

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013

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

C Name of organization: DUF15q ALLIANCE

D Doing Business As: ISODCENTRIC 15 EXCHANGE ADVOCACY

E Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 674

F City or town, state or province, country, and ZIP or foreign postal code: FAYETTEVILLE, NY 13066

G Name and address of principal officer: TOM DOYLE FIN. OFFICER 1012 110TH AVE SE BELLEVUE, WA 98004

H Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

I Form of organization: Corporation Trust Association Other

J Website: www.duf15q.org

K Form of organization: Corporation Trust Association Other

L Year of formation: M State or legal domicile:

1 Briefly describe the organization's mission or most significant activities: 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 ISODCENTRIC 15 AND INTERSTITIAL DUPLICATION 15

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): 10

4 Number of independent voting members of the governing body (Part VI, line 1b): 0

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a): 0

6 Total number of volunteers (estimate if necessary): 0

7a Total unrelated business revenue from Part VIII, column (C), line 12: 80

b Net unrelated business taxable income from Form 990-T, line 34: 0

8 Contributions and grants (Part VIII, line 1h): 195711

9 Program service revenue (Part VIII, line 2g): 406

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): 227831

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e): 375

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12): 196086

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3):

14 Benefits paid to or for members (Part IX, column (A), line 4):

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):

16a Professional fundraising fees (Part IX, column (D), line 25):

b Total fundraising expenses (Part IX, column (A), line 11e):

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e):

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):

19 Revenue less expenses. Subtract line 18 from line 12: -4272

20 Total assets (Part X, line 16):

21 Total liabilities (Part X, line 26):

22 Net assets or fund balances. Subtract line 21 from line 20: 358576

Part II Signature Block

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.

Signature of officer: Date: Preparer's name: JAMES R. MURPHY Preparer's signature: JAMES R. MURPHY Date: 2/23/14 Check self-employed PTN P00500982 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO FUNDRAISE FOR RESEARCH REGARDING THE 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 NEWSLETTERS, PARENTS NETWORKING AND RESEARCH CONTRACTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 151404 including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ 3088 including grants of \$) (Revenue \$)

THE MIRROR NEWSLETTER WAS PUBLISHED AND DISTRIBUTED TO FAMILIES AND PROFESSIONALS TO PROVIDE EDUCATION AND TO PROVIDE INFORMATION ABOUT TREATMENT OPTIONS AND CURRENT RESEARCH

4c (Code:) (Expenses \$ 3283 including grants of \$) (Revenue \$)

FAMILY FUNDRAISER EXPENSES

4d Other program services (Describe in Schedule O.) (Expenses \$) (Revenue \$)

4e Total program service expenses 157776

Form 990 (2013)

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	12 a	13	14 a	b	15	16	17	18	19	20 a	b	20 b	20 c
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12 a	13	14 a	b	15	16	17	18	19	20 a	b	20 b	20 c
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				

Part IV Checklist of Required Schedules (continued)

21	22	23	24a	24b	24c	24d	25a	25b	26	27	28	29	30	31	32	33	34	35a	b	36	37	38
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Section 501(c)(3) and 501(c)(4) organizations: Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Section 501(c)(3) organizations: Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O
✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	1a			
b		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1b			
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c			
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a			
b		Note: If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b			
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			
b		If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			
b		If "Yes," enter the name of the foreign country: <input type="checkbox"/>		4a			
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6a			
7		Organizations that may receive deductible contributions under section 170(c)		7a			
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8		Sponsoring organizations maintaining donor advised funds		8			
a		Did the organization make any taxable distributions under section 4966?		9a			
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b			
9		Sponsoring organizations maintaining donor advised funds		9			
a		Did the organization make any excess business holdings at any time during the year?		10a			
b		Did the organization make any tax-exempt interest received or accrued during the year?		10b			
10		Section 501(c)(7) organizations. Enter:		10a			
a		Initiation fees and capital contributions included on Part VIII, line 12		10a			
b		Gross receipts, included on Form 990, Part VIII, line 12		10b			
11		Section 501(c)(12) organizations. Enter:		11a			
a		Gross income from members or shareholders		11a			
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13		Section 501(c)(29) qualified nonprofit health insurance issuers		13a			
a		Is the organization licensed to issue qualified health plans in more than one state?		13a			
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c		Enter the amount of reserves on hand		13c			
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a			
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year.

