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**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2013 calendar year, or tax year beginning</b>		<b>JANUARY 1</b>	, 2013, and ending	<b>DECEMBER 31</b>	, 2013
<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>LANE DUIL VICTIM IMPACT PANEL, INC.</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>125 E. 8TH AVE.</b> Room/suite <b>RM. 400</b> City or town, state or province, country, and ZIP or foreign postal code <b>EUGENE, OR 97401-2926</b>		<b>81-0677339</b> <b>E Telephone number</b> <b>541-607-8452</b> <b>F Group Exemption Number</b> ►	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ► <a href="http://WWW.LANEDUUIVIP.ORG">WWW.LANEDUUIVIP.ORG</a>					
<b>J Tax-exempt status (check only one) –</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
<b>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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$</b>					

**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 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 1200
	2 Program service revenue including government fees and contracts . . . . .	2 57929
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 30.76
	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) . . . . .	5c
	6 Gaming and fundraising events . . . . .	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
<b>Expenses</b>	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) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 59159.76
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 9925.79
<b>Net Assets</b>	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 34,837.85
	13 Professional fees and other payments to independent contractors . . . . .	13 1002
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 7417.06
	15 Printing, publications, postage, and shipping . . . . .	15 784.64
	16 Other expenses (describe in Schedule O) . . . . .	16 2754.27
	17 <b>Total expenses.</b> Add lines 10 through 16 ►	17 56721.61
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 2438.15
	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 64839
	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 67277.15

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

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**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 . . . . .	64839	22 67277
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	64839	25 67277
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	64839	27 67277

**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? **EDUCATIONAL-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.

28	LANE DUII VICTIM IMPACT PANEL DONATED \$8302 TOWARD CONTINUING EDUCATION SCHOLARSHIPS TO LAW ENFORCEMENT OFFICERS AND VOLUNTEERS WHO ASSIST THE DUII PROGRAM, ALLOWING ATTENDANCE TO THE ANNUAL OREGON DUII MULTIDISCIPLINARY CONFERENCE. (Grants \$ 8302) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8302
29	WAME DUII VICTIM IMPACT PANEL DONATED \$2400 TO MOTHERS AGAINST DRUNK DRIVING, EUGENE CHAPTER, A 501(C)3 ORGANIZATION. (Grants \$ 2400) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2400
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	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	10702

**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
WAYNE ALLEN, JUDGE, EUGENE MUNICIPAL COURT	board member< 1 hour per week	-0-	-0-	-0-
DAN BARCOVIC, CITY OF EUGENE PROSECUTOR RESIGNED 12/9/2013	board member< 1 hour per week	-0-	-0-	-0-
MARIE ARMSTRONG, MADD MEMBER	boardmember< 1 hour per week	-0-	-0-	-0-
JERRY GJESVOLD, SERENITY LANE TREATMENT PROVIDER	board member< 1 hour per week	-0-	-0-	-0-
ALEX GARDNER, LANE COUNTY DISTRICT ATTORNEY	board member< 1 hour per week	-0-	-0-	-0-
BARBARA STOEFFLER, MADD MEMBER AND PROGRAM FOUNDER	board member< 1 hour per week	-0-	-0-	-0-
SALLY HARDY, TREASURER TO BOARD OF DIRECTORS RELIEVED OF DUTIES 8/2/2013	board volunteer< 1 hour per week	-0-	-0-	-0-
KATHY HUSTON, SECRETARY TO BOARD OF DIRECTOR APPOINTED 8/21/2013. RESIGNED 12/19/2013	board volunteer< 1 hour per week	-0-	-0-	-0-
MARLENE ENOS, TREASURER TO BOARD OF DIRECTOR APPOINTED 9/4/2013	board volunteer< 1 hour per week	-0-	-0-	-0-
JEFF PERRY, MUNICIPAL COURT ADMINISTRATOR RESIGNED 1/9/2013	board member< 1 hour per week	-0-	-0-	-0-
EVAN SETHER, STATE TROOPER AND BOARD PRESIDENT 8/5/2013	board member< 1 hour per week	-0-	-0-	-0-
LORI SILANO, DIRECTOR OF VICTIM SERVICES BOARD PRESIDENT, RESIGNED 7/23/2013	board member< 1 hour per week	-0-	-0-	-0-

**Expenses**

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

**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 ► <b>37a</b>	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____	42b	✓
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.	42c	✓
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: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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)	45b	✓

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

1

		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."		

