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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For the	e 2013 calendar year, or tax year beginning	and	a enaing					
В	Check if	C Name of organization			D Employer iden	tification number			
	applicabl	"   LARRY AND JEANETTE EI	PPING FAMILY		<u> </u>				
	Addre		ER TRUST BANK						
	Name	Doing Business As			93-	-1229227			
Ē	Initial	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	delivered to street address)	Room/sui	te E Telephone num	ber			
Ē	Termi					3)363-3136			
Ē	Amen	ded Called Called	nd ZIP or foreign postal code		G Gross receipts \$	2,573,180.			
F	lretum Applic		na zni or rororgii postar sess		H(a) Is this a grou	· · · · · · · · · · · · · · · · · · ·			
	Ition pendii		ARY J EPPING		for subordina				
		P.O.BOX 2305, SALEM,	OR 97308		H(b) Are all subordinat	<u> </u>			
_				\ a. \ \   E/	<del></del>   ' '				
_		empt status: X 501(c)(3) 501(c) (	) ◀ (insert no ) 4947(a)(1)	or 5		h a list. (see instructions)			
		te: ► NA		1	H(c) Group exemp				
		forganization X Corporation Trust	Association Other	L Ye	ar of formation 1991	M State of legal domicile OR			
P	art I	Summary							
. 0	. 1	Briefly describe the organization's mission or m	ost significant activities: $\overline{ t DIST}$	RIBUI	E MONEY AND	PROPERTY TO			
Activities & Governance		SUPPORTED CHARITIES.							
Ë	2	Check this box ▶ ☐ if the organization dis	continued its operations or dispo	osed of mo	ore than 25% of its ne	t assets.			
o Ve	3	Number of voting members of the governing bo	dy (Part VI, line 1a)		Ĺ	3 5			
Ğ	4	Number of independent voting members of the			1	4 5			
SS	5	Total number of individuals employed in calend				5 0			
itie	6	Total number of volunteers (estimate if necessar			Ī	6 0			
cţi	72	Total unrelated business revenue from Part VIII			Ţ.	7a 0.			
Ğ		Net unrelated business taxable income from Fo	• •		<b> -</b>	7b 0.			
_	<del>  "</del>	14et differated business taxable income from to	1111 930 1, 11110 04	· · · · · · · · · · · · · · · · · · ·	Prior Year	Current Year			
		O A A A A A A A A A A A A A A A A A A A		-		Ourient real O.			
re	8	Contributions and grants (Part VIII, line 1h)		-		0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		-	2,457,136				
ě	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)						
	11	Other revenue (Part VIII, column (A) lines 5, 8d	8c, 9c, 10c, and 11e)	<u> </u>	3,000				
	12	Total revenue - add lines 8 through 1 injust ed	ual Part VIII, column (A), line 12)		2,460,136				
	13	Grants and similar amounts paid (Part IX, colum	m-(A), Quhes 1-3)	_	698,657				
	14	Benefits paid to or for members (Part IX, colum	7, (A) (1 (mg 4)	L		0.			
S		Salaries, other compensation, employee benefit	ເຮັ (Pant/)X, column (A), lines 5·10)	)		0.			
Expenses	16a	Professional fundraising tees (Part IX-column (				0.			
g	ь	Total fundraising expenses (Part X, polynon (D)	• "	0.					
û	17	Other expenses (Part IX, column (A) lines 1 and			171,721				
	- 1	Total expenses. Add lines 13-17 (must equal Pa			870,378	1,256,397.			
	1	Revenue less expenses. Subtract line 18 from I	, , , , , ,		1,589,758				
10	g	Tievenide lede expended, edetidet inte Te tremit			Beginning of Current Ye				
ets	20	Total assets (Part X, line 16)		<u> </u>	56,742,897				
ASS.	20		<del>/</del>	-		0.			
Net Assets or	21	Total liabilities (Part X, line 26)	line 00	<u> </u>	56,742,897				
	art II	Net assets or fund balances Subtract lipe 21 fr Signature Bløck	om line 20		30,142,031	. 30,033,000.			
						f In avalage and halief it is			
		alties of herjury, declare that I have examined thus eti				Tilly knowledge and belief, it is			
true	e, correc	ct, and complete Toclaration of prenator (other than o	flicer) is based on all information of w	vnich prepai	rer nas any knowledge	<del>1, 1, 1, 1</del>			
<u>"</u> ⊝ Sig		Signature of Micer			Date	16/17			
					Date				
िHe	re	GARY O EPPING PRESI	DEN'T'	-					
⊋_		Type or print name and little			There's terms	DTIM:			
E Epai		Print/Type prepare c name	Preparer's signature		Date Check	PTIN			
≡Pai	id				self-em	ployed			
(Pre	eparer	Firm's name			Firm's EIN	<b>&gt;</b>			
្ទិបទ	e Only	Firm's address							
					Phone no				
		RS discuss this return with the preparer shown	above? (see instructions)			Yes No			
	001 10-2			ions.		Form <b>990</b> (2013)			
CJU		· · · · · · · · · · · · · · · · · · ·				•			

