#### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2019 calendar year, or tax year beginning and	enaing	<b>-</b>	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addres				
	Name chang	Doing business as		46-15847	30
	Initial return Final return/		Room/suite	E Telephone numbe (919)964	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	210,053.
	Amend			H(a) Is this a group re	
F	return Applic tion		T	for subordinates	
	pendir	SAME AS C ABOVE	-		·····
_	T-11 -111		or 527	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) de: ► WWW.AEALLIANCE.ORG	01 321	<b>⊣</b> ′	list. (see instructions)
		organization: X Corporation	I Voor	H(c) Group exemption	n number ► ✓ State of legal domicile: NC
	art I	Summary	L Teal	oriorination. ZOIZI	/ State of legal domicile. INC
		Briefly describe the organization's mission or most significant activities: CREA	TE A C	OMMIINTTY SO	THAT NO
Activities & Governance	1	ONE FACES AE ALONE; PROMOTING MEDICAL CO.	LLAROR	ATTON:	111M1 140
nar	1	Check this box if the organization discontinued its operations or dispose			nooto.
Ver					9
යි		Number of independent voting members of the governing body (Part VI, line 1a)			9
ళ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2
ij					107
흦		Total number of volunteers (estimate if necessary)			0.
Ă		Net unrelated business taxable income from Form 990-T, line 39			0.
	+ -	Net differenced business taxable moonie from 550 1, inte 65		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		184,069.	168,181.
		Program service revenue (Part VIII, line 2g)		0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124.	2,091.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,593.	1,737.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		190,786.	172,009.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,345.	46,973.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	18.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		145,329.	72,339.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,674.	119,312.
	19	Revenue less expenses. Subtract line 18 from line 12		8,112.	52,697.
Net Assets or Fund Balances	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		124,500.	171,648.
LAS PB	21	Total liabilities (Part X, line 26)		10,505.	4,956.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		113,995.	166,692.
P	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Olymphon of afficers		D-t-	
Sig	ın	Signature of officer		Date	
He	re	WILLIAM C MCDOW III, CHAIR Type or print name and title			
				Oato I	II DTIN
n - '		Print/Type preparer's name  Preparer's signature		Date Check C	PTIN
Pai		ELIZABETH MAUCH		self-employ	P01988953
	parer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.		Firm's EIN ▶	56-1304727
USE	Only	Firm's address 1414 RALEIGH RD, SUITE 300			10\042 0700
_		CHAPEL HILL, NC 27517		Phone no. (9	19)942-8700
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	K
1	Briefly describe the organization's mission:  THE AUTOIMMUNE ENCEPHALITIS ALLIANCE IMPROVES THE LIVES OF PATIENTS	
	WITH AUTOIMMUNE ENCEPHALITIS BY MULTI-DISCIPLINARY, COLLARBORATIVE	_
	RESEARCH AND CLINICAL CARE AND BY CREATING A COMMUNITY OF PATIENTS AND	_
	CAREGIVERS SO THAT NO ONE FACES AUTOIMMUNE ENCEPHALITIS ALONE.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo
	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 X N	lo
	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.  (Code:) (Expenses \$ 5 , 0 6 9 • including grants of \$ ) (Revenue \$ )	
4a	(Code: ) (Expenses \$ 5,009 including grants of \$) (Revenue \$)  CLINICAL CARE AND DOCTOR EDUCATION:	_ '
	THE AUTOIMMUNE ENCEPHALITIS ALLIANCE (AE ALLIANCE) CONTINUES TO BE A	
	PREMIER SOURCE WORLDWIDE FOR PATIENTS AND CAREGIVERS SEEKING PHYSICIANS	<del>-</del>
	WHO HAVE EXPERIENCE TREATING AE. SEVERAL OTHER ORGANIZATIONS REFER	_
	PATIENTS TO OUR CLINICIANS NETWORK. WE HAVE ADDED 32 DOCTORS TO THIS	
	NETWORK IN 2019, AN INCREASE OF 24% THE PHYSICIANS ON OUR CLINICIANS	_
	NETWORK ARE OFTEN INVITED TO PARTICIPATE IN RESEARCH AND CLINICAL TRIAL	
	STUDIES, THEREBY STIMULATING COLLABORATION IN THIS RARE DISEASE SPACE.	_
	<u> </u>	
	AE ALLIANCE CO-ORGANIZED THE SYMPOSIUM, 'THE BRIDGE BETWEEN NEUROLOGY	
	AND PSYCHIATRY' IN APRIL 2019, 120 PHYSICIANS FROM VARIOUS DISCIPLINES	
	ATTENDED THIS CONFERENCE. DR. DALMAU, WHO DISCOVERED THE FIRST,	
4b	(Code:) (Expenses \$ 38,009 • including grants of \$) (Revenue \$	)
	PATIENT ADVOCACY AND PATIENT SUPPORT:	
	AE ALLIANCE SUCCESSFULLY RAN AN AE AWARENESS CAMPAIGN AIMED AT THE	
	GENERAL PUBLIC FOR WORLD ENCEPHALITIS DAY 2019, REACHING ALMOST 90,000	
	PEOPLE WITH OUR AE AWARENESS CARD.	
	THE WARRY AT ALL TANGE HOOMED A LIDIGHTON TOD DAVITY WINDERS AND DAMITHMS	
	IN MARCH AE ALLIANCE HOSTED A LUNCHEON FOR FAMILY MEMBERS AND PATIENTS TO SHARE EXPERIENCES DURING THE FLORENCE FORTH WEEKEND. WE HAD DR.	
	HEATHER VAN MATER SPEAK AND ANSWER QUESTIONS IN A WELL-ATTENDED	
	SESSION, WHILE CHILDREN WITH AE AND THEIR SIBLINGS LEARNED MORE ON	
	COPING MECHANISMS IN A PLAYFUL WORKSHOP LED BY DR. REBECCA SADUN.	
	TOT THE INCIDENCE OF THE PROPERTY OF THE PROPE	
	MULTIPLE DAILY INQUIRIES FROM PATIENTS AND CAREGIVERS VIA EMAIL WERE	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		_ ′
		_
	Other program convices (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 43,078.	
70	Form <b>990</b> (20	19)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>'</del>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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	11b		Х
С	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	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	17		х
18	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	18	Х	
19	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	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, 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	00		х
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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	051-		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			X
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
-5	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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	37		X
38	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  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
U	(gambling) winnings to prize winners?	1c	Х	
	\U			

