



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



Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning****JANUARY 1 , 2012, and ending DECEMBER 21 , 2012****B Check if applicable:**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**LANE DUI VICTIM IMPACT PANEL, INC**

Number and street (or P.O. box, if mail is not delivered to street address)

D Employer identification number**81-0677339****125 E 8TH AVE.**

Room/suite

RM 400

City or town, state or country, and ZIP + 4

EUGENE, OR 97405-2926

E Telephone number

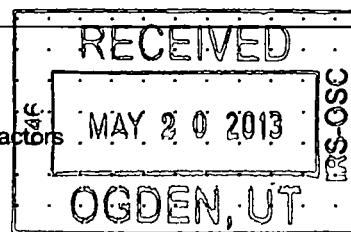
541-607-8452**F Group Exemption
Number ►****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ►J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1200
	2 Program service revenue including government fees and contracts	2 54,313
	3 Membership dues and assessments	3 58.13
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	5c
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	6d
	b Less: cost of goods sold	7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 54,571.13
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 11353.66
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 34,007.02
	13 Professional fees and other payments to independent contractors	13 1103.25
	14 Occupancy, rent, utilities, and maintenance	14 6339.54
	15 Printing, publications, postage, and shipping	15 1151.95
	16 Other expenses (describe in Schedule O)	16 3,927.75
	17 Total expenses. Add lines 10 through 16	17 57,882
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -3,310.87
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 68,150
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 64,839.13



Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	68150	22 64,839 65,547 64,839
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	68150	25 64,839 65,547 64,839
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 25 of column (B) must agree with line 21)	68150	27 64,839 65,547 64,839

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? EDUCATION-ALCOHOL DRINKING/DRIVING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	LANE DUI VICTIM IMPACT PANEL DONATED \$5202.01 TO MOTHERS AGAINST DRUNK DRIVING, LANE COUNTY CHAPTER A 501(C)(3) ORGANIZATION.		
	(Grants \$ 5202) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	5202
29	LANE COUNTY DUI VICTIM IMPACT PANEL DONATED \$5064 TOWARD CONTINUING EDUCATION SCHOLARSHIPS TO LAW ENFORCEMENT OFFICERS AND VOLUNTEERS WHO ASSIST THE DUII PROGRAM, ALLOWING ATTENDANCE TO THE ANNUAL OREGON DUII MULTI-DISCIPLINARY CONFERENCE		
	(Grants \$ 5064) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	5064
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	10266

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JUDGE WAYNE ALLEN, EUGENE MUNICIPAL COURT 1102 LINCOLN ST. EUGENE OR 97401	board member <1 hour per week	-0-	-0-	-0-
MARIE ARMSTRONG, MADD MEMBER 315 S 69TH PL, SPRINGFIELD OR 97778	board member <1 hour per week	-0-	-0-	-0-
DAN BARCOVIC, CITY OF EUGENE PROSECUTOR 125 E 8TH AVE 2ND FLOOR, EUGENE OR 97401	board member <1 hour per week	-0-	-0-	-0-
ALEX GARDNER, LANE COUNTY DISTRICT ATTORNEY 125 E 8TH AVE, ROOM 400, EUGENE OR 97401	board member >1 hour per week	-0-	-0-	-0-
JERRY GJESVOLD, SERENITY LANE TREATMENT PROG. 148 CHERRY LANE SE, ALBANY, OR 97321	board member <1 hour per week	-0-	-0-	-0-
BARBARA STOEFFLER, MADD MEMBER AND FOUNDER 2859 TANDY TURN EUGENE OR 97401	board member <1 hour per week	-0-	-0-	-0-
ELLEN HYMAN, COMMUNITY MEMBER-RETIRED FROM BOARD JUNE 30, 2012 3863 DORCHESTER EUGENE OR	SECTY/TREAS <1 hour per week	-0-	-0-	-0-
JEFF PERRY, MUNICIPAL COURT ADMINISTRATOR 1102 LINCOLN ST EUGENE OR 97401	board member <1 hour per week	-0-	-0-	-0-
STATE TROOPER EVAN SETHOR, OR STATE POLICE 3620 GATEWAY BLVD. SPRINGFIELD, OR 97477	Vice President <1 hour per week	-0-	-0-	-0-
LORI SILANO, DIRECTOR OF VICTIM SERVICES 125 E 8TH AVE, EUGENE, OR 97401	President <1 hour per week	-0-	-0-	-0-
PETER SORENSEN, LANE COUNTY COMMISSIONER 125 E 8th Ave Eugene OR retired from the board 9/21/12	board member <1 hour per week	-0-	-0-	-0-
JUDGE DEBRA VOGT, CHIEF CRIMINAL JUDGE 125 E 8TH AVE EUGENE OR 97401	board member <1 hour per week	-0-	-0-	-0-