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 . . . . .

►  Yes  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.

<b>Sign Here</b>	 Signature of officer	<b>5/1/14</b> Date
	<b>CATRINA DUKE, SECRETARY (APPOINTED 1/5/2014)</b>	
	 Type or print name and title	

<b>Paid Preparer Use Only</b>	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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

LANE DULL VICTIM IMPACT PANEL, INC

Employer identification number

81-0677339

**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.)

- 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 hospital'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 section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  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 public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  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).
  - f 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 \_\_\_\_\_
  - g 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, the governing body of the supported organization? \_\_\_\_\_
    - (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? \_\_\_\_\_
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of monetary support
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-0-	6200	2400	1200	1200	11000
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	48127	52367	57002	54313	57029	268838
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 <b>Total.</b> Add lines 1 through 5 . . .	48127	52367	59402	55513	58229	279838
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						279838

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	48127	58567	59402	55513	57029	279838
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	118	115	118	58	31	440
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	48245	58682	59520	55571	57060	279078
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	99 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	1 %
19a <b>33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

LANE DUII VICTIM IMPACT PANEL, INC

Employer identification number

81-0677339

**PART 1-LINE 16 (OTHER EXPENSES)**

**PROGRAM EXPENSES INCLUDING THE DUII VIP PROGRAM IN FLORENCE, OR AND BANK FEES (\$1113); PROGRAM DEBRIEF (\$982) AN  
OPPORTUNITY FOR VOLUNTEER SPEAKERS TO SHARE THEIR PRESENTATION EXPERIENCE WITH THE OTHER SPEAKERS AND TO READ  
THE COMMENTS LEFT BY ATTENDEES; BOARD MEETING LUNCHEONS HELD THREE TIMES ANNUALLY (\$657)**

**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" (DUII) 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 CHOICE TO DRIVE IMPAIRED ARE UTILIZED TO PRESENT 15 ANNUAL PANELS  
TO OFFENDERS. IN 2013, 2016 DUII OFFENDERS WERE REFERRED TO ATTEND THE PROGRAMS IN EUGENE AND FLORENCE, OR.  
OFFENDERS ARE 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 TRUSTEES AND EMPLOYEES**

NAME	TITLE& AVERAGE HRS PER WEEK	REPORTABLE COMP	HEALTH BEN	EST OTHER
MICHELE OSTERHOUDT	board member<1 hour per week	-0-	-0-	-0-
TOM TURNER - SHERIFF	board member <1 hour per week	-0-	-0-	-0-
ELIZABETH RAMBO- COURT ADMIN	board member<1 hour per week	-0-	-0-	-0-
JO ANN MILLER- PROSECUTOR	board member<1 hour per week	-0-	-0	-0-
DEBRA VOGT- CIRCUIT JUDGE	board member<1 hour per week	-0-	-0	-0-
CHERYL STONE- COURT ADMIN	board member<1 hour per week	-0-	-0	-0-
FAYE STEWART- COUNTY COMMISH.	board member<1 hour per week	-0-	-0	-0-
LOIS HARVICK, STAFF	PROGRAM DIRECTOR 30 HRS/WK	\$27305	\$3000	-0-
MICHELLE APPARCEL, STAFF	ASSISTANT DIRECTOR <1HR/WK	\$1653	-0-	-0-

**ALSO SEE ATTACHED LIST OF BOARD OF DIRECTORS**

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

Cat. No. 51056K

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

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 \$8302 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 2013.****LANE COUNTY DUII VICTIM IMPACT PANEL, INC DONATED \$2400 TO MOTHERS AGAINST DRUNK DRIVING EUGENE CHAPTER A****501(C)(3) ORGANIZATION.**

# LANE COUNTY DUI VICTIM IMPACT PANEL BOARD OF DIRECTORS 2014

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**Wayne Allen**  
**Municipal Judge**  
Eugene Municipal Court  
777 Pearl St. Room 104  
Eugene, OR 97401  
541-682-5442  
[Wayne.E.Allen@ci.eugene.or.us](mailto:Wayne.E.Allen@ci.eugene.or.us)