932004 01-20-20

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
Б	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010

orm **990** (2019

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	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?	2	Х	
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CARRIE PAINTER - (919)452 1395			
	2118 SPRUNT AVE, DURHAM, NC 27705			

932006 01-20-20

## 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

- 1a 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.

See instructions for the order in which to list the persons above.

		T T	organization compensat							<b>(</b> E)
(A)	(B)		<b>(C)</b> Position		(D)	(E)	(F)			
Name and title	Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of				
	week			from	from related	other				
	(list any			the	organizations	compensation				
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comb				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA ARDITTE	1.00	흐	Ë	5	<u>\$</u>	主旨	요			
DIRECTOR	1.00	X						0.	0.	0.
(2) ED ARDITTE	1.00							0.	0.	•
DIRECTOR	1.00	X						0.	0.	0.
(3) ROBERT GIVEN	1.00	25						0.	•	•
DIRECTOR	1.00	x						0.	0.	0.
(4) BILL GAVIGAN	1.00								•	
DIRECTOR (FROM 1/29/2019)		x						0.	0.	0.
(5) HEATHER VAN MATER	1.00							-		
DIRECTOR (FROM 1/14/2019)		Х						0.	0.	0.
(6) ANUSHA YESHOKUMAR	1.00									
DIRECTOR (FROM 1/14/2019)		Х						0.	0.	0.
(7) WILLIAM C. MCDOW III	12.00									
CHAIR		Х						0.	0.	0.
(8) LESLIE G. MCDOW	10.00									
SECRETARY		Х						0.	0.	0.
(9) CARRIE PAINTER	10.00								_	
TREASURER		Х						0.	0.	0.
		-								
		-								
		1								
		$\vdash$								
		1								
		$\vdash$								
		1								
	I	⊢	$\vdash$	⊢	₩	$\vdash$	<u> </u>	-		
							l			