	1990 (2013) FOUNDATION, C/O PIONEER TRUST BANK	93-1229221	Page Z
Pa	rt III Statement of Program Service Accomplishments		(TOT
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	13 mm	
	THE CORPORATION IS ORGANIZED AND AT ALL TIMES SHALL OPER		
	EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS		<del></del>
	CARRY OUT THE PURPOSES OF OUR SUPPORTED CHARITIES WHICH		
		OF THE	
2	Did the organization undertake any significant program services during the year which were not listed on		TET .
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as it	measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 370,000 · Including grants of \$ 370,000 · ) (Revenue	9\$	)
	BOY SCOUTS OF AMERICA, CASCADE PACIFIC COUNCIL		
		<del></del>	
		·	
		·	
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		<del></del>	
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		· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$ 145,825. including grants of \$ 145,825.) (Revenue	s <u> </u>	)
	THE OREGON COMMUNITY FOUNDATION		
	<del></del>		
	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	
		·	
		·	
4c	(Code) (Expenses \$ 140,000 • including grants of \$ 140,000 • ) (Revenue	\$	)
	SALEM CATHOLIC SCHOOLS FOUNDATION		
		·	
		·———	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 443,720 • including grants of \$ 443,720 •) (Revenue \$		
4e	Total program service expenses ► 1,099,545.		
00000		Form 9	<b>90</b> (2013)
332002 10-29-	13		. ,

Part IV Checklist of Required Schedules

	`		Yes	No
1	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
Ü	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			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		_	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			Х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	i	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		Х
b	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		<u>X</u>
14a		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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	_	
•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Ì	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	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>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	Ţ		
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 "	2010
		rorm	990 (2	2013)

Form 990 (2013)

FOUNDATION, C/O PIONEER TRUST BANK Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 25a	24a		X
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь				
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	-55		
-•	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ĺ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 41
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	•	29		Х
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	20	-	21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	i	Х
31	contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 , 1		Х
32	If "Yes," complete Schedule N, Part I	31		
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
33	Schedule N, Part II	32	-+	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
<b>-</b>	Part V, line 1	24	[	Х
35a		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(a)(2) organizations. Did the experience make pay transfer to an exemption of payticular related groundstand.	35b		
<b>J</b>	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		Y
37	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Т
<b>~</b>	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	38	x	
	More Will own and life's are reduited to combine a periodifie o	Form		2012
		rorm :	<b>ププ</b> ∪ (/	2013

• -	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<i>i</i> ]		
c		1 /		
	(gambling) winnings to prize winners?	1c		]
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	/		
b		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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 Accounts.			
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 transaction?	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 organization solicit		)	l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_ [	- 1	Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file form 6099 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		*******
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	- 1	ı
9	Sponsoring organizations maintaining donor advised funds.			<del></del>
а	Did the organization make any taxable distributions under section 4966?	9a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans  Enter the amount of receives as head			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	44-		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u></u> _
<del>~</del>	2 1 25 1 100 K 1100 K 1 OFFI 1 120 CO TOPOTE THOSE PROFILENCE IT 140, PROVIDE ALL EXPIRIBILION IN SCHEDULE C	Form 9	000	20121
		LOUIN S	コマリ (7	20 I J

## LARRY AND JEANETTE EPPING FAMILY

Form 990 (2013)

FOUNDATION, C/O PIONEER TRUST BANK

93-1229227

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 or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
-	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	,						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
	officer, director, trustee, or key employee?	2	x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
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		Х				
6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X				
	more members of the governing body?	7a		X				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
~	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	х					
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		Х				
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		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	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?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent			**********				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1					
a	The organization's CEO, Executive Director, or top management official	15a		X				
þ	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).			********				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
	tion 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 only) a	vailabl	ө					
	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	finan	cial					
	statements available to the public during the tax year.	_						
50	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion. 🕨						
	MICHAEL S COMPTON, PIONEER TRUST BANK - 503-363-3136							
	P.O.BOX 2305, SALEM, OR 97308							