If there are material differences in voting rights among members of the governing body, or

if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent

1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOM DOYLE FINANCIAL OFFICER 1012 110TH AVE SE BELLEVUE, WA 98004 206-919-4693

Form 990 (2013)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(a) Name and Title	(b) Average hours per week (list any hours for related organizations below dotted line)	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(d) Reportable compensation from the organization (W-2/1099-MISC)	(e) Reportable compensation from other organizations (W-2/1099-MISC)	(f) Estimated amount of compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee Individual trustee or director			
(1) KADI LUCHSINGER, EXECUTIVE DIRECTOR 7895 E. GENESEE ST FAYETTEVILLE, NY 13068	5				✓	19200	0	0	
(2) TOM DOYLE FINANCIAL OFFICER 1012 110TH AVE SE BELLEVUE, WA 98004	10				✓	0	0	0	
(3) KIMBERLY MARING 7484 ARMSTRONG RD MAHLIUS, NY 13104	5				✓	8960	0	0	
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(a) Name and title	(b) Average hours per week (if any officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee)	(c) Position					(d) Reportable compensation from the organization (M-2/1099-MISC)	(e) Reportable compensation from related organizations (M-2/1099-MISC)	(f) Estimated amount of compensation from the organization and related organizations
		Farmer	Highest compensated employee	Key employee	Officer	Institutional trustee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization						28160	0	0	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(a) Name and business address	(b) Description of services	(c) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

3	Yes	No
4	✓	
5	✓	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a	Federated campaigns				
b	Membership dues				
c	Fundraising events				
d	Related organizations				
e	Government grants (contributions)				
f	All other contributions, gifts, grants, and similar amounts not included above				
g	Noncash contributions included in lines 1a-f: \$				
h	Total. Add lines 1a-1f	195711			
Program Service Revenue					
2a					
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	0			
Other Revenue					
3	Investment income (including dividends, interest, and other similar amounts)	375			
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents				
b	Less: rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory				
b	Less: cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
b	Less: direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19				
b	Less: direct expenses				
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances				
a					
b	Less: cost of goods sold				
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	196086			
12	Total revenue. See instructions.				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				
2				
3				
4				
5				
6	28160			28160
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a	6406			6406
b				
c	8017			8017
d	15775			15775
e				
25				
26	200358	15775		42583

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
1	Cash—non-interest-bearing	361848	358576
	Savings and temporary cash investments	1	2
2	Pledges and grants receivable, net	3	3
3	Accounts receivable, net	4	4
4	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	5
5	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
6	Notes and loans receivable, net	6	6
7	Inventories for sale or use	7	7
8	Prepaid expenses and deferred charges	8	8
9	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9	9
10a	Less: accumulated depreciation		
10b		10a	10b
11	Investments—publicly traded securities	10c	10c
12	Investments—other securities. See Part IV, line 11		
13	Investments—program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	361848	358576
17	Accounts payable and accrued expenses	16	17
18	Grants payable	17	17
19	Deferred revenue	18	18
20	Tax-exempt bond liabilities	19	19
21	Escrow or custodial account liability. Complete Part IV of Schedule D	20	20
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	21	21
23	Secured mortgages and notes payable to unrelated third parties	22	22
24	Unsecured notes and loans payable to unrelated third parties	23	23
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24	24
26	Total liabilities. Add lines 17 through 25	25	25
27	Unrestricted net assets	26	0
28	Temporarily restricted net assets	27	358576
29	Permanently restricted net assets	28	28
30	Capital stock or trust principal, or current funds	29	29
31	Paid-in or capital surplus, or land, building, or equipment fund	30	30
32	Retained earnings, endowment, accumulated income, or other funds	31	31
33	Total net assets or fund balances	32	358576
34	Total liabilities and net assets/fund balances	33	358576

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	196086
2	Total expenses (must equal Part IX, column (A), line 25)	200358
3	Revenue less expenses. Subtract line 2 from line 1	-4272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	361848
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	358576

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

b Were the organization's financial statements audited by an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Yes No

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) and 170(b)(1)(A)(v)
 (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

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
Section B. Total Support						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16a						
16b						
17a						
18						

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	33 1/3% support test—2013. 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.		
16b	33 1/3% support test—2012. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.		
17a	10%-facts-and-circumstances test—2013. 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.		
17b	10%-facts-and-circumstances test—2012. 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.		
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.		

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.)

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	81866	85000	148863	227831	195711	739271
2						
3						
4	30777					30777
5						
6						
7a	112643	85000	148863	227831	195711	770048
b						
c						
8						

Section B. Total Support

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
 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.
 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.
 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.)