Part VII Section A. Officers, Dire	ctors, Trustees, Key Em	ployees	s, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director objector and objector or director objector or director objector obje	Pos check less pe and a c	c) sition more erson	1 than o	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	Estinamo of compe from organ and	mated punt of ther ensation m the nization related izations
Subtotal     Total from continuation sheets     Total (add lines 1b and 1c)	s to Part VII, Section A  uding but not limited to the					<u> </u>	0 • 0 • 0 • ceceived more than \$100	0,000 of reportab	0 • 0 • 0 •		0.
<ul> <li>3 Did the organization list any form line 1a? If "Yes," complete Schee</li> <li>4 For any individual listed on line and related organizations greated</li> <li>5 Did any person listed on line 1a rendered to the organization? If</li> <li>Section B. Independent Contractor</li> </ul>	edule J for such individual 1a, is the sum of reportab er than \$150,000? If "Yes, receive or accrue compe "Yes," complete Schedul	ole comp " <i>comp</i> nsation	oens lete l	atior Sche	n and edule y unr	otl	her compensation from for such individual	the organization		3 4 5	X X X
Complete this table for your five the organization. Report compe  Name an			ding v					year.		(C)	
2 Total number of independent co \$100,000 of compensation from		not limite	ed to	tho (	se lis	stec	d above) who received m	nore than			00 (00 (0)

Pa	r L V	Ш			- in their Deat VIII			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant	•		Federated campaigns 1a Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	36,656.				
ifts ir A			Related organizations 1d	30,0300				
s, G			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 11	131,525.				
oğ.		a	Noncash contributions included in lines 1a-1f					
Sor		_	Total. Add lines 1a-1f		168,181.			
		<u></u>	Totali / lad iii loo Ta Ti	Business Code				
Ð	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr R		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		60.			60.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	▶				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	, <b>&gt;</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 8,023.					
		b	Less: cost or other basis					
Revenue			and sales expenses					
eve.			Gain or (loss) 7c 2,031.					0.004
			Net gain or (loss)	<u>,</u>	2,031.			2,031.
Other	8	а	Gross income from fundraising events (not					
0			including \$ 36,656.					
			contributions reported on line 1c). See	22 700				
			Part IV, line 18					
			Less: direct expenses 8b		1 727			1 727
	_			<b>&gt;</b>	1,737.			1,737.
	9	а	Gross income from gaming activities. See					
		<b>L</b>	Part IV, line 19 9a Less: direct expenses 9b					
			Niet in a constant (in a constant of this constant of thi					
	10		Gross sales of inventory, less returns	<b>P</b>				
	10	а	and allowances 10a	,				
		h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	<u> </u>				
_		Ť		Business Code				
Miscellaneous Revenue	11	а						
nue	••	b						
eve		c						
disc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		172,009.	0.	0.	3,828.

#### 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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	43,634.	31,603.	8,768.	3,263
8	Pension plan accruals and contributions (include	-,	- ,	.,	- / =
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,339.	1,957.	1,095.	287
11	Fees for services (nonemployees):	7,000	_,		
''	Management				
b		3,590.		3,590.	
C	Legal	7,313.		7,313.	
_	5 ·······	7,75251		7,73231	
d e	D ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	24,895.	1,170.	23,365.	360
12	Advertising and promotion	534.	534.	23/3031	300
13	Office expenses	1,582.	1,119.	441.	22.
14	Information technology	9,790.	750.	9,040.	
15		377301	7300	370101	
16	Royalties	1,611.		1,611.	
	Occupancy	8,448.	3,749.	4,699.	
17	Travel Payments of travel or entertainment expenses	0,110.	3,743.	4,000.	
18					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	2,701.	1,665.	1,036.	
19 20	<del>-</del>	2,701	2,003.	-,000	
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	8,176.		8,176.	
23		708.		708.	
23 24	Insurance Other expenses. Itemize expenses not covered	, , , ,		, , , ,	
4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	2,843.	493.	1,864.	486
b	MATERIALS, SUPPLIES	148.	38.	110.	
C					
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	119,312.	43,078.	71,816.	4,418
26	Joint costs. Complete this line only if the organization		10,0,00	, _ , 0 _ 0	1,410
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form <b>990</b> (2019

### Part X Balance Sheet

rai	LA	Observation of the control of the co			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	155,149
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,250
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
jts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	819.	9	1,388
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	6,094.	11	8,185
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	9,852.	14	1,676
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	171,648
	17	Accounts payable and accrued expenses	7,915.	17	558
	18	Grants payable		18	
	19	Deferred revenue	2,590.	19	4,398
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	10,505.	26	4,956
		Organizations that follow FASB ASC 958, check here			
š		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions		27	134,602
Ra	28	Net assets with donor restrictions	32,090.	28	32,090
ב		Organizations that do not follow FASB ASC 958, check here			
[		and complete lines 29 through 33.			
o s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	111	32	166,692
اڄ	<b>5</b> 2				

