

COPY

Form **990-EZ**

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

OMB No. 1545-1150

**2012**

**Open to Public  
Inspection**

Under 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

ISODIGENTRIC 15 EXCHANGE ADVOCACY Dup 15Q ALLIANCE

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

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

206-919-4893

**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](http://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 6b, 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received																														
	2	Program service revenue including government fees and contracts		227,831																												
	3	Membership dues and assessments																														
	4	Investment income				406																										
	5a	Gross amount from sale of assets other than inventory																														
	5b	Less: cost or other basis and sales expenses																														
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6	Gaming and fundraising events																														
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																														
6b	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)																															
6c	Less: direct expenses from gaming and fundraising events																															
6d	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																															
7b	Less: cost of goods sold																															
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8	Other revenue (describe in Schedule O)																															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits																														
	13	Professional fees and other payments to independent contractors																														
	14	Occupancy, rent, utilities, and maintenance																														
	15	Printing, publications, postage, and shipping																														
	16	Other expenses (describe in Schedule O)																														
17	<b>Total expenses.</b> Add lines 10 through 16																															
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																															
Net Assets	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)																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																														
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																														

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10842I

Form **990-EZ** (2012)

**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

(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
KADI LUCHSINGER 7895 E. GENESEE ST. FAYETTEVILLE, NY 1366	EXEC. DIR. (5)	19,000	0	0
TOM DOYLE 1012 110TH AVE SE BELLEVUE, WA 98004	BOARD CHAIR (5) & FIN. OFFICER (5)	0	0	0
RACHEL DOUCETTE 1 WALDINGFIELD RD. GEORGETOWN, MA 01833	VP COMM. (5)	1,600	0	0
KIMBERLY MARINO 7484 ARMSTRONG RD. MANLIUS, NY 13104	ADMIN. ASST. (5)	5,827.50	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		✓
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)		✓
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)?		✓
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		
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		✓
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		✓
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?		✓
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?		✓
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		✓
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 8866-T		✓
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)? 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.	42b	✓
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: ▶	42c	✓
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	✓
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 Yes No  
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

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

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? 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 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 Date  
 Signature of officer: *TK Doyle* 3/7/13  
 Type or print name and title: *Thomas K. Doyle - Finance Officer*

Paid Preparer Use Only Check  if self-employed PTIN: **P00500982**  
 Print/Type preparer's name: **JAMES R. MURPHY** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name: **JAMES R. MURPHY** Firm's EIN: \_\_\_\_\_  
 Firm's address: **6638 114TH AVE SE BELLEVUE, WA 98006** Phone no.: **206-303-0850**

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

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 NEWSLETTER 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

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.

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.

ISODICENTRIC 15 EXCHANGE ADVOCACY  
20-0751232

2012

FORM 990-EZ, PART III - ORGANIZATION'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.



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

	Jan - Dec 12	Budget	\$ Over Budget	% of Budget
<b>Income</b>				
Conference				
Fundraising	150.00			
Sponsors	800.00			
Conference - Other	4,743.02			
<b>Total Conference</b>	<b>5,693.02</b>			
Fundraising				
Corporate Donation	17,861.92			
Donations				
Direct Ask	23,648.41			
First Giving	16,964.11			
Igive	72.85			
Network for Good	4,434.75			
Valentine's	9,922.50			
Donations - Other	12,988.53			
<b>Total Donations</b>	<b>88,019.25</b>			
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	850.00			
Golf Tournament	37,428.75			
Hokenson	3,224.00			
Jeans Day	800.00			
KayJayRun	1,625.00			
Moran	25.00			
Mueller Run	1,984.78			
Plugged-in Concert	10,250.00			
Quinlan	11,087.00			
Rylie	8,775.00			
Tilton	36,725.00			
Fundraising Events - Other	200.00			
<b>Total Fundraising Events</b>	<b>122,272.61</b>			
Igive	65.08			
Network for Good	1,770.00			
soap	115.00			
Fundraising - Other	8,851.24	120,300.00	-111,648.76	7.2%
<b>Total Fundraising</b>	<b>218,735.00</b>	<b>120,300.00</b>	<b>98,435.00</b>	<b>181.8%</b>
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%
<b>Total Income</b>	<b>228,237.44</b>	<b>126,100.00</b>	<b>102,137.44</b>	<b>181.0%</b>
<b>Gross Profit</b>	<b>228,237.44</b>	<b>126,100.00</b>	<b>102,137.44</b>	<b>181.0%</b>
<b>Expense</b>				
1099 Contracts				
Exec. Director	18,000.00	19,200.00	-200.00	99.0%
VP Communication	1,600.00	9,000.00	-8,000.00	18.7%
<b>Total 1099 Contracts</b>	<b>20,600.00</b>	<b>28,800.00</b>	<b>-8,200.00</b>	<b>71.5%</b>
Administration	5,827.50	2,200.00	3,827.50	264.8%
Bank Charge	214.00			
Conference Exp.				
Insurance	569.00			
Conference Exp. - Other	3,099.00			
<b>Total Conference Exp.</b>	<b>3,668.00</b>			
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%
<b>Total Ed &amp; Outreach</b>	<b>505.96</b>	<b>3,000.00</b>	<b>-2,494.04</b>	<b>16.8%</b>
Fundraising Exp				
American Girl	1,000.00			

