

COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning **2014**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **DUP15q ALLIANCE**
 Doing business as **ISODICENTRIC 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 province, country, and ZIP or foreign postal code
FAYETTEVILLE, NY 13066

D Employer identification number
20-0751232

E Telephone number
206-919-4693

G Gross receipts \$ **334,743.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **www.dup15q.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1994** **M** State of legal domicile: **OR**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FUNDRAISE FOR RESEARCH REGARDING DUPLICATING 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		
	2	Check this box <input type="checkbox"/> 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)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 195711	Current Year 334433
	9	Program service revenue (Part VIII, line 2g)	375	310
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196086	334743
Expenses	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 (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200358	251326
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	200358	251326	
19	Revenue less expenses. Subtract line 18 from line 12	-4272	83417	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 358576	End of Year 441993
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	358576	441993

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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **JAMES R. MURPHY** Preparer's signature: *James R. Murphy* Date: **3/17/15** Check 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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