**Debra Vogt**  
**Chief Criminal Judge**  
125 E. 8<sup>th</sup> Ave.  
Eugene, OR 97401  
541-682-4027  
[Debra.K.Vogt@ojd.state.or.us](mailto:Debra.K.Vogt@ojd.state.or.us)

**Marie Armstrong**  
**High School Program and Panel Speaker**  
316 South 69<sup>th</sup> Place  
Springfield, OR 97478  
541-913-7349 Work 541-242-7157  
[marmstrong@levi.com](mailto:marmstrong@levi.com)

**Michele Osterhoudt**  
**Victim/Survivor/Speaker**  
544 NW 15<sup>th</sup> St.  
Newport, OR 97365  
541-228-5196  
[michele.osterhoudt@hotmail.com](mailto:michele.osterhoudt@hotmail.com)

**Tom Turner**  
**Lane County Sheriff**  
125 E. 8<sup>th</sup> Avenue  
541-682-6790  
Eugene, OR 97401  
[tom.turner@co.lane.or.us](mailto:tom.turner@co.lane.or.us) also CC:  
[corleen.stanphill@co.lane.or.us](mailto:corleen.stanphill@co.lane.or.us)

**Elizabeth Rambo**  
**Court Administrator**  
Lane County Circuit Court  
125 E. 8<sup>th</sup> Ave.  
Eugene, OR 97401  
[Elizabeth.RAMBO@ojd.state.or.us](mailto:Elizabeth.RAMBO@ojd.state.or.us)  
541-682-4166

**JoAnn Miller**  
**Deputy District Attorney**  
125 E 8<sup>th</sup> Ave. Rm. 400  
Eugene, OR 97401  
541-682-4093  
[JoAnn.MILLER@co.lane.or.us](mailto:JoAnn.MILLER@co.lane.or.us)

**Barbara Stoeffler**  
**Program Founder/MADD**  
2859 Tandy Turn  
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[wbstoeffler@msn.com](mailto:wbstoeffler@msn.com)

**Alex Gardner**  
**Lane County District Attorney**  
125 E. 8<sup>th</sup> Avenue Room 400  
Eugene, OR 97401  
541-682-4093  
[Alex.gardner@co.lane.or.us](mailto:Alex.gardner@co.lane.or.us)

**Evan Sether - Board President**  
**Oregon State Police Trooper**  
3620 Gateway Street  
Springfield, OR. 97477  
541-726-2536  
[Evan.Sether@state.or.us](mailto:Evan.Sether@state.or.us)

**Jerry Gjesvold**  
**Serenity Lane**  
148 Cherry Lane NE  
Albany, OR 97321  
541- 917-7453  
[Jerrygjesvold@yahoo.com](mailto:Jerrygjesvold@yahoo.com)

**Lori Silano**  
**Director of Victim Service**  
125 E 8<sup>th</sup> Ave. Fourth Floor  
Eugene, OR 97401  
541-682-4523  
[Lori.Silano@co.lane.or.us](mailto:Lori.Silano@co.lane.or.us)

## **LANE COUNTY DUII VICTIM IMPACT PANEL BOARD OF DIRECTORS 2014**

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### **Board Members Continued:**

**Cheryl Stone**  
**Court Administrator**  
City of Eugene Municipal Court  
1102 Lincoln St  
Eugene, Oregon 97401  
(541) 682-5019 office  
[Cheryl.Stone@ci.eugene.or.us](mailto:Cheryl.Stone@ci.eugene.or.us)

**Faye Stewart**  
**Lane County Commissioner**  
125 East 8th Avenue  
Eugene, Oregon 97401  
(541) 682-4203  
[Faye.Stewart@co.lane.or.us](mailto:Faye.Stewart@co.lane.or.us)

### **STAFF**

**Lois Harwick**  
**Lane County DUII VIP Program Director**  
272 W. 11<sup>th</sup> Ave (office)  
125 E. 8<sup>th</sup> Ave. Rm.400 (mail)  
Eugene, OR 97401  
541-607-8452 Cell 541-521-5132  
[laneduiivip@yahoo.com](mailto:laneduiivip@yahoo.com)

**Michelle Apparcel**  
**Lane County DUII VIP-Asst. Director**  
2613 Mimi Street  
Eugene, OR 97404  
541-515-3381 cell 541-682-4584 wk  
[mapparcel@lcog.org](mailto:mapparcel@lcog.org)