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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department oa the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A	For the	2012 calendar year, or tax year beginning	and e	ending		
	Check if	C Name of organization			D Employer identifi	cation number
1	applicable	LARRY AND JEANETTE EPPING	FAMILY			
Г	Addres		UST BANK		1	
Ē	Name change	Doing Business As			93-1	229227
┢	Initial	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephone numbe	
	return Termin- ated	· ·	to succe addicas;	THOUTH SUITE	1)363-3136
Г	Amend				G Gross receipts \$	2,460,136.
F	Applica				H(a) is this a group r	
	pendin		EPPING		for affiliates?	Yes X No
			7308		H(b) Are all affiliates in	
_	Tayaya		nsert no.) 4947(a)(1) o	or 527	1 ' '	list. (see instructions)
		e: NA	11307(110.)	01 021	H(c) Group exemption	•
<u>J</u>	Vepsit	organization: X Corporation Trust Associate	tion Other	I Vons		M State of legal domicile: OR
	art I	Summary	ion Caler	IL Teal	Oriorination, 1997	VI State of legal dominione. OIL
			C DT CM1	DIDIME	MONTEY AND	DD VDGGGGGG
9	1 1	Briefly describe the organization's mission or most signi	ticant activities: DISTI	KIBUTE	MONEI AND	PROPERTY TO
ă	ļ <u>i</u>	SUPPORTED CHARITIES.				
Activities & Governance	2 (Check this box if the organization discontinue		sed of more	i i	ssets.
õ	3 1	Number of voting members of the governing body (Part			3	5
<u>م</u>	4 1	Number of independent voting members of the governing	ng body (Part VI, line 1b)		4	5
es	5	Fotal number of individuals employed in calendar year 2	2012 (Part V, line 2a)		<u>5</u>	0
Ž	6	Fotal number of volunteers (estimate if necessary)			6	0
Ę	7 a	Fotal unrelated business revenue from Part VIII, column	(C), line 12		<u>7a</u>	0.
_	ь	Net unrelated business taxable income from Form 990-	Γ, line 34		7b	0.
					Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		7) L	0.	0.
Š	9 1	Program service revenue (Part VIII, line 2g)	EUCIVED,		. 0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3 and	7d) (2)		1,580,191.	2,457,136.
Œ	111	Other revenue (Part VIII, column (A), lines 5, 6d	7d) 168aa 518013 Q		12,000.	3,000.
		Total revenue - add lines 8 through 11 (must equal Part			1,592,191.	2,460,136.
	13	Grants and similar amounts paid (Part IX, column (A), (in	ASIBEN IT		1,085,692.	1
		Benefits paid to or for members (Part IX, column (A), line			0.	
ι λ	١	Salaries, other compensation, employee benefits (Part I		-	0.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 1			0.	
per	, loa	Total fundraising expenses (Part IX, column (D), line 25)	_	0.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			137,150.	171,721.
'M	1	Total expenses. Add lines 13-17 (must equal Part IX, co		· -	1,222,842	
		• • •	iumii (A), iiile 25)	-	369,349	Ψ
٠,	19	Revenue less expenses. Subtract line 18 from line 12	 -			
Wet-Assets or	2 00	Tabel access (Dark V. Iran 40)		86	eginning of Current Year	End of Year
1886 1886	20	Total assets (Part X, line 16)		-	55,153,139.	
<u></u>	21	Total liabilities (Part X, line 26)	••		<u>0.</u>	
		Net assets or fund balances Subtract line 27 from line	20		55,153,139.	56,742,897.
	art II	Signature Block)			
		ities of perju(y,)declare that I have examined this return, inclu				ny knowledge and belief, it is
Gru	e, correc	t, and complete: Declaration of prepared (other man officer) is I	based on all information of w	hich prepare	101	1
<u>~</u>					12/16	/2013
2003 He	gn	Signature ovofficer			Date '	
Ĥe	re	GARY J EPPING, PRESIDENT.			 	
_		Type or print name and title	<u> </u>			
		Print/Type preparer's name Prep	arer's signature		Date Check	PTIN PTIN
Pa	id				self-empte	oyed
Pre	eparer	Firm's name			Firm's EIN	
Us	e Only	Firm's address				
	=				Phone no.	
Ma	v the If	RS discuss this return with the preparer shown above?	(see instructions)			X Yes No

