Extended to November 15, 2023 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.

Department of the Treasury Internal Revenue Service

Т

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending			
В	Check if applicat	le: C Name of organization		D Employer identific	ation number	
Γ	Addr chan	Wake Up Narcolepsy, Inc.				
	Nam Chan			26-376871	11	
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	/suite E Telephone number		
	Final	₁ / FO BOX 00233		617-935-2		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	535,258.	
	Ame	WOICESCEL, MA UI000		H(a) Is this a group re		
	Appli tion pend	F Name and address of principal officer: Kevill Guckiall		for subordinates	? Yes X No	
	-	4/ Chandler Road, Chatham, NJ 0/928		H(b) Are all subordinates in		
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions	
	Webs			H(c) Group exemption		
	Form c art l	f organization: X Corporation Trust Association Other Summary	L Year	of formation: 2008 N	State of legal domicile: MA	
	1		Up No	maalanau ia	2	
e	1	Briefly describe the organization's mission or most significant activities: <u>Wake</u> 501(c)(3) not-for-profit organization ded				
and						
/ern	2			I _ I	ets. 9	
<u></u>	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			9	
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		2		
ties	6	Total number of volunteers (estimate if necessary)		30		
Activities & Governance	7 2	7 a Total unrelated business revenue from Part VIII, column (C), line 12			1,218.	
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		498,207.	534,040.	
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,218.	
Ľ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		498,207.	535,258.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		133,000.	135,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		62,076.	83,530.	
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xDe	L b	Total fundraising expenses (Part IX, column (D), line 25) 58,02		111.005		
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		144,925.	280,756.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		340,001.	499,286.	
	19	Revenue less expenses. Subtract line 18 from line 12		158,206.	35,972.	
ts or				ginning of Current Year	End of Year	
Assets	20 20	Total assets (Part X, line 16)		596,931.	642,220.	
Net A	4	Total liabilities (Part X, line 26)		<u>16,383</u> . 580,548.	<u>25,483.</u> 616,737.	
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		500,548.	010,/3/.	
	ui t 11	Signatare blook				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
	Monica Gow, Executive Dire	ector					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	Richard P. Daigle, CPA		11/06		₽00290808		
Preparer	Firm's name CRR, LLP			Firm's EIN 04-	3257840		
Use Only	Firm's address 545 Salem Street						
Wakefield, MA 01880 Phone no.781-					279-7788		
May the II	May the IRS discuss this return with the preparer shown above? See instructions IV Yes No						
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)		

See Schedule O for Organization Mission Statement Continuation

Form	Make Up Narcolepsy, Inc.	26-3768711	Page 2
	rt III Statement of Program Service Accomplishments		·g-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Wake Up Narcolepsy is a 501(c)(3) not-for-profit organiz		
	dedicated to supporting narcolepsy awareness and researc	ch to find a	
	cure.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	XNo
	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?	y Yes	XNo
•	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	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a		enue \$)
	Provide funding to accelerate a cure for narcolepsy.		
4b		enue \$)
	Increase awareness of narcolepsy		
4c	(Code:) (Expenses \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 381,510.	/	
10			00 /

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<u></u>
	If "Yes," complete Schedule D, Part IV	9		X X
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		X
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		X X
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 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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X 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	45		- v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		- v
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u> ▲
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		y	
40	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? <i>If</i> "Yes,"			x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organ	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

			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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
25a	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			
	Schedule L, Part I	25b		X
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,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
	"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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X X
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			- v
0 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Notes All Forms 2020 Class and an analysis of the constraints Ochoral Is O	38	х	
Pa		00	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

(gambling) winnings to prize winners?

1c

Form	990 (2022) Wake Up Narcolepsy, Inc. 26-3768	711	P	age 5		
Par	t 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					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
D	If "Yes," enter the name of the foreign country					
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		x		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		<u> </u>		
Ua		6a		x		
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	00		_ <u></u>		
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
	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		
	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		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	· · · · · · · · · · · · · · · · · · ·					
	sponsoring organization have excess business holdings at any time during the year?					
9						
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:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>		
	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					
С	Enter the amount of reserves on hand					
14a	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	15		x		
	excess parachute payment(s) during the year?					
	If "Yes," see the instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				

Form 990 (2022
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Wake Up Narcolepsy, Inc.