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

	Jan - Dec 12	Budget	\$ Over Budget	% of Budget
<b>Family Fundraisers</b>				
Fun Run	-1,092.95			
Golf Tourney	15,747.74			
KayJayRun	1,584.47			
<b>Total Family Fundraisers</b>	<b>16,249.23</b>			
<b>Fundraising Exp - Other</b>	<b>1,155.51</b>	<b>20,000.00</b>	<b>-18,841.49</b>	<b>5.6%</b>
<b>Total Fundraising Exp</b>	<b>18,407.74</b>	<b>20,000.00</b>	<b>-1,592.26</b>	<b>92.0%</b>
<b>General Admin</b>				
Postage	1,855.05			
Printing/Copying	17.95			
Supplies	853.81			
Telephone/Communication	1,505.25			
General Admin - Other	265.70	5,000.00	-4,733.30	5.3%
<b>Total General Admin</b>	<b>4,508.56</b>	<b>5,000.00</b>	<b>-491.44</b>	<b>90.2%</b>
<b>Legal-Prof Fees</b>	<b>686.14</b>			
<b>Mirror</b>				
Layout/Printer	1,327.50			
Postage	1,077.43			
Printing	997.90			
Mirror - Other	0.00	3,800.00	-3,800.00	0.0%
<b>Total Mirror</b>	<b>3,302.83</b>	<b>3,800.00</b>	<b>-497.12</b>	<b>86.9%</b>
<b>PR &amp; Marketing</b>				
Conferences	2,940.85			
Products	2,675.18			
PR & Marketing - Other	793.00	10,300.00	-9,507.00	7.7%
<b>Total PR &amp; Marketing</b>	<b>6,409.11</b>	<b>10,300.00</b>	<b>-3,890.89</b>	<b>62.2%</b>
<b>Registry</b>	<b>37,175.00</b>	<b>38,000.00</b>	<b>1,175.00</b>	<b>103.3%</b>
<b>Research Grants</b>				
Mouse	40,000.00			
Research Grants - Other	3,000.00	3,000.00	0.00	100.0%
<b>Total Research Grants</b>	<b>43,000.00</b>	<b>3,000.00</b>	<b>40,000.00</b>	<b>1,433.3%</b>
<b>Research Roundtable</b>	<b>7,829.13</b>	<b>10,000.00</b>	<b>-2,170.87</b>	<b>78.3%</b>
<b>Store Exp</b>				
Goods - Bracelets	1,242.21			
Postage/Mailing	239.21			
Store Exp - Other	0.00	2,500.00	-2,500.00	0.0%
<b>Total Store Exp</b>	<b>1,481.42</b>	<b>2,500.00</b>	<b>-1,018.58</b>	<b>59.3%</b>
<b>Website</b>	<b>514.89</b>	<b>1,500.00</b>	<b>-985.01</b>	<b>34.3%</b>
<b>Total Expense</b>	<b>154,130.43</b>	<b>126,100.00</b>	<b>28,030.43</b>	<b>122.2%</b>
<b>Net Income</b>	<b>74,107.01</b>	<b>0.00</b>	<b>74,107.01</b>	<b>100.0%</b>

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

ISODICENTRIC 15 EXCHANGE ADVOCACY

Employer identification number

2-0751232

FORM 990-EZ

PART I LINE 18 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.