Part III Statement of	FOUNDA Program S	TION Service	Accon	PION	<u>VEER</u> ments	TRUST	BANK
	LARRY					-	

<u>+c</u>	Form 990 (2012)
4e	Total program service expenses ► 698,657.
4d	Other program services (Describe in Schedule O) (Expenses \$ 225,000. including grants of \$ 225,000.) (Revenue \$)
4c	(Code) (Expenses \$ 112,107. Including grants of \$12,107.) (Revenue \$) OREGON COMMUNITY FOUNDATION
40	(Code) (Expenses \$
4b	(Code) (Expenses \$ 121,550 . including grants of \$ 121,550 .) (Revenue \$)
	INE BOIS & GIRLS COOR OF BALLEN, PLAKTON AND FOUR COUNTIES, INC.
4a	(Code) (Expenses \$ 240,000. including grants of \$ 240,000.) (Revenue \$) THE BOYS & GIRLS CLUB OF SALEM, MARION AND POLK COUNTIES, INC.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Laives Laives la No lif "Yes," describe these changes on Schedule O
	f "Yes," describe these new services on Schedule O.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	NON-PROFIT ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE
	CARRY OUT THE PURPOSES OF OUR SUPPORTED CHARITIES WHICH ARE ALL
	THE CORPORATION IS ORGANIZED AND AT ALL TIMES SHALL OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO
	Briefly describe the organization's mission:
	Check if Schedule O contains a response to any question in this Part III

	·		Yes	No
•	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			Ì
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	110	X	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Α.	\vdash
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		\vdash
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			T
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	1	X_
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	4	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	

93-1229227 FOUNDATION, C/O PIONEER TRUST BANK Form 990 (2012) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X

> 35a 35b

> > 36

37

X

X

X

32

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R. Part V. line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Part V. line 1

Par	Check if Schedule O contains a response to any question in this Part V					
	Onder a contract of contains a respense to any queeness where a contains a respense to any queeness where a contains a respense to any queeness where the contains a contains a respense to any queeness where the contains a respense to a contains a respective to a contains a respec			i –	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	ol		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b	Ö			
	Did the organization comply with backup withholding rules for reportable payments to vendors and					
٠	(gambling) winnings to prize winners?	.,	gg	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		• •			
Lu	filed for the calendar year ending with or within the year covered by this return	2a	o	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms?		2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		••			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		•	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	·	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	anization solicit			
	any contributions that were not tax deductible as chantable contributions?		•	ва		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions o	or gifts			
	were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C		was rec	luired			v
	to file Form 8282?	ا ـــ	i	7c		X
_	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0+2	7e		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		CLI	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con If the organization received a contribution of qualified intellectual property, did the organization file l		899 as required?	7g	ļ	
g h	and the second s			7h		†
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		1
9	Sponsoring organizations maintaining donor advised funds.	•				
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter		Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		1
11	Section 501(c)(12) organizations. Enter		1		}	
а	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1	
	amounts due or received from them)	11b		4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ	- -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-	ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				 	+-
а				13a	 	+-
	Note. See the instructions for additional information the organization must report on Schedule O					
b	- · · · · · · · · · · · · · · · · · · ·	ء۔ ا	1			
	organization is licensed to issue qualified health plans	13b		1		
2.2	·	_13c	1	140	+	X
14a	• • • • • • • • • • • • • • • • • • • •	ula O		14a 14b	+	+^
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	<u> </u>		1 140	ــــــــــــــــــــــــــــــــــــــ	

Form 990 (2012)