332006 10-29-13

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 ·0· 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	ox, unless person is both an fficer and a director/trustee)				th an	1	compensation	amount of
	week (list any	<del></del>	т —				<u> </u>	from the	from related organizations	other compensation
	hours for	Individual trustee or director			ļ	, 2		organization	(W·2/1099-MISC)	from the
	related	8	2g	ļ		SE SE	ļ	(W-2/1099-MISC)	(** = *********************************	organization
	organizations	East	Institutional trustae		86	Highest compensated employee		'		and related
	below	Mdua	E to	ļ Ņ	Кеу етріоуее	oyee	<b>E</b>			organizations
	line)	亨	3	Officer	ङ	₹ 5 5	Former	ļ <u>.</u>		
(1) GARY J EPPING	0.00									
PRESIDENT		X	_	Х	<u> </u>	<u> </u>	ļ	0.	0.	0.
(2) VERN L CAMERON	0.00									•
VICE PRESIDENT		X	ļ	X		<u> </u>		0.	0.	0.
(3) GEORGE J MCVEY	0.00							_		
SECRETARY TREASURER		X		X		<u></u>	_	0.	0.	0.
(4) LAWRENCE T EPPING	0.00					ļ				_
DIRECTOR	ļ	X		L		L		0.	0.	0.
(5) MICHAEL COMPTON	0.00									_
DIRECTOR		X				<u> </u>		0.	0.	0.
							}			
						_				
				<u> </u>		<u> </u>				
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000007 40 00 10	<del> </del>					ш	Ц.	<del></del>	L	000 (0040)

332007 10-29-13

Form **990** (2013)

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C						
(A) Name and title	(B) Average hours per week	offi	, unle	Pos heck ss pe	more rson	than is bot or/trus	han	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on	am	( <b>F)</b> timate lount o other	
	(list any hours for related organizations below	Individual trustee or director	ional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	1	from the organization and relate		
	line)	Individ	Insttutor	Officer	Key employee	Highes employ	Former				orga	nizatio	ons 
					-								
									· · · · · · · · · · · · · · · · · · ·		<del>_</del>		_
											<del></del>		
									,			-	
1 b Sub-total c Total from continuation sheets to Part VI	I, Section A	1					<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	0. eceived more than \$100	,000 of reportab	0 . e			0.
compensation from the organization			•				-				- T	Yes	0 <b>No</b>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so		stee	, ke	y en	olqı	yee,	or h	nighest compensated er	mployee on		3		Х
For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,"	" coi	nple	te S	che	dule	J fo	or such individual			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp Section B. Independent Contractors							elate	ed organization or individual	dual for services		5		X
1 Complete this table for your five highest cor										pensa	ation fr	om	
the organization. Report compensation for t	he calendar ye	ear e	ndır	ig w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	I	
Name and business	address	NC	NE	1 1 ————			-	Description of se	ervices	Co	ompen		
Total number of independent contractors (in	icluding but pe	at lin	ntec	l to t	hos	e lie	ed	above) who received m	ore than				•••••
\$100,000 of compensation from the organiz	-	1111			0					r	orm <b>9</b>	00 (0)	0121

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f investment income (including dividends, interest, and 1,107,859. other similar amounts) 1,107,859 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 500. 6 a Gross rents 0. b Less. rental expenses 500 c Rental income or (loss) 500. 500 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1,464,821 assets other than inventory b Less: cost or other basis and sales expenses 1,464,821 c Gain or (loss) 1,464,821 1,464,821 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other 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 **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 1,108,359. Total revenue See instructions 2,573,180. Form 990 (2013)

Form 990 (2013)

Part IX	Statement	of Functional	Expenses	
Part IX	Statement	of Functional	Expenses	

<u>500</u>	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			отрівте соштп (А).	
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 000 545	1 000 545		
	organizations in the United States See Part IV, line 21	1,099,545.	1,099,545.		***************************************
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22		<u> </u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	<del></del>			<del></del>
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified	<del></del>			
٠	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					
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	105,882.		105,882.	
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0 )	<del></del>			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<del></del>
16 17	Occupancy				
18	Travel				
.0	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del></del>
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 0)	44 050	1114 111-1 11 11 11 11 11 11 11 11 11 11 11	44 050	
a	PROPERTY & FOREIGN TAXE LEGAL FEES	44,253.		44,253.	
b	MISCELLANEOUS ADMINISTR	2,880. 2,637.		2,880.	<u></u>
c d	STATE FILING FEES	1,200.		1,200.	<del></del>
_	All other expenses	1,200.		1,200.	
е 25	Total functional expenses. Add lines 1 through 24e	1,256,397.	1,099,545.	156,852.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization			230,032.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