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	112643	85000	148863	227831	195711	770048
10a						
b	260	984	731	406	375	2756
c						
11	260	984	731	406	375	2756
12						
13						
14	112903	85984	149594	228237	196086	772804

Section C. Computation of Public Support Percentage

organization, check this box and stop here
 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
 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 99.6 %
 16 Public support percentage from 2012 Schedule A, Part III, line 15 99.3 %
 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 0.4 %
 18 Investment income percentage from 2012 Schedule A, Part III, line 17 0.7 %
 19a 33 1/3% support tests—2013. 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.
 b 33 1/3% support tests—2012. 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.
 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Section D. Computation of Investment Income Percentage

15 99.6 %
 16 99.3 %
 17 0.4 %
 18 0.7 %

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
DUP15q ALLIANCE

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
 - b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

Complete if the organization entered more than \$15,000 on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number
20-0751232

OMB No. 1545-0047
2013
Open to Public Inspection

1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- 11** Does the organization operate gaming activities with nonmembers?
 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
 Indicate the percentage of gaming activity operated in:
- | | | |
|-----|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |
| 13a | | |
| 13b | | |
- Enter the name and address of the person who prepares the organization's gaming/special events books and records:

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?
 If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
 If "Yes," enter name and address of the third party:
- Name ▶
 Address ▶

- 16** Gaming manager information:
- Name ▶
 Address ▶
- Gaming manager compensation \$ ▶
 Description of services provided ▶
- Director/officer
 Employee
 Independent contractor

- 17** Mandatory distributions:
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
DUPT15g ALLIANCE

FORM 990

PAGE 1, PART I, SUMMARY, LINE 17

SEE ATTACHED STATEMENT 2

PAGE 2, PART III, LINE 1

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO FUNDRAISE FOR RESEARCH REGARDING DUPLICATING OF THE CHROMOSOME 15g. THE ORGANIZATION PROVIDES 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 CONTRACTS

PARENTS NETWORKING AND RESEARCH CONTRACTS

PAGE 2, PART III, LINE 4a

ADMINISTRATIVE AND CONFERENCE COSTS TO PROVIDE SUPPORT TO FAMILIES AND PROFESSIONALS INTERESTED IN THE CHROMOSOMAL CONDITIONS THROUGH NEWSLETTERS, PARENTS NETWORKING AND RESEARCH CONTRACTS (151,404)

PAGE 2, PART III, LINE 4b

THE MIRROR NEWSLETTER WAS PUBLISHED AND DISTRIBUTED TO FAMILIES AND PROFESSIONALS TO PROVIDE EDUCATION AND INFORMATION ABOUT THE CURRENT RESEARCH AND TREATMENT OPTIONS (3088)

PAGE 2, PART III, LINE 4c

FAMILY FUNDRAISER EXPENSES (3283)

PAGE 5, PART V, LINE 1a

THE EXECUTIVE DIRECTOR AND THE ADMINISTRATIVE ASST. IN CHARGE OF COMMUNICATIONS RECEIVE STIPENDS. THE BOARD CHAIR WHO IS THE FINANCIAL OFFICER CHOSE TO VOLUNTEER HIS SERVICES

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.

Employer identification number

20-0751232

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DUP15q ALLIANCE

PAGE 6, PART VI, LINE 8a

THE ORGANIZATION CONTEMPORANEOUSLY DOCUMENTS THE MEETINGS OF THE GOVERNING BODY (THE BOARD) HELD AND WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR

PAGE 6, PART VI, SECTION B, LINE 11a

THE ORGANIZATION PROVIDED A COMPLETE COPY OF THE FORM 990 FOR REVIEW TO MEMBERS OF THE BOARD AT MONTHLY MTG.

PAGE 6, PART VI, SECTION B, LINES 12a,b,c

THE ORGANIZATION HAS A WRITTEN CONFLICT INTEREST POLICY. THE DIRECTOR AND ALL OFFICERS WERE REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THERE HAVE NOT BEEN ANY. THE ORGANIZATION

REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

PAGE 6, PART VI, SECTION C, LINE 19

THE ORGANIZATION OFFERS ALL OF ITS INFORMATION FOR PUBLIC INSPECTION UPON REQUEST. THE ORGANIZATION WILL POST ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ON THEIR WEBSITE UPON REQUEST.

PAGE 12, PART XI, LINE 8

A PRIOR PERIOD ADJUSTMENT WAS MADE FOR OUTSTANDING CHECK #1065 WHICH WAS CANCELLED

Employer identification number

20-0751232