LARRY AND JEANETTE EPPING FAMILY FOUNDATION, C/O PIONEER TRUST BANK

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			<u> X I</u>
Sect	tion A. Governing Body and Management	· · ·		
			Yes	No
1a	, , , ,	[[]		
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1	İ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
b		5	ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	1 1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		- 1	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ļ		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	ļ	X
14	Did the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ		
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- !		
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l		
	exempt status with respect to such arrangements?	. 16b	<u> </u>	<u> </u>
Sec	ction C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	ly) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	and fina	incial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization:	-	
	MICHAEL S COMPTON, PIONEER TRUST BANK - 503-363-3136			
	P.O.BOX 2305, SALEM, OR 97308			

LARRY AND JEANETTE EPPING FAMILY

FOUNDATION.C/O PIONEER TRUST BANK

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Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII	
<u> </u>	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter · O· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

X Check this box if neither the organization n	organization compensate						ed any current officer, d	lirector, or trustee.				
(A)	(B)	(C) Position				1		(D)	(E)	(F)		
Name and Title	Average	(do not check more than one			than o		Reportable	Reportable	Estimated			
	hours per week	officer and a director/trustee)		officer and a director/trustee)				box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other
	(list any hours for related	stee stee nsaled		in the state of th		stee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization		
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations		
(1) GARY J EPPING	0.00									_		
PRESIDENT		X	_	X	_	-	_	0.	0.	0.		
(2) VERN L CAMERON	0.00									_		
VICE PRESIDENT	 	X	ļ	X		↓_	_	0.	0.	0.		
(3) GEORGE J MCVEY	0.00							_	_			
SECRETARY TREASURER		X	<u> </u>	X	_	_	<u> </u>	0.	0.	0.		
(4) LAWRENCE T EPPING	0.00								_			
DIRECTOR		X	┡	_	↓_		<u> </u>	0.	0.	0.		
(5) MICHAEL COMPTON	0.00	l										
DIRECTOR		X	-	_	╀	┼	\vdash	0.	0.	0.		
					1		1					
		<u> </u>	╁	<u> </u>	↓_	 	 -					
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		1										
		-										
		+	+	+	+	\dagger	+					
	1	-			1				1			

FOUNDATION, C/O PIONEER TRUST BANK Form 990 (2012) FOUNDATION, C/O PIONEER TRUST BANK 93 – Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	DOX,	not d	ss pe	nore	than o	n an i	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount of other	
	(list any hours for related organizations below line)	Individual bustee or director	institutional trustee	Officer	Key employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	mpensati from the rganizati ind relate ganizatio	on ed
					<u>. </u>							
												<u>. </u>
1b Sub-total c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A					> > >		0	. 0			0. 0.
Total number of individuals (including but compensation from the organization	not limited to t	hose	e list	ed a	bov	/ 0) w	ho r	·		-,		0
3 Did the organization list any former office	r, director, or tr	uste	e, k	ey e	mpi	oyee	e, or	highest compensated	employee on		Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	such individua	1		-						-	3	X
and related organizations greater than \$1	50,000? If "Yes	, • c	omp	lete	Sch	nedu	le J	for such individual		-	•	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. Section B. Independent Contractors						-					5	х
Complete this table for your five highest of										nsatio	on from	
the organization Report compensation for (A) Name and business			ION		WILI	101 \	WILLII	(B)		Con	(C)	on .
		IN	IOI	<u> </u>							<u> </u>	
												
2 Total number of independent contractors		not	limit	ed 1	to th	_	liste	ed above) who received	d more than			
\$100,000 of compensation from the orga	nization >					0				F	orm 99 0	(2012)

LARRY AND JEANETTE EPPING FAMILY

FOUNDATION, C/O PIONEER TRUST BANK

93-1229227 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (D) Revenue excluded Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above l 1f g Noncash contributions included in lines 1a-1fr \$__ Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 1,195,415 1,195,415, income from investment of tax-exempt bond proceeds 4 5 Rovalties (ii) Personal (i) Real 6 a Gross rents 3,000 b Less rental expenses 0 c Rental income or (loss) 3,000. d Net rental income or (loss) 3,000 3,000, (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 1,261,721 b Less: cost or other basis and sales expenses c Gain or (loss) 1 261 721 d Net gain or (loss) 1,261,721, 261,721 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

2,460,136

2 460 136.