332010 10-29-13

LARRY AND JEANETTE EPPING FAMILY 93-1229227 FOUNDATION, C/O PIONEER TRUST BANK Form 990 (2013) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 587,568. 570,491. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 4,993,800. 10a basis. Complete Part VI of Schedule D 4,993,800. 10c 4,993,800. b Less: accumulated depreciation 10b 11 11 Investments · publicly traded securities 51,161,529. 52,495,389. 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 56,742,897. 58,059,680. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

> 58,059,680. Form 990 (2013)

> 58,059,680.

58,059,680.

27

28

29

30

31

32

Net Assets or Fund Balances

27

28

30

31

32

33

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

56,742,897.

56,742,897.

56,742,897. 33

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<del>,</del>						
	•							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,57	3,1	<u>.80</u> .		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,25				
3	Revenue less expenses. Subtract line 2 from line 1	3		l,31				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	5 <u>,74</u>	2,8	197 <u>.</u>		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	58	3,05	9,6	80.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e 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 Sir	igle Au	dıt					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	dit			-		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		<u> </u>		

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

### **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.

LARRY AND JEANETTE EPPING FAMILY

FOUNDATION, C/O PIONEER TRUST BANK

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

OMB No 1545-0047

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

No X

X

**Employer identification number** 

93-1229227

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. **b** Type II c Type III · Functionally integrated d X Type III - Non-functionally integrated a Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

(I) Name of supported organization			in col (i) li	organization sted in your document?	organizat	u notify the tion in col r support?	(vi) Is the organization in col (i) organized in the US?		(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	l	X		X		100,000.
THE SALEM									
FOUNDATION	93-6018523	11B	X	<u> </u>	Х		X	<u> </u>	83,720.
BENEDICTINE		170(B)(1)(A)							
SISTERS OF M	93-0387331		X		X		X		75,000.
BOY SCOUTS		170(B)(1)(A)							
OF AMERICA,	22-1576300	(VI)	Х		Х		X		370,000.
BLANCHET		170(B)(1)(A)							
SCHOOL	93-1171184		Х		Х		X		100,000.
Total 9		,	,		, , , , , ,				1,099,545.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

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

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

9

h

See Part IV for Line 11 Continuation

FOUNDATION, C/O PIONEER TRUST BANK

93-1229227 Page 4 Schedule A (Form 990 or 990-EZ) Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation) (iv) is the organiza-tion in col (i) listed (vi) is the (iii) Type of (v) Did you notify the (vii) Amount of (i) Name of supported (II) EIN organization in col organization organization in col. support (i) organized in the organization in your governing (described on lines 1-9 (i) of your support? document? US? above or IRC section (see instructions)) Yes No Yes **OREGON** COMMUNITY FO23-7315673 11B 145,825. X X X 170(B)(1)(A) SALEM X X X 140,000. CATHOLIC SCH93-0727839(II) 170(B)(1)(A) MT.ANGEL 75,000. X **ABBEY** 93-0386869(I) X Х 170(B)(1)(A) ROMAN X X 10,000. X CATHOLIC ARC 93-0114100 (I) 370,825. **Continuation Total** 

Schedule A (Form 990 or 990-EZ)

## **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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LARRY AND JEANETTE EPPING FAMILY

Employer identification number

Do	roundation, C/O Pione.		Accounts Complete of the
	Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Euroda and other accounts
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	<del></del>	
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors in writing		
_	are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advis	•	-
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose conf	
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organiz		V, line 7.
1	Purpose(s) of conservation easements held by the organization (	<del></del>	
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or education of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	anization during the tax
	year ▶	_	
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic	•	
	violations, and enforcement of the conservation easements it hold		Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation es	•	
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes the o	rganization's accounting for
Pa.	conservation easements.  Till Organizations Maintaining Collections of Ar	t Historical Treasures or Other	Similar Assats
	Complete if the organization answered "Yes" to Form 990,	-	Olimai Addota.
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	<del></del>	and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes the		public service, provide, in r art XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC 95		halance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, educa		
	relating to these items.	tion, or research in furtherance of public s	ervice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>s</b>
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial dain	
-	the following amounts required to be reported under SFAS 116 (A	-	, 5.01.00
а	Revenues included in Form 990, Part VIII, line 1	100 none	<b>▶</b> \$
	Assets included in Form 990, Part X		► \$ ► \$
_	record increases in reciti every reditiff		· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

LARRY AND JEANETTE EPPING FAMILY 93-1229227 Page 2 FOUNDATION, C/O PIONEER TRUST BANK Schedule D (Form 990) 2013 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs □ Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year 1e e Distributions during the year 1f f Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back ( (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (a) Cost or other (b) Cost or other (c) Accumulated Description of property basis (other) depreciation basis (investment)

Schedule D (Form 990) 2013

4,993,800.

