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2012

Open to Public
InspectionForm **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **Dup 15 & ALLIANCE**
ISOCENTRIC 15 EXCHANGE ADVOCACY
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O. BOX 674
 City or town, state or country, and ZIP + 4
FAYETTEVILLE, NY 13066

D Employer identification number
20-0751232

E Telephone number
206-919-4693

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.dup15q.org**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K 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. ▶ \$ **228,237**

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 ☐

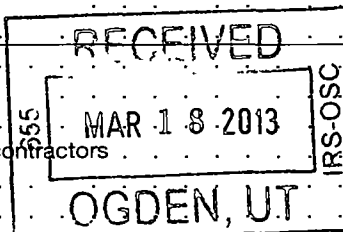
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	227,831
	3	Membership dues and assessments	3	
	4	Investment income	4	406
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis 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	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		
Expenses	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	228,237
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	154,130
	17	Total expenses. Add lines 10 through 16	17	154,130
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	74,107
	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	287,741
	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	361,848

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

SCANNED MAR 26 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	287,741	361,848
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	287,741	361,848
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	287,741	361,848

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?

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	see statement #3		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	126,010
29	see statement #4		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	9,712
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	18,408
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) ▶	32	154,130

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 ☐

[illegible]

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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 ▶		
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	40b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ OREGON		
42a The organization's books are in care of ▶ TOM DOYLE Telephone no ▶ 206-919-4693 Located at ▶ 1012 110TH AVE SE BELLEVUE, WA ZIP + 4 ▶ 98004		
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)?	42b	<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<input checked="" type="checkbox"/>
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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

- 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

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 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 **0**

- 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 **0**

- 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.

Sign Here	Signature of officer <i>TK Doyle</i>	Date <i>3/7/13</i>
	Type or print name and title <i>Thomas K Doyle Finance Officer</i>	

Paid Preparer Use Only	Print/Type preparer's name JAMES R. MURPHY	Preparer's signature <i>James R. Murphy</i>	Date <i>2/12/13</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00500982
	Firm's name JAMES R. MURPHY	Firm's EIN			
	Firm's address 6638 114TH AVE SE BELLEVUE, WA 98006	Phone no 206-303-9850			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SODICENTRIC 16 EXCHANGE ADVOCACY

DUP 15 Q ALLIANCE

Employer identification number

2-0751232

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)

(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	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Total. 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2012. 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 33¹/₃% support test—2011. 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 10%-facts-and-circumstances test—2012. 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 10%-facts-and-circumstances test—2011. 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 Private foundation. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84951	81866	85000	148863	227831	628511
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513		30777				30777
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 Total. Add lines 1 through 5	84951	112643	85000	148863	227831	659288
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 Public support (Subtract line 7c from line 6.)						659288

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	84951	112643	85000	148863	227831	659288
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2099	260	984	731	406	4480
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2099	260	984	731	406	4480
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 Total support. (Add lines 9, 10c, 11, and 12.)	90050	112903	85984	149594	228237	663768
14 First five years. 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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.3 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.7 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	2.23 %
19a 33 1/3% support tests—2012. 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 33 1/3% support tests—2011. 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 Private foundation. 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.** Complete this part to 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).

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

~~ISODICENTRIC 15 EXCHANGE ADVOCACY~~

DUP 15 Q ALLIANCE

Employer identification number

2-0751232

FORM 990-EZ

PART I LINE 16 OTHER EXPENSES

SEE STATEMENT #1 FOR A LIST OF THE PROGRAM SERVICE EXPENSES

PART III, WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO FUNDRAISE FOR RESEARCH REGARDING DUPLICATION OF

CHROMOSOME 15q. THE ORGANIZATION PROVIDES INFORMATION AND SUPPORT TO FAMILIES AND PROFESSIONALS

INTERESTED IN THE CHROMOSOMAL CONDITIONS KNOWN AS ISODICENTRIC 15 AND INTERSTITIAL DUPLICATION 15

THROUGH THE MIRROR NEWSLETTER, PARENTS NETWORKING AND RESEARCH CONTRACTS.