Form **990** (2012)

Total. Add lines 11a-11d Total revenue. See instructions Part IX Statement of Functional Expenses

ectio	n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			nplete column (A).	
Do o	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	698,657.	698,657.		
2	Grants and other assistance to individuals in	İ			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
ь	Legal .				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	98,910.		98,910.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u>.</u> .
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	PROPERTY & FOREIGN TAXE	43,332.		43,332.	-
	MISCELLANEOUS ADMINISTR	27,439.		27,439.	
C	STATE FILING FEES	1,200.		1,200.	
d		840.		840.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	870,378.	698,657.	171,721.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined			1	<u> </u>
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		1		

Form 990 (2012)
Part X Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
-	1	Cash · non-interest-bearing		1	
İ	2	Savings and temporary cash investments	353,807.	2	587,568.
-	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	-		
- 1	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ı		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
3	7	Notes and loans receivable, net		7	·
	8	Inventories for sale or use		8	
١,	_	Prepaid expenses and deferred charges		9	
	9	Land, buildings, and equipment, cost or other		9	
-	iua				
1	4-	· · · · · · · · · · · · · · · · · · ·	4,993,200.	40-	4 993 900
		Less: accumulated depreciation 10b	4,993,200.		4,993,800
	11	Investments - publicly traded securities	40 006 133	11	E1 161 E20
	12	Investments other securities See Part IV, line 11	49,806,132.	12	51,161,529
ı	13	Investments · program-related. See Part IV, line 11		13	·
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	55 450 400	15	56 540 005
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,153,139.	16	56,742,897
	17	Accounts payable and accrued expenses		17	
Ì	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	- 	20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
-		Complete Part II of Schedule L		22	,
Į	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
3	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
5		and complete lines 30 through 34.			
इ	30	Capital stock or trust principal, or current funds	0.	30	0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	_	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	55,153,139.		56,742,897
ž	33	Total net assets or fund balances	55,153,139.		56,742,897
	34	Total liabilities and net assets/fund balances	55,153,139		56,742,897

LARRY AND JEANETTE EPPING FAMILY 93-1229227 FOUNDATION, C/O PIONEER TRUST BANK Form 990 (2012) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 2,460,136. Total revenue (must equal Part VIII, column (A), line 12) 870,378. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <u>589,758.</u> 3 Revenue less expenses. Subtract line 2 from line 1 3 55,153,139. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 56,742,897. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both-Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

LARRY AND JEANETTE EPPING FAMILY FOUNDATION, C/O PIONEER TRUST BANK

Employer identification number

93-1229227

Га	111	neason for Fubile Charity Status (All organizations must complete this part.) See instructions.							
The	organi	ization is not a private foundation because it is (For lines 1 through 11, check only one box)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	nospital's name,						
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in	n						
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	\sqsubseteq	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general pub	lic described in						
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8	\square	A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.)							
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and g	ross receipts from						
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from	n gross investment						
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after	r June 30, 1975						
	_	See section 509(a)(2). (Complete Part III.)							
10	\sqsubseteq	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
11	$\lfloor \mathbf{X} \rfloor$		•						
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check	the box that						
		describes the type of supporting organization and complete lines 11e through 11h							
		a Type I b Type II c Type III - Functionally integrated d X Type III - Non-fu							
e	X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified per							
		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sec	tion 509(a)(2).						
-1		If the organization received a written determination from the IRS that it is a Type II, Type III							
		supporting organization, check this box	اسسا						
ξ	j	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	Yes No						
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,							
		the governing body of the supported organization? (ii) A family member of a person described in (i) above?	11g(i) X 11g(ii) X						
		(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii) X						
		Provide the following information about the supported organization(s).	i iMfmili TT						
1	•	TOTICO TIO IONOTHING INTOTHISSION SOOK THE SUPPORTED ORGANISATION (S).							