4,993,800.

1a Landb Buildings

d Equipmente Other

4,993,800.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

c Leasehold improvements

LARRY AND J			0.0	1000007	
	C/O PIONEER	R TRUST BANK	93-	1229227	Page
Part VII Investments - Other Securities.			<b>-</b>		
Complete if the organization answered "Yes"				-6	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	50 405 20	20			
(A) VARIOUS	52,495,38	39. Cost			
(B)			<del></del>		
(C)					
(D)			· · · · · · · · · · · · · · · · · · ·		
(E)					
(F)					
(G)					
(H)			<del>, , , , , , , , , , , , , , , , , , , </del>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	52,495,38	39.			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 )					
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	lue
(1)					
(2)					
(3)				_	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)		<b>&gt;</b>		
Part X Other Liabilities.	· · ·				
Complete if the organization answered "Yes"	to Form 990, Part IV,		n 990, Part X, line 25.		
. (a) Description of liability		(b) Book value	_		
(1) Federal income taxes					
(2)					

(3) (4) (5) (6) (7) (9)

▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Parti

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013	Open to Public

OMB No 1545-0047

Employer identification number

93-1229227

FOUNDATION, C/O PIONEER TRUST BANK LARRY AND JEANETTE EPPING FAMILY General Information on Grants and Assistance Name of the organization

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 criteria used to award the grants or assistance?

**2** 

X Yes

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. recipient that received more than \$5,000. But II can be dissipated if additional space is peeded Partil

reciplent that received more than \$5,000. Part II can be duplicated it additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
(a) Name and address of organization     or government	( <b>b)</b> 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							GENERAL SUPPORT & CAPITAL
ST.BENEDICT, OR 97373	93-0386869	170(B)(1)(A)(I)	75,000.	0			IMPROVEMENTS
ARCHBISHOP FRANCIS NORBERT							
BLANCHET SCHOOL - 4373 Market							
Street Northeast - SALEM, OR							
97301-2029	93-1171184	170(B)(1)(A)(II)	100,000.	0.			CAPITAL IMPROVEMENTS
BENEDICTINE SISTERS OF MT. ANGEL							
840 s main street							
MT.ANGEL, OR 97362	93-0387331	170(B)(1)(A)(I)	75,000.	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)	370,000.	0.	!		CAPITAL IMPROVEMENTS
	-						
THE OREGON COMMUNITY FOUNDATION			•				CAPITAL
707 13TH ST., SE							IMPROVMENTS, GENERAL
SALEM, OR 97301-2029	23-7315673	11B	145,825.	0.			SUPPORT & SCHOLARASHIPS
SALEM CATHOLIC SCHOOLS FOUNDATION							
643 UNION ST, NE							TUITION ASSISTANCE &
SALEM, OR 97301-2029	93-0727839	170(B)(1)(A)(II)	140,000.	0			CAPITAL IMPROVEMENTS
2 Enter total number of section 501(c)(3) and covernment organizations listed in	and government or	ganizations listed in the	the line 1 table				•

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2013)

332101 10-29-13

Schedule I (Form 990) FOUNDATION, C/O PIONEER TRUST BANK

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Page 1

93-1229227

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	1 II.)	
(a) Name and address of organization or government	<b>(b)</b> 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
THE BOYS & GIRLS CLUB OF SALEM, MARION & POLK COUNTIES, INC - 1395 SUMMER ST,, NE - SALEM, OR 97301-2029	93-0581470	170(B)(1)(A)(VI)	100,000.	0			CAPITAL IMPROVEMENTS
THE SALEM FOUNDATION P.O.BOX 2305 SALEM, OR 97308-2305	93-6018523	118	83,720.	.0			GENERAL SUPPORT & CAPITAL IMPROVEMENTS & SCHOLARSHIPS
ROMAN CATHOLIC ARCHDIOCESE OF PORTLAND IN OREGON - 2838 E.BURNSIDE ST PORTLAND, OR 97214-1895	93-0114100	170(B)(1)(A)(I)	.000,01	0			CAPITAL IMPROVEMENTS