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84951	81866	85000	148863	227831	626511
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		30777				30777
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	84951	112643	85000	148863	227831	659288
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . . .	84951	112643	85000	148863	227831	659288
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2099	280	984	731	406	4480
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	2099	280	984	731	406	4480
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	90050	112903	85984	148594	228237	563788
<b>14 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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.3 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.77 %

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.7 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	2.23 %
<b>19a 33 1/3% support tests—2012.</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—2011.</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"/>
<b>20 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"/>

12:14 PM  
02/02/13  
Cash Basis

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

	Dec 31, 12	Dec 31, 11
<b>ASSETS</b>		
<b>Current Assets</b>		
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
<b>Total Checking/Savings</b>	<b>361,847.50</b>	<b>287,740.49</b>
<b>Total Current Assets</b>	<b>361,847.50</b>	<b>287,740.49</b>
<b>TOTAL ASSETS</b>	<b><u>361,847.50</u></b>	<b><u>287,740.49</u></b>
<b>LIABILITIES &amp; EQUITY</b>		
Equity		
Opening Balance Equity	287,740.49	303,840.52
Net Income	74,107.01	-16,100.03
<b>Total Equity</b>	<b>361,847.50</b>	<b>287,740.49</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>361,847.50</u></b>	<b><u>287,740.49</u></b>

COPY

Form <h1 style="margin:0;">CT-12</h1> <p style="margin:0;">For Oregon Charities</p>	<b>Charitable Activities Section</b> <b>Oregon Department of Justice</b> <small>1515 SW 5th Avenue, Suite 410          Portland, OR 97201-5451          Email: charitable.activities@doj.state.or.us          Website: http://www.doj.state.or.us</small>	For Accounting Periods Beginning In: <h1 style="margin:0;">2012</h1>
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**Section I. General Information**

1. ISODICENTRIC 15 EXCHANGE ADVOCACY AND SUPPORT  
 6699 SE SCOTT DR.  
 PORTLAND, OR 97215  
 503-253-2872

Cross Through Incorrect Items and Correct Here:  
 (See instructions for change of name or accounting period.)

Registration #: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Amended Report?

Email: \_\_\_\_\_

Period Beginning: / / Period Ending: / /

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
TOM DOYLE	FINANCIAL OFFICER	206-919-4693	1012 110TH AVE SE BELLEVUE, WA 98004 www.tkdoyle@speakeasy.net

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: KADI LUCHSINGER Address: 7895 E. GENESEE ST, FAYETTEVILLE, NY 13068 Phone: ( 315 ) 637-4191 Email: kadi@twcny.it.com	EXEC. DIR. (5)	\$19,000.00
Name: KIMBERLY MARING Address: 7484 ARMSTRONG RD. MANLIUS, NY 13104 Phone: ( 315 ) 632-4565 Email: kmaring@twcny.it.com	ADMIN. ASST (5)	\$5,827.50
Name: _____ Address: _____ Phone: ( ) _____ Email: _____		

## Section II. Fee Calculation

<p>9. <b>Total Revenue</b>.....</p> <p><small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small></p>	9.	\$228,237.00																		
<p>10. <b>Revenue Fee</b>.....</p> <p><small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	\$75.00
Amount on Line 9	Revenue Fee																			
\$0 - \$24,999	\$10																			
\$25,000 - \$49,999	\$25																			
\$50,000 - \$99,999	\$45																			
\$100,000 - \$249,999	\$75																			
\$250,000 - \$499,999	\$100																			
\$500,000 - \$749,999	\$135																			
\$750,000 - \$999,999	\$170																			
\$1,000,000 or more	\$200																			
<p>11. <b>Net Assets or Fund Balances at End of the Reporting Period</b>.....</p> <p><small>(From Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see page 3 of CT-12 instructions to calculate.)</small></p>	11.	\$361,848.00																		
<p>12. <b>Net Fixed Assets Used to Conduct Charitable Activities</b>.....</p> <p><small>(Generally, from Part X, Line 10c on Form 990; Line 23B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing.)</small></p>	12.	\$0.00																		
<p>13. <b>Amount Subject to Net Assets or Fund Balances Fee</b>.....</p> <p><small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$361,848.00																		
<p>14. <b>Net Assets or Fund Balances Fee</b>.....</p> <p><small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.	\$36.00																		
<p>15. <b>Are you filing this report late?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.....</p> <p><small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See instruction 15 for additional information or contact the Charitable Activities Section at (877) 873-1860 to obtain late fee amount.)</small></p>	15.																			
<p>16. <b>Total Amount Due</b>.....</p> <p><small>(Add Lines 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$111.00																		
<p>17. <b>Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 &amp; 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.</b></p>																				

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Paid Preparer's Use Only**



Preparer's signature \_\_\_\_\_ Date 2/12/213 \_\_\_\_\_ Phone 206-303-9850  
 JAMES R. MURPHY \_\_\_\_\_ 6638 114TH AVE SE BELLEVUE, WA 98005 \_\_\_\_\_  
 Preparer's name \_\_\_\_\_ Address \_\_\_\_\_