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) lis	sted in your	(v) Did you notify the organization in col. (i) of your support?		ol. organization in col.		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
THE BOYS AND)	170(B)(1)(A)							
GIRLS CLUB	93-0581470	(VI)	X		X		X		240,000.
THE SALEM							Ì		
FOUNDATION	93-6018523	11B	X		X		X		121,550.
BENEDICTINE		170(B)(1)(A)							
SISTERS OF M	<u> 193-0387331</u>	(I)	X		X	<u> </u>	X		65,000.
BOY SCOUTS		170(B)(1)(A)	·[}
OF AMERICA,	22-1576300	(VI)	X	<u> </u>	Х		X	<u> </u>	35,000.
BLANCHET		170(B)(1)(A))[ŀ	
SCHOOL	93-1171184	(II)	X		X	_	X		70,000.
Total 9									698,657.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LARRY AND JEANETTE EPPING FAMILY 93-1229227 Page 4_ FOUNDATION, C/O PIONEER TRUST BANK Schedule A (Form 990 or 990-EZ) Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation) (vi) Is the (iii) Type of (iv) Is the organiza-(v) Did you notify the (vii) Amount of (ii) EIN (i) Name of supported organization tion in col. (i) listed organizátion in col. organization in col. support organization in your governing (i) organized in the (described on lines 1-9 (i) of your support? document? U.S.? above or IRC section (see instructions)) Yes Yes No Yes No OREGON Х 112,107. COMMUNITY FO23-731567311B X X SALEM 170(B)(1)(A) X X X 20,000. CATHOLIC SCH93-0727839(II) 170(B)(1)(A) MT.ANGEL 25,000. ABBEY 93-0386869(I) X X X 170(B)(1)(A) ROMAN 10,000. CATHOLIC ARC93-0114100(I) X X X

Schedule A (Form 990 or 990-EZ)

232401 05-01-12

Continuation Total

<u>167,107.</u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

LARRY AND JEANETTE EPPING FAMILY

Employer identification number 93-1229227

	FOUNDATION, C/O PIC			93-1229227
Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accou	nts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fund	ls and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	_		Yes No
	Did the organization inform all grantees, donors, and donor		used only	
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?	and the second s		Yes No
Par		rganization answered "Yes" to Form 990.	Part IV. line 7.	103
	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or		stoncally impo	stant land area
	Protection of natural habitat	Preservation of a cer	• •	
	Preservation of open space	1 16301 Valion 01 2 001	tilled materies	ardotaro
2	Complete lines 2a through 2d if the organization held a qual	Ified consequation contribution in the form	of a concens	ition assement on the last
2	•	miled conservation contribution in the form	o a conserva	ttion additiont on the last
	day of the tax year			Held at the End of the Tax Year
_	Total number of conservation easements	•	2a	THE LINE CHU OT LIC TAX TEAT
a	Total acreage restricted by conservation easements	•	2b	
b	,	trusture included in (e)	2c	
Ç	Number of conservation easements on a certified historic st	• •		
d	Number of conservation easements included in (c) acquired	alter 6/17/06, and not on a historic struc	1 1	
_	listed in the National Register	released extensionabled or terminated by th	_2d	dunas the tay
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by tr	10 Organization	during the tax
	year >	annument to located N		
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the policy regardi		1	Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		dunna the yea	—
6 ~	Amount of expenses incurred in monitoring, inspecting, and		_	
7		•	•	Ψ
8	Does each conservation easement reported on line 2(d) about contract 170/b/4//DV/92	Ove satisfy the requirements of section 17	0(1)(4)(6)(1)	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva-		no statement :	
9	include, if applicable, the text of the footnote to the organiz			
		zation s ilitariciai statements triat describe	is the organiza	tion's accounting to
Par	conservation easements t III Organizations Maintaining Collections	of Art Historical Treasures, or	Other Simil	ar Assets
, a	Complete if the organization answered "Yes" to Fori	· · · · · · · · · · · · · · · · · · ·	-	
	If the organization elected, as permitted under SFAS 116 (/	•	ement and hal	ance sheet works of art
та	historical treasures, or other similar assets held for public e			
	the text of the footnote to its financial statements that desc		rance or public	service, provide, in rait Am,
			nt and balanc	a shoot works of art historical
D	If the organization elected, as permitted under SFAS 116 (
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	DUDIIC SELVICE,	provide the following amounts
	relating to these items:		_	•
	(i) Revenues included in Form 990, Part VIII, line 1			Ф •
_	(ii) Assets included in Form 990, Part X		nul acia ===	Ψ
2	If the organization received or held works of art, historical t		ciai gain, provi	19
	the following amounts required to be reported under SFAS	5 116 (ASC 958) relating to these items.		œ
а	Revenues included in Form 990, Part VIII, line 1	•	•	5
L	Assets included in Form 990 Part X			35