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	✓
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► OREGON		
42a The organization's books are in care of ► LOIS HARVICK Located at ► 272 W. 11TH AVE. EUGENE, OR	Telephone no. ► 541-607-8452	
	ZIP + 4 ► 97401-3031	
b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42b	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	42c	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
c Did the organization receive any payments for indoor tanning services during the year?	44b	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	✓
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
	45b	✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

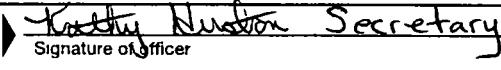
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000 ►
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000 ►
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	S-14-13
	► Kathy Huston, Secretary	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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.

Name of the organization

LANE COUNTY DUII VICTIM IMPACT PANEL, INC

Employer identification number

81-0677339

PART I- line 16 (Other Expenses)

Program Expenses including the DUII VIP program in Florence, OR (\$2675); Program Debrief (1,010) an opportunity for volunteer speakers to share their presentation experience with the other speakers and to read the comments left by attendees; Board Luncheon (\$242);

Part II- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The purpose of the Lane County DUII Victim Impact Panel Program is to educate court-mandated offenders arrested for "driving under the influence of intoxicants" about the impact their behavior has on other individuals in the community. Victims of impaired driving crashes and family members (all volunteers), law enforcement and others affected by an individual's choice to drive impaired are utilized to present 15 annual panels to offenders. In 2012 more than 2300 offenders were referred to attend the programs in Eugene and Florence, OR. Offenders required to listen to the speakers, watch video presentations and learn about making life-saving choices regarding sober or impaired driving.

The revenue from fees pays administrative expenses and allows the program to support organizations with like-minded goals.

Part IV- continuation of list of Officers, Directors and Trustees, and employees

Name and Address	Title & aver hrs per week	Reportable Comp	Health Bene.	Est. other
Michele Osterhoudt, Victim/Survivor 544 NW 15th St., Newport, OR 97365	board member < 1 hour per week	-0-	-0 -	-0 -
Tom Turner, Lane County Sheriff 125 E 8th Ave, Eugene, OR 97401	board member < 1 hour per week	-0-	-0-	-0-
Elizabeth Rambo, Lane Co. Court Administrator 125 E 8th Ave., Eugene, OR 97401	board member < 1 hour per week	-0-	-0 -	-0 -
JoAnn Miller, Lane County Deputy District Attorney 125 E 8th Ave, Rm 400 Eugene OR 97401	board member < 1 hour per week	-0-	-0 -	-0 -
Lois Harwick, Staff 272 W 11th Ave, Eugene, OR 97401	Program Director 30 hrs per week	\$26,340	\$3,000	-0-
Michelle Apparcel, Staff 272 W 11th Ave, Eugene, OR 97401	Assistant Director <1 hrs per week	\$1,953.90	-0-	-0-

Name of the organization

LANE DUII VICTIM IMPACT PANEL, INC.

Employer identification number

81-0677339**PART I- line 10 and Part III- line 28 (addressing grants)****LANE COUNTY DUII VICTIM IMPACT PANEL, INC. CONTRIBUTED \$5064 TOWARD CONTINUING EDUCATION GRANTS AND SCHOLARSHIPS****TO LAW ENFORCEMENT OFFICERS AND VOLUNTEERS WHO ASSIST THE DUII PROGRAM, ALLOWING ATTENDANCE TO THE ANNUAL****OREGON DUII MULTI-DISCIPLINARY CONFERENCE IN APRIL 2012.****LANE COUNTY DUII VICTIM IMPACT PANEL, INC DONATED \$5202 TO MOTHERS AGAINST DRUNK DRIVING, LANE COUNTY CHAPTER.****A 501 (C)(3) ORGANIZATION.**