 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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	terra. deverning body and management					<u> </u>
		1.	1	9	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9		
	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.			9		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		픠		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other		x	
•	officer, director, trustee, or key employee?			2	_ A	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the			3		x
	of officers, directors, trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X X
5	Did the organization become aware during the year of a significant diversion of the organization's as			·		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					x
	more members of the governing body?			<u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	τοςκηο	Iders, or			
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-		x	
a	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	
100	Did the examination have lead chapters, branches, or effiliates?			10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		o filing the form?	11a	x	<u> </u>
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iy beloi		11a	- 23	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		x
12a b				12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			. 120		<u> </u>
с		,		12c		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			40		x
14						X
15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a oy ini				
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15b		x
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
100	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			150		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of cvarda	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1.00	1	<u> </u>

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

18	Section 6104 requires a	an organization to make its Fo	orms 1023 (1024 or 1024-A	A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Ir	idicate how you made these a	available. Check all that ap	pply.
	Own website	Another's website	X Upon request	Other (explain on Schedule O)
10	Describe on Schodule (O whathar (and if an how) the	organization mode its go	versing decuments, conflict of interest policy, and financial

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

	Monica Gow -	508-259-1100	
20	State the name, address,	and telephone number of the person who posse	sses the organization's books and records

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated								
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.									

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	idad I	irecto	r/trus T	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key er	Highest compensated employee	Former			er gamzatierte
(1) Monica Gow	40.00		_				-			
Executive Director		х		х				70,000.	0.	0.
(2) Deborah Pollock	40.00									
Director of Philanthropy				Х				7,083.	0.	0.
(3) Gordon Gow	1.00									
President and CEO		Х		Х				0.	0.	0.
(4) David Gow	2.00									
Director		Х						0.	0.	0.
(5) Anne Samarawickrama	2.00									
Director		Х						0.	0.	0.
(6) Nicole Jeray	2.00									
Director		Х						0.	0.	0.
(7) Kevin Guckian	1.00									
Treasurer		Х		х				0.	0.	0.
(8) Kelsey Biddle	1.00									
Director		х						0.	0.	0.
(9) Mary Beth Guckian	1.00									
Board Chair		х						0.	0.	0.
(10) Gregg Levethan	1.00									
Director		х						0.	0.	0.
			-	-						

Form 99		Marcolep	sy	',	In	с.				26-37	<u>6871</u>	1 F	Page 8	
Part V	II Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week					(C) Position leck more than one s person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensatior from related	۱	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ c	ompens from ti organiza and rela rganizat	ne tion ted	
1b Su	ıbtotal								77,083.		0.		0.	
c To	otal from continuation sheets to Part VI	, Section A							0.		0.		0.	
	otal (add lines 1b and 1c)								77,083.		0.		0.	
	tal number of individuals (including but n mpensation from the organization	ot limited to the	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable			0	
												Yes	No	
	d the organization list any former officer,	-			•	-		Ŭ	• •					
	e 1a? If "Yes," complete Schedule J for si										3		X	
	r any individual listed on line 1a, is the su d related organizations greater than \$150										4		x	
5 Die	d any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			x	
	ndered to the organization? <i>If</i> "Yes," com n B. Independent Contractors	plete Schedule	<u>e J fo</u>	or si	ich r	oers	on .			<u></u>	5			
	omplete this table for your five highest con e organization. Report compensation for t	•	•							•	ensation	from		
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) pensatio	on	
	tal number of independent contractors (ir 00.000 of compensation from the organiz	0	ot lin	nited	d to t	thos C		ted	above) who received mo	ore than				

	1 990 (2022) Wak	te Up Na	arco	lepsy, Ir	nc.		26-3768	711 Page 9
Pa	rt VII								
		Check if Schedule O	contains a res	ponse	or note to any line		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
			<u> </u>						Sections 512 - 514
ints	1 a	Federated campaigns							
Gra	b		<u>1</u>	_	140,036.				
ts, An	с	• • • • • • • • • • • • • • • • • • • •			140,030.				
Gif İlar	d	Related organizations							
ns, Sim	e	Government grants (contr		<u> </u>					
utio er (f	All other contributions, gifts,			204 004				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included			394,004.				
ont	g	Noncash contributions included in		3 \$		534,040.			
<u>a</u> C	n	Total. Add lines 1a-1f		<u></u>	Business Code	554,040.			
	-				Business Code				
ice	2 a