	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	ls, check a	iny of the f	ollowing that are	a significa	int use of its c	ollection	ıtems	
	(chèck all that apply)									
а	Public exhibition	d			ange programs					
b	Scholarly research	е	· 🗀 🖰	her						
С	Preservation for future generations									
4	Provide a description of the organization's coll							XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hist	oncal treas	ures, or other s	ımılar asset	:s	1		
	to be sold to raise funds rather than to be mail							Yes		No
Par	t IV Escrow and Custodial Arrang	-	ete if the o	rganization	n answered "Ye	s" to Form	990, Part IV, lii	ne 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for co	ontributions	s or other asset	s not includ	iea	1 v		
	on Form 990, Part X?					•	<u> </u>	Yes	لسا	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	illowing tai	ble		_		A		
						-	.	Amount		
	Beginning balance		•			· · ⊢	ic_			
	Additions during the year						ld			
е	Distributions during the year	•			•		le			—
f	Ending balance					Ļ	1f] _V		1
	Did the organization include an amount on Fo					• VIII		Yes	=	No
	rt V Endowment Funds. Complete if									
Га	Elidowine it funds. Complete if		ĭ		· - · · · · ·		ree years back	(e) Four	VARE	hack
	<u></u>	(a) Current year	(6) 1911	or year	(C) I WO YEARS D	ack (a) II	iree years back	(e) roui	years	Dack
	Beginning of year balance		<u> </u>	<u></u>						
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities		j							
	and programs		 							
Ţ	Administrative expenses		 					<u> </u>		
g	End of year balance	ant upper and holon	oo (koo 1a	achuma (c	l hold on:			ł		
2	Provide the estimated percentage of the cum			, column (a	i)) neid as:					
a		%	%							
b	Permanent endowment	 -								
С	• •	%								
	The percentages in lines 2a, 2b, and 2c should be the second and the second sec		ration that	e are bold a	and administers	d for the or	annization			
За	Are there endowment funds not in the posses	ssion of the organi	Zalion mai	are rielu a	nia gammistere	U 101 111 0 01	gariization		Yes	No
	by.							3a(i)	163	140
	(i) unrelated organizations		• •	-		•		3a(ii)	 	
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	heted as required	on Sched	ule R?	•		•	3b		\vdash
_	Describe in Part XIII the intended uses of the	•			• •	•	•			
Pa	irt VI Land, Buildings, and Equipm									
- 4	Description of property	(a) Cost or			t or other	(c) Accur	nulated	(d) Boo	ok vali	18
	Description of property	basis (inves		• •	(other)	deprec	,	(4) 50	JN Vanc	
	Land	4,993			/			4,99	3 8	00.
1a		4,333	, , , , , ,					-,,,		<u> </u>
b	Buildings Leasehold improvements	 								
C	•							-		
_	Equipment				+					
_	Other al. Add lines 1a through 1e (Column (d) must e	gual Form 990 Pa	rt X colum	on (R) line	10(c))			4,99	3.5	300 -
i Ota	al, Agginies raintough le (Colottin (O) thust e	quai i Uilli 330, Pa	r n, coluit	اللا رون س	, 0,0//			310	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation. Cost or end-	of-year market value
Financial derivatives				
Closely held equity interests				
Other				
(A) VARIOUS	51,161,529.	COST		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
_()		···		
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	51,161,529.			
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				<u> </u>
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
(7)	· ·			
(8)				
(9)				
(10)	<u>-</u>			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		-	
Part X Other Liabilities. See Form 990, Part X.				
(a) Description of liability		(b) Book value		
(1) Federal income taxes]	
(2)			1	
(3)			1	
(4)			1	
(5)			1	
(6)		••	1	
(7)			-	
(8)			7	
(9)			†	
(10)			†	
(10)			1	
	i			
(11) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25)		-	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Iments, and individuals in the United States