1 Accounting method used to prepare the Form 990:   Cash Accrual X Other MODIFIED CASH  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	Pa	rt XI Reconciliation of Net Assets						
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 2 from line 2 from line 4  Revenue less expenses. Subtract line 2 from line 2 from line 3 from line 2 from line 3 from line 2 f		Check if Schedule O contains a response or note to any line in this Part XI						
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 2 from line 2 from line 4  Revenue less expenses. Subtract line 2 from line 2 from line 3 from line 2 from line 3 from line 2 f								
Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue less expenses. Subtract line 2 from line 4  Revenue lead revenue and selection (A)  Revenue less expenses or fund balances at beginning of year (must equal Part X, line 32, column (B))  Report XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Revenue less expenses. Subtract line 3 from line 3 from a prior year or checked "Other," explain in Schedule O.  Rever the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Rever the organization sinancial statements compiled or reviewed by an independent accountant?  Revenue less expenses. Consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separ	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 113,995  Net unrealized gains (losses) on investments  5 Donated services and use of facilities  6 Investment expenses  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," the line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	2	Total expenses (must equal Part IX, column (A), line 25)	2					
Solution of the companies of the compani	3	Revenue less expenses. Subtract line 2 from line 1						
6   Donated services and use of facilities   6   7	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
6   Donated services and use of facilities   6   7	5							
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 166,692  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	6							
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash Accrual X Other MODIFIED CASH  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	7		7					
9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 166,692  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  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,	8		8					
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   X   X   Yes   No.	9							
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes No.  1 Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	10							
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes Note MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,		column (B))	10		16	6,6	92.	
1 Accounting method used to prepare the Form 990:   Cash Accrual X Other MODIFIED CASH  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	Pa	rt XII Financial Statements and Reporting						
1 Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,		Check if Schedule O contains a response or note to any line in this Part XII					X	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,		•				Yes	No	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	1	Accounting method used to prepare the Form 990: Cash Cash Cother MODIFIE	D C.	ASH				
Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,								
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,	2a							
separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,		•						
Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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,								
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	b	·			2b		Х	
consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
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,		•		,				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	С		e audi	t,				
review, or compliation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?			2c			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
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	За							
			5		3a		Х	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b		ired au	ıdit				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	_				3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

Employer	iden <sup>.</sup>	tification	number
1	6_1	58/17	3 U

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instructions.	0 1301730
Γhe	organ	ization is not a private found						
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 (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
4		A medical research organiz					-	the hospital's name
•		city, and state:	a operatea ee.	ngan onon man a moopha				,
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		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				aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)	
	X	A federal, state, or local gov An organization that norma	-					nublic described in
′	21	•	•	Titiai part of its support i	rom a gov	emmema	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	F 11 \			
8	H	A community trust describe						
9	ш	An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40		university:						
10	ш	An organization that norma						
		activities related to its exen		•	. ,		• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the organization	aπer June 30, 1975.
		See section 509(a)(2). (Cor	'		.fat Caa.	ti F(	20/-1/41	
11	H	An organization organized	•	•	-			
12	ш	An organization organized a	•	•	•		•	
		more publicly supported or						Sheck the box in
_		lines 12a through 12d that				•	, ,	, airtina
а		■ Type I. A supporting organization	· · · · · · · · · · · · · · · · · · ·			•		
		the supported organization			a majority (	or the dire	ctors or trustees of the s	supporting
<b>L</b>		organization. You must o			tion with it		ad arganization(a) by ba	win a
b		☐ Type II. A supporting org	•					•
		control or management o			ame perso	ons mai co	ontrol of manage the sup	pported
_		organization(s). You mus	-		in connoc	tion with	and functionally integrat	ad with
C		Type III functionally inte its supported organization					•	ea wiiii,
d		Type III non-functionally		•				zation(s)
u		that is not functionally int						* *
		requirement (see instruct	-	•	-		-	14011000
е		Check this box if the orga	· ·	-				
•		functionally integrated, or					· · · / po · · , · · / po · · · ·	
f	Ente	er the number of supported of	• •	······) ······ 9······				
g		vide the following information	-	ed organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Fota	al							