12:14 PM

02/02/13

Cash Basis

Dup 15Q Alliance
Balance Sheet
As of December 31, 2012

	Dec 31, 12	Dec 31, 11
ASSETS		
Current Assets		
Checking/Savings		
IDEAS	104,217 24	25,516 50
Money Market	246,824 19	251,424 54
Money Market -True Family Reser	10,806 07	10,799 45
Total Checking/Savings	361,847 50	287,740 49
Total Current Assets	361,847 50	287,740 49
TOTAL ASSETS	361,847.50	287,740.49
LIABILITIES & EQUITY		
Equity		
Opening Balance Equity	287,740 49	303,840 52
Net Income	74,107 01	-16,100 03
Total Equity	361,847 50	287,740 49
TOTAL LIABILITIES & EQUITY	361,847.50	287,740.49

Dup 15Q ALLIANCE

~~ISODICENTRIC 15 EXCHANGE ADVOCACY~~

20-0751232

2012

FORM 990

STATEMENT 1

OTHER EXPENSES

ADMINISTRATION COSTS	10,336
BANK SERVICE FEES	214
CONFERENCE EXP	3,668
EDUCATION & OUTREACH PROGRAM EXP	506
EXECUTIVE DIRECTOR STIPEND	19,000
VP COMMUNICATION STIPEND	1,600
FAMILY FUNDRAISER EXP	18,408
LEGAL-PROF FEES	686
MIRROR NEWSLETER EXP	3,303
PR & MARKETING EXP	6,409
REGISTRY EXP	37,175
RESEARCH GRANTS	43,000
RESEARCH ROUNDTABLE EXP	7,829
STORE SUPPLIES & EXP	1,481
WEBSITE	<u>515</u>

LINE 21, TOTAL OTHER DEDUCTIONS	154,130
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Dup 15 Q ALLIANCE

~~ISODICENTRIC 15 EXCHANGE ADVOCACY~~

20-0751232

2012

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
STATEMENT 2

TO FUNDRAISE FOR RESEARCH REGARDING DUPLICATION OF CHROMOSOME 15q.
TO PROVIDE INFORMATION AND SUPPORT TO FAMILIES AND PROFESSIONALS
INTERESTED IN THE CHROMOSOMAL CONDITIONS KNOWN AS ISODICENTRIC 15
AND INTERSTITIAL DUPLICATION 15 THROUGH NEWSLETTERS, PARENTS
NETWORKING AND RESEARCH CONTACTS.

Dup 15Q ALLIANCE

~~ISODICENTRIC 15 EXCHANGE ADVOCACY~~

20-0751232

2012

FORM 990-EZ, PART III - ORGNIZATION'S PRIMARY EXEMPT PURPOSE

STATEMENT 3

PART III - ORGNIZATION'S PRIMARY EXEMPT PURPOSE

LINE 28

ADMINISTRATIVE AND CONFERENCE COSTS TO PROVIDE SUPPORT TO FAMILIES AND
PROFESSIONALS INTERESTED IN THE CHROMOSOMAL CONDITIONS KNOWN AS
ISODICENTRIC 15 AND INTERSTITIAL DUPLICATION 15 THROUGH NEWSLETTERS, PARENTS
NETWORKING AND RESEARCH CONTACTS.

Dup 15Q ALLIANCE

~~ISODICENTRIC 15 EXCHANGE ADVOCACY~~

20-0751232

2012

FORM 990-EZ, PART III - ORGNIZATION'S PRIMARY EXEMPT PURPOSE
STATEMENT 4

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 29

THE MIRROR NEWSLETTER WAS PUBLISHED AND DISTRIBUTED TO FAMILIES AND
PROFESSIONALS TO PROVIDE EDUCATION ABOUT DUPLICATIONS OF CHROMOSOME
15q, TO SHARE FAMILY STORIES AND TO PROVIDE INFORMATION ABOUT TREATMENT
OPTIONS AND CURRENT RESEARCH.