2012

OMB No 1545-0047

<u>ء</u> []

X Yes

Employer identification number 93-1229227 Open to Public Inspection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. FOUNDATION, C/O PIONEER TRUST BANK LARRY AND JEANETTE EPPING FAMILY General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service Part I

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

cntena used to award the grants or assistance?

Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	pe				
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MT.ANGEL ABBEY								
ONE ABBEY DRIVE								
ST, BENEDICT, OR 97373	93-0386869	170(B)(1)(A)(I)	25,000.	0.			GENERAL SUPPORT	
ARCHBISHOP FRANCIS NORBERT		•						
BLANCHET SCHOOL - 4373 MARKET	~~~							
STREET NORTHEAST - SALEM, OR								
97301-2029	93-1171184	170(B)(1)(A)(II)	70,000,	0			CAPITAL IMPROVEMENTS	
BENEDICTINE SISTERS OF MT. ANGEL								
840 S MAIN STREET								
MT, ANGEL, OR 97362	93-0387331	170(B)(1)(A)(I)	65,000	0.			CAPITAL IMPROVEMENTS	
BOY SCOUTS OF AMERICA, CASCADE						_		
PACIFIC COUNCIL - 2145 S.W.NAITO			•					
PARKWAY - PORTLAND OR 97201	22-1576300	170(B)(1)(A)(VI)	35,000.	0			CAPITAL IMPROVEMENTS	
THE OREGON COMMUNITY FOUNDATION								
707 13TH ST., SE							CAPITAL IMPROVMENTS &	
SALEM OR 97301-2029	23-7315673	11B	112, 107.	0			GENERAL SUPPORT	İ
				-				
SALEM CATHOLIC SCHOOLS FOUNDATION								
643 UNION ST, NE	,							
SALEM, OR 97301-2029	93-0727839	170(B)(1)(A)(II)	20,000.	0			TUITION ASSISTANCE	1
2 Enter total number of section 501(c)(3) and government organizations	ind government or	ganizations listed in the	listed in the line 1 table			٠	•	د ر
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	i table					•	o

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

232101 12-18-12

Page 1

93-1229227

LARRY AND JEANETTE EPPING FAMILY

FOUNDATION, C/O PIONEER TRUST BANK

GENERAL SUPPORT & CAPITAL (h) Purpose of grant or assistance CAPITAL IMPROVEMENTS CAPITAL IMPROVEMENTS IMPROVEMENTS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, (e) Amount of non-cash assistance ö (d) Amount of cash grant 121,550, 240,000 10,000 170(B)(1)(A)(VI) 170(B)(1)(A)(I) (c) IRC section if applicable 93-0581470 93-0114100 93-6018523 (b) EIN - 1395 SUMMER ST,, NE - SALEM, OR SALEM, MARION & POLK COUNTIES, INC ROMAN CATHOLIC ARCHDIOCESE OF E. BURNSIDE ST. - PORTLAND, OR (a) Name and address of organization or government PORTLAND IN OREGON - 2838 THE BOYS & GIRLS CLUB OF SALEM, OR 97308-2305 THE SALEM FOUNDATION P.O.BOX 2305 97301-2029 97214-1895

Schedule ! (Form 990)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Open To Public

Name of the organization

LARRY AND JEANETTE EPPING FAMILY FOUNDATION, C/O PIONEER TRUST BANK

Employer identification number 93-122927

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose h) Approved (a) Name of (d) Loan to or (e) Onginal (i) Written (g) In (f) Balance due by board or from the agreement? interested person of loan principal amount default? organization organization? committee? Yes To From No Yes Yes No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose o assistance

\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Total

LARRY AND JEANETTE EPPING FAMILY

93-1229227 Page 2

Schedule L (Form 990 or 990-EZ) 2012 FOUNDATION, C/O PIONEER TRUST BANK Part IV Business Transactions Involving Interested Persons.