Schedule I (Form 990)

#### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

LARRY AND JEANETTE EPPING FAMILY

Employer identification number

	_						TRUST BANK		93	<u>-12</u>	292	27		
Pa	rt I	Excess Ben	efit Transac	<b>tions</b> (section 5	01(c)(	3) and	section 501(c)(4) org	janizations only).	_	-				
		Complete if the	organization an	swered "Yes" on	Form	990, P	art IV, line 25a or 25	b, or <u>Form</u> 990-EZ, I	Part V,	line 40	Db.			
1			(b)	Relationship bet			lified					(d)	Corre	cted?
	(a) Nam	e of disqualified	person	person and organization			(	(c) Description of tran		rsaction		Y	es	No
								<u> </u>						
									-					
2	Enter th	ne amount of tax	incurred by the	organization mai	nagers	or disc	qualified persons du	ring the year under						
	section		•	•	•					▶ \$				
3	Enter th	ne amount of tax	, if any, on line 2	, above, reimburs	sed by	the or	ganization			▶ \$				
					•		-							
Pa	rt II	Loans to an	d/or From In	terested Per	sons	<b>.</b>								
	•	Complete if the	organization ans	swered "Yes" on	Form !	990-EZ	, Part V, line 38a or i	Form 990, Part IV, II	ne 26:	or if th	e oras	anızatı	on	
		•	ount on Form 99				,		•					
_	(a)	Name of	(b) Relationship		(d) Lo	oan to or	(e) Original	(f) Balance due	(g)	ln		proved	(i) W	ritten
	ıntere	sted person	with organization		organ	m the zation?	principal amount	17		ault?	comn	ard or littee?	agree	ment?
	_				То	From			Yes	Yes No		No	Yes	s No
														L
ota							<b>▶</b> \$					***************************************		
Pa	rt III	Grants or As	ssistance Be	nefiting Inte	reste	d Pei	rsons.							
		Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27.							
	(a) Na	me of interested	person	(b) Relationship	betwe	en	(c) Amount of	( <b>d)</b> Type	of		(e)	(e) Purpose of		
				interested per		d	assistance	assistar	nce	- 1	assistance			
				the organiza	ation								_	
										$\perp$				
	<del></del>									$\perp$				
										_				
										$\perp$			<del></del>	

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 FOUNDATION, C/O PIONEER TRUST BANK 93-1229227 Page 2 Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Ye<u>s</u> No DIRECTOR SEE SCHEDU MICHAEL S COMPTON X Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: MICHAEL S COMPTON (d) Description of Transaction: SEE SCHEDULE O: MICHAEL S COMPTON SERVES AS A DIRECTOR OF THE LARRY & JEANETTE EPPING FAMILY FOUNDATION AND AS AN OFFICER AND DIRECTOR OF PIONEER TRUST BANK WHICH PROVIDES SAFEKEEPING AND ADMINISTRATIVE SERVICES FOR THE FOUNDATION. **AFTER** COMPARING COSTS, THE BOARD OF THE FOUNDATION SELECTED PIONEER TRUST BANK TO PROVIDE THESE SERVICES AT A REASONABLE COST TOTALLING \$47,488.87 IN 2013. THE BOARD OF THE FOUNDATION HAS DETERMINED THAT THE SERVICES PROVIDED BY PIONEER TRUST BANK ARE NECESSARY TO CARRY ON ITS EXEMPT PURPOSE AND THE COMPENSATION IS NOT EXCESSIVE.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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 \$ 75,000. including grants of \$ 75,000. Revenue \$ 0.
ARCHBISHOP FRANCIS NORBERT BLANCHET SCHOOL
Expenses \$ 100,000. including grants of \$ 100,000. Revenue \$ 0.
ROMAN CATHOLIC ARCHDIOCESE OF PORTLAND IN OREGON
Expenses \$ 10,000. including grants of \$ 10,000. Revenue \$ 0.
BENEDICTINE SISTERS OF MT. ANGEL
Expenses \$ 75,000. including grants of \$ 75,000. Revenue \$ 0.
THE SALEM FOUNDATION
Expenses \$ 83,720. including grants of \$ 83,720. Revenue \$ 0.
THE BOYS AND GIRLS CLUB OF SALEM, MARION AND POLK COUNTIES, INC
Expenses \$ 100,000. including grants of \$ 100,000. Revenue \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)