complete Parts I and II					
under sections 5	(c)(3) organization filing Form 990 or 990-EZ, that met the 3309(a)(1) and 170(b)(1)(A)(vi), and received from any one condition or (2) 2% of the amount on (i) Form 990, Part VIII, line 11	ontributor, during the year, a contrib	ution of the			
during the year,	(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that aggregate contributions of more than \$1,000 for use exclusing, or educational purposes, or the prevention of cruelty to chi	<i>rvely</i> for religious, charitable,				
during the year, not aggregate to the year for an e applies to this or	(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, the contributions for use exclusively for religious, charitable, etc more than \$1,000 if this box is checked, enter here the total exclusively religious, charitable, etc., purpose Do not completing panization because it received nonexclusively religious, charitable.	c, purposes, but these contributions al contributions that were received d ete any of the parts unless the Gene iritable, etc, contributions of \$5,000	did uring eral Rule			
990-EZ, or 990-PF), but	n that is not covered by the General Rule and/or the Special must answer "No" on Part IV, line 2 of its Form 990, or che of its Form 990-PF, to certify that it does not meet the filing i	eck the box in the heading of its				

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As Filed Data -

DLN: 93491133008140

Name of organization SIMPLE ACTIONS FAMILY FOUNDATION Employer identification number

26-3209131

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HELPENSTELL FAMILY 8045 NW SKILLINGS DR CORVALLIS, OR 97330	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		 \$	Person

Name of organization
SIMPLE ACTIONS FAMILY FOUNDATION

Employer identification number

26-3209131

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of organization

SIMPLE ACTIONS FAMILY FOUNDATION

Employer identification number

26-3209131

Part III	Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the year organizations completing Part III, enter the contributions of \$1,000 or less for the year	ear. (Complete e total of <i>exclu</i>	columns (a) through (e sively religious, charital) and the following line entry) ble, etc.,
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
•		7	(e) Transfer of gift	
_	Transferee's name, address, and		_	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		(e) Transfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		(e) ransfer of gift Relatio	enship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		(e) Transfer of gift Relatio □	nship of transferor to transferee

Additional Data

Software ID: 09000047

Software Version:

EIN: 26-3209131

Name: SIMPLE ACTIONS FAMILY FOUNDATION

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

EMILY HELPENSTELL
LILY HELPENSTELL
ERIC HELPENSTELL
BONNIE HELPENSTELL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
,	or substantial contributor			
a Paid during the year				
VALLEY AIDS INFORMATION NETWORKPO BOX 971 CORVALLIS,OR 97339	THIRD PARTY		Helps newly diagnosed people learn about HIV and AIDS, connects them with case managers, and helps solve medical, social, practical and financial problems	500
UNICEF3 UNITED NATIONS PLAZA NEW YORK, NY 10017	THIRD PARTY		A dvocate for the protection of children rights, to help meet their basic needs and to expand their opportunities to reach their full potential	1,000
MEALS ON WHEELS1400 QUEEN AVE SE SUITE 206 ALBANY,OR 97322	THIRD PARTY		Provides hot noon time meals for homebound seniors	500
PARENT ENHANCEMENT PROGRAM 421 NW 4TH STREET SUITE A CORVALLIS, OR 97330	THIRD PARTY		Staff and volunteers nurture,inspire, empower and educate teenage and young parents with value and respect based services	1,500
OREGON FOUNDATION FOR REPRODUCTIVE HTHPO BOX 40472 PORTLAND, OR 97240	THIRD PARTY		Works to provide seamless access to contraceptive services and supplies to women all across O regon	1,000
MID VALLEY WOMENS CRISIS CENTER795 WINTER STREET NE SALEM,OR 97308	THIRD PARTY		Offers a safe refuge and support to women and children who survive domestic and sexual violence	1,500
GREENBELT LAND TRUSTPO BOX 1721 CORVALLIS,OR 97339	THIRD PARTY		Conserves and protects native habitats, working lands and lands of natural beauty	500
FRIENDS OF WITHAM OAKS3800 NW HARRISON BLVD CORVALLIS, OR 97330	THIRD PARTY		Raises money for the purpose to purchase the Witham Oaks property for donation to the City of Corvallis for preservation as open space	11,000
BENTON COUNTY DRUG TREATMENT COURT2775 NW GARRYANNNA CORVALLIS,OR 97330	THIRD PARTY		Offers opportunities for comprehensive, strength-based treatment services for substance abusing, non-violent offenders and their families	1,500
FINCA INTERNATIONAL1101 14TH STREET NW WASHINGTON,DC 20005	THIRD PARTY		Provides financial services to the world's lowest-income entrepreneurs	1,500
DOCTORS WITHOUT BORDERSMSF PO BOX 5030 HAGESTOWN,MD 21741	THIRD PARTY		Provides aid in nearly 60 countries to people whose survival is threatened by violence, neglect or catastrophe	1,500
CORVALLIS PUBLIC SCHOOLS FOUNDATION1555 SW 35TH STREET CORVALLIS,OR 97333	THIRD PARTY		Supports the students and teachers of our school district by matching educational needs with the resources of dedicated students	1,500
CENTRAL ASIA INSTITUTEPO BOX 7209 BOZMAN,MT 59771	THIRD PARTY		Promotes and supports community-based education, especially for girls in Pakistan and Afghanistan	1,500
BOYS AND GIRLS CLUB OF CORVALLIS1112 NW CIRCLE BLVD CORVALLIS, OR 97330	THIRD PARTY		Helps young people, especially those in need, reach their full potential as productive, responsible, caring citizens	7,000
HABITAT FOR HUMANITY- BENTON COUNTY1347 NW 9TH STREET CORVALLIS,OR 97330	THIRD PARTY		An ecumenical ministry that seeks to eliminate substandard housing and to make decent shelter a matter of action and conscience	1,000
Total				47,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
ASSISTANCE LEAGUE OF CORVALLIS547 NORTHWEST 9TH STREET CORVALLIS, OR 97330	THIRD PARTY		Provides new clothing for eligible Benton County K-12 children	1,500
AMERICAN RED CROSS NATIONAL HEADQUARTERSPO BOX 4002018 DES MOINES,IA 50340	THIRD PARTY		Emergency response organization that offers neutral humanitarian care to victims of war and natural disasters	500
4-H LEADER ASSOCIATION1849 NW 9TH STREET CORVALLIS,OR 97330	THIRD PARTY		Helps young people learn and grow through an intentional process that builds competence, confidence and character	5,000
COMMUNITY OUTREACH865 NW REIMAN AVENUE CORVALLIS,OR 97330	THIRD PARTY		Provides client-centered services for at-risk, low and very low income people	1,500
COMMUNITY SERVICES CONSORTIUM545 SW 2ND STREET CORVALLIS,OR 97333	THIRD PARTY		Provides to the low income energy assistance program and the regional food bank for Linn and Benton Counties	5,000
LINN BENTON FOOD SHARE545 SW 2ND STREET CORVALLIS,OR 97333	THIRD PARTY		Regional food bank for Linn and Benton Counties	500
Total				47,000

TY 2009 Accounting Fees Schedule

Name: SIMPLE ACTIONS FAMILY FOUNDATION

EIN: 26-3209131

Software ID: 09000047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	450	0	0	450

TY 2009 Legal Fees Schedule

Name: SIMPLE ACTIONS FAMILY FOUNDATION

EIN: 26-3209131

Software ID: 09000047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	825	0	0	825

TY 2009 Other Expenses Schedule

Name: SIMPLE ACTIONS FAMILY FOUNDATION

EIN: 26-3209131

Software ID: 09000047

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	72			72
FILING FEES	810			810
BANK FEES	10			10

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TY 2009 Substantial Contributors Schedule

Name: SIMPLE ACTIONS FAMILY FOUNDATION

EIN: 26-3209131

Software ID: 09000047

Name	Address
	8045 NW SKILLINGS DRIVE CORVALLIS,OR 97330