·(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
MICHAEL S COMPTON	DIRECTOR		SEE SCHEDU	<u> </u>	X
				<u> </u>	<u> </u>
		-		<u> </u>	
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				ļ	—
				ļ	↓
				<u> </u>	<u> </u>
Part V Supplemental Information Complete this part to provide addition	al information for responses to question	ns on Schedule L (see	instructions).		1
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:	<u> </u>	
(A) NAME OF PERSON: MICHA	EL S COMPTON				
(D) DESCRIPTION OF TRANSA	CTION: SEE SCHEDULE	O: MICHAEL	S COMPTON		
SERVES AS A DIRECTOR OF T	HE LARRY & JEANETTE	EPPING FAMI	LY FOUNDAT	ON A	7ND
AS AN OFFICER AND DIRECTO	R OF PIONEER TRUST E	SANK WHICH I	ROVIDES		
SAFEKEEPING AND ADMINISTR	ATIVE SERVICES FOR T	HE FOUNDAT	ON. AFTER		
COMPARING COSTS, THE BOAR	D OF THE FOUNDATION	SELECTED P	ONEER TRUS	r BAI	NK_
TO PROVIDE THESE SERVICES	AT A REASONABLE COS	T TOTALLING	\$ \$44,019.5	5 IN	
2012.				-	
. THE BOARD OF THE FOUND	ATION HAS DETERMINED	THAT THE	SERVICES PRO	OVID	ED
BY PIONEER TRUST BANK ARE	NECESSARY TO CARRY	ON ITS EXE	MPT PURPOSE	AND	
THE COMPENSATION IS NOT E	XCESSIVE.				
				<u>-</u>	
				<u></u>	
					
	·				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

LARRY AND JEANETTE EPPING FAMILY FOUNDATION, C/O PIONEER TRUST BANK

Employer identification number 93-1229227

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERNAL REVENUE CODE. THE SPECIFIC PURPOSES OF THE CORPORATION ARE TO
SOLICIT, RECEIVE AND MAINTAIN GIFTS OF MONEY AND PROPERTY AND TO
DISTRIBUTE MONEY AND PROPERTY ON BEHALF OF THE SUPPORTED CHARITIES AND
TO ENGAGE IN AND CONDUCT CHARITABLE, EDUCATIONAL AND SCIENTIFIC
ACTIVITIES RELATED THE SUPPORTED CHARITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MT.ANGEL ABBEY
EXPENSES \$ 25,000. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.
BOY SCOUTS OF AMERICA, CASCADE PACIFIC COUNCIL
EXPENSES \$ 35,000. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 0.
ARCHBISHOP FRANCIS NORBERT BLANCHET SCHOOL
EXPENSES \$ 70,000. INCLUDING GRANTS OF \$ 70,000. REVENUE \$ 0.
ROMAN CATHOLIC ARCHDIOCESE OF PORTLAND IN OREGON
EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.
SALEM CATHOLIC SCHOOLS FOUNDATION
EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.
BENEDICTINE SISTERS OF MT. ANGEL
EXPENSES \$ 65,000. INCLUDING GRANTS OF \$ 65,000. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization LARRY AND JEANETTE EPPING FAMILY	Employer identification number
FOUNDATION, C/O PIONEER TRUST BANK	93-1229227
FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIP) _
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS SUBMIT	TTED TO THE FULL
BOARD FOR REVIEW AND THEN TO LEGAL COUNSEL FOR FINAL REVI	IEW OR TO ADDRESS
ANY QUESTIONS THE BOARD MAY HAVE.	
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTERI	EST DISCLOSURE
QUESTIONNAIRES ARE REVIEWED ANNUALLY AND APPROPRIATE ACT:	ION TAKEN IF
NECESSARY.	
FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILA	ABLE TO THE PUBLIC
UPON REQUEST.	M. 53-793-
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	TS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
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