12 18 PM

02/02/13

Cash Basis

Dup 15Q Alliance
Profit & Loss Budget vs. Actual
 January through December 2012

	Jan - Dec 12	Budget	\$ Over Budget	% of Budget
Income				
Conference				
Fundraising	150 00			
Sponsors	800 00			
Conference - Other	4,743 02			
Total Conference	5,693 02			
Fundraising				
Corporate Donation	17,851 92			
Donations				
Direct Ask	23,648 41			
First Giving	16,954 11			
igive	72 95			
Network for Good	4,434 75			
Valentine's	9,922 50			
Donations - Other	12,986 53			
Total Donations	68,019 25			
Fundraising Events				
Banzek	600 00			
Basketball Pool	294 00			
BBQ	2,146 00			
Bopp-Bike	6,655 00			
Dreams for Emily	1,825 00			
Family Run	650 00			
Golf Tournament	37,426 75			
Hokenson	3,224 00			
Jeans Day	800 00			
KayJayRun	1,625 00			
Moran	25 00			
Mueller Run	1,964 76			
Plugged-in Concert	10,250 00			
Quinlan	11,087 00			
Rylie	6,775 00			
Tilton	36,725 00			
Fundraising Events - Other	200 00			
Total Fundraising Events	122,272 51			
igive	55 08			
Network for Good	1,770 00			
soap	115 00			
Fundraising - Other	8,651 24	120,300 00	-111,648 76	7 2%
Total Fundraising	218,735 00	120,300 00	98,435 00	181 8%
Grants	0 00	1 000 00	-1,000 00	0 0%
Interest Inc	406 27	600 00	-193 73	67 7%
Memorials	870 00	1,500 00	-630 00	58 0%
Store	2,533 15	2 700 00	-166 85	93 8%
Total Income	228,237 44	126 100 00	102,137 44	181 0%
Gross Profit	228,237 44	126,100 00	102,137 44	181 0%
Expense				
1099 Contracts				
Exec Director	19,000 00	19,200 00	-200 00	99 0%
VP Communication	1,600 00	9,600 00	-8,000 00	16 7%
Total 1099 Contracts	20,600 00	28,800 00	-8,200 00	71 5%
Administration	5,827 50	2,200 00	3,627 50	264 9%
Bank Charge	214 00			
Conference Exp.				
insurance	569 00			
Conference Exp - Other	3,099 00			
Total Conference Exp	3,668 00			
Ed & Outreach				
Flowers	218 23			
new Family Packets	65 08			
Regional Gatherings	222 65			
Ed & Outreach - Other	0 00	3,000 00	-3,000 00	0 0%
Total Ed & Outreach	505 96	3,000 00	-2,494 04	16 9%
Fundraising Exp				
American Girl	1,000 00			

12.18 PM

02/02/13

Cash Basis

Dup 15Q Alliance
Profit & Loss Budget vs. Actual
 January through December 2012

	Jan - Dec 12	Budget	\$ Over Budget	% of Budget
Family Fundraisers				
Fun Run	-1,092 98			
Golf Tourney	15,747 74			
KayJayRun	1,594 47			
Total Family Fundraisers	16,249 23			
Fundraising Exp - Other	1,158 51	20,000 00	-18,841 49	5 8%
Total Fundraising Exp	18,407 74	20,000 00	-1,592 26	92 0%
General Admin				
Postage	1,855 05			
Printing/Copying	17 95			
Supplies	863 61			
Telephone/Communication	1,505 25			
General Admin - Other	266 70	5,000 00	-4,733 30	5 3%
Total General Admin	4,508 56	5,000 00	-491 44	90 2%
Legal-Prof Fees	686 14			
Mirror				
Layout/Printer	1,327 50			
Postage	1,077 48			
Printing	897 90			
Mirror - Other	0 00	3,800 00	-3,800 00	0 0%
Total Mirror	3,302 88	3 800 00	-497 12	86 9%
PR & Marketing				
Conferences	2,940 95			
Products	2,675 16			
PR & Marketing - Other	793 00	10,300 00	-9,507 00	7 7%
Total PR & Marketing	6,409 11	10,300 00	-3,890 89	62 2%
Registry	37,175 00	36,000 00	1,175 00	103 3%
Research Grants				
Mouse	40 000 00			
Research Grants - Other	3,000 00	3,000 00	0 00	100 0%
Total Research Grants	43,000 00	3,000 00	40,000 00	1,433 3%
Research Roundtable	7,829 13	10 000 00	-2,170 87	78 3%
Store Exp				
Goods - Bracelets	1,242 21			
Postage/Mailing	239 21			
Store Exp - Other	0 00	2,500 00	-2,500 00	0 0%
Total Store Exp	1,481 42	2,500 00	-1,018 58	59 3%
Website	514 99	1,500 00	-985 01	34 3%
Total Expense	154,130 43	126 100 00	28,030 43	122 2%
Net Income	74,107 01	0 00	74,107.01	100 0%