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	63,789.	106,943.	135,040.	184,069.	168,181.	658,022.
2	Tax revenues levied for the organ-						
	ization'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		100			1.60 1.01	
4	Total. Add lines 1 through 3	63,789.	106,943.	135,040.	184,069.	168,181.	658,022.
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,						440 505
	column (f)						143,727.
6	Public support. Subtract line 5 from line 4.						514,295.
	ction B. Total Support	1			г	r	
	ndar year (or fiscal year beginning in)		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	63,789.	106,943.	135,040.	184,069.	168,181.	658,022.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		٠ .	2	105	C0	170
	and income from similar sources	1.	2.	2.	105.	60.	170.
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 VI.)						658,192.
11	• • • • • • • • • • • • • • • • • • • •	ata (a a inaturati				40	801.
12	Gross receipts from related activities			-		12	001.
13	First five years. If the Form 990 is fo		, ,		•	* * * *	. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2019 (			column (f))		14	78.14 %
15	Public support percentage from 2018					15	75.17 %
	33 1/3% support test - 2019. If the						
102	<b>stop here.</b> The organization qualifies	•		•		•	
h	33 1/3% support test - 2018. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	_	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization		-	•			

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	<i>,</i>					
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	s					
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	S					
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					1	
assets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· -				<u> </u>	<u> </u>
<b>14</b> First five years. If the Form 990 is f	-			-		
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
<b>15</b> Public support percentage for 2019					15	<u>%</u>
16 Public support percentage from 20					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cl	neck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
360	Ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а				
b				
C		see instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b		Za		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrik	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а	Exces	ss from 2015			
b	Exces	ss from 2016			
С	Exces	ss from 2017			
d	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CONNIE HUEDEPOHL	20,047.	6,883.
DANIEL EGGER	75,000.	61,836.
ROBERT AND SUZI GIVEN	54,500.	41,336.
HARRY AND YVONNE LENART CHARITABLE FOUNDATION	42,000.	28,836.
GWLADYS AND JOHN ZURLO CHARITABLE FOUNDATION	18,000.	4,836.
Total Excess Contributions to Schedule A, Part II, Line 5		143,727.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

AUTOIMMUNE ENCEPHALITIS ALLIANCE INC 46-1584730

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribu is checked, e purpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively uritable, etc., contributions totaling \$5,000 or more during the year \int \bigset*				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

#### AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

46-1584730

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Trumo, addi oco, and En 11	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Name of organization Employer identification number

#### AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

46-1584730

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

46-1584730

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

**Employer identification number** 

Name of organization 46-1584730 AUTOIMMUNE ENCEPHALITIS ALLIANCE INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

Employer identification number

	UNE ENCEPHALITIS A				46-1584	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
<b>b</b> Internet and email solicitations	s <b>f</b> Solicita	tion of	gover	nment grants		
c Phone solicitations	<b>g</b> Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individua	(inclu	ding o	fficers, directors, tru	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	fundraising services?	Yes Yes	No No
<b>b</b> If "Yes," list the 10 highest paid indi-		uant to	agree	ements under which	the fundraiser is to b	oe
compensated at least \$5,000 by the	e organization.					
		(iii)	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser ustodv	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) is in in,		ustody itrol of utions?	from activity	fundraiser listed in col. <b>(i)</b>	organization
		Yes	No		.,	
Total						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
or licensing.					·	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 AUTOIMMUNE ENCEPHALITIS ALLIANCE INC 46-1584730 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 FLORENCE FORTH RACE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	70,445.			70,445.
	2	Less: Contributions	36,656.			36,656.
	3	Gross income (line 1 minus line 2)	33,789.			33,789.
	4	Cash prizes	2,100.			2,100.
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct I	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				29,952.
	10	, ,				32,052. 1,737.
Pa		Net income summary. Subtract line 10 from light Gaming. Complete if the organization				1,757.
		\$15,000 on Form 990-EZ, line 6a.		1000,1 41111, 1110 10, 01	reperted more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ctivities in each of these			
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 AUTOIMMUNE ENCEPHALITIS ALLIANCE INC 46-1	<u> 584730</u>	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	Efficient the frame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	The fact, of the final data cool of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of convices provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
·	vetain the state gaming licenses	Ves	☐ No
	• 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 > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lings Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111163 3,	, 30, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	AUTOIMMUNE	ENCEPHALITIS	ALLIANCE	INC	46-1584730	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)					
-							
					· · · · · · · · · · · · · · · · · · ·		

## 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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

Employer identification number 46-1584730

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIFIC CELL SURFACE ANTIBODY (ANTI-NMDA-RECEPTOR) ASSOCIATED WITH

TREATMENT RESPONSIVE TO AE, WAS THE KEYNOTE SPEAKER AT THIS CONFERENCE.

AE ALLIANCE PARTICIPATED IN A STUDY LED BY DR. VENKATESAN AT JOHNS
HOPKINS UNIVERSITY IN COLLABORATION WITH DR. YESHOKUMAR AT THE ICAHN
SCHOOL OF MEDICINE AT MOUNT SINAI, TO BETTER UNDERSTAND THE PERSISTENT
SYMPTOMS IN PEOPLE AFFECTED BY ENCEPHALITIS MAY LEAD TO THE DEVELOPMENT
OF TARGETED THERAPEUTIC AND REHABILITATION MEASURES TO ENHANCE FUNCTION
AND QUALITY OF LIFE.

AE ALLIANCE PARTICIPATED IN A STUDY OF LANGUAGE LED BY DR. ANUSHA
YEKOSHUMAR AND MEDICAL STUDENT KELSEY MARTIN AT THE ICAHN SCHOOL OF
MEDICINE AT MOUNT SINAI. THE GOAL OF THIS STUDY WAS TO LEARN MORE ABOUT
THE CHANGES THAT OCCUR IN LANGUAGE DURING AND AFTER AE, AS WELL AS HOW
THEY MIGHT CORRELATE WITH CERTAIN CLINICAL SIGNS AND RELEVANT BRAIN
AREAS, THEREBY PROVIDING FURTHER INSIGHTS INTO THE CONNECTIONS AND
DIFFERENCES BETWEEN AE AND PRIMARY PSYCHIATRIC DISEASES.

AE ALLIANCE REACHED ALMOST 2,500 PSYCHIATRISTS IN FIVE STATES WITH THE

CAMPAIGN 'PSYCHIATRY PLAYS A PIVOTAL ROLE IN AE'. AE MIMICS MANY

PSYCHIATRIC DISORDERS AND BY PROVIDING PSYCHIATRISTS WITH RELEVANT

SCIENTIFIC LITERATURE, VETTED BY OUR MEDICAL ADVISORY BOARD, ABOUT AE,

WE PROVIDED PSYCHIATRISTS WITH THE TOOLS NEEDED TO ACCURATELY DIAGNOSE

AE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

AUTOIMMUNE ENCEPHALITIS ALLIANCE INC

Employer identification number 46-1584730

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ANSWERED, PROVIDING THEM WITH TOOLS TO CONTINUE BATTLE THIS DISEASE.

PEER-TO-PEER CONNECTIONS WERE MADE THROUGHOUT THE YEAR AND OUR ONLINE

AE COMMUNITY GREW TO 553 MEMBERS, AN INCREASE OF 203%, EXCHANGING

EXPERIENCES, KNOWLEDGE AND INFORMATION.

OUR E-NEWSLETTER, CONTAINING SUMMARIES OF RECENT MEDICAL JOURNAL

PUBLICATIONS AND BLOGS WERE SENT MONTHLY TO OUR MAILING LIST OF OVER

2,100 PATIENTS, CAREGIVERS AND PHYSICIANS. OUR FACEBOOK PAGE IS

FOLLOWED BY 5,912 PEOPLE, KEEPING UP-TO-DATE WITH OUR LATEST BLOGS AND

RESOURCES.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM C MCDOW III, BOARD CHAIR, AND LESLIE G. MCDOW, SECRETARY, ARE MARRIED. BOARD MEMBERS ED ARDITTE AND BARBARA ARDITTE ARE ALSO MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DURING ONBOARDING, ALL BOARD MEMBERS RECEIVE CONFLICT OF INTEREST POLICY

AND SIGN OUR CONFLICT OF INTEREST STATEMENT DECLARING THAT THEY DO NOT

HAVE A CONFLICT OF INTEREST. THROUGHOUT THE YEAR, BOARD MEMBERS ARE

REGULARLY REMINDED TO RECUSE THEMSELVES FROM VOTING ON ANY MATTER IN WHICH

THEY DEEM TO BE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization  AUTOIMMUNE ENCEPHALITIS ALLIANCE INC	Employer identification number 46-1584730
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,170
MANAGEMENT AND GENERAL EXPENSES	23,365
FUNDRAISING EXPENSES	360
TOTAL EXPENSES	24,895
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,895
THE ORGANIZATION HERE MODIFIED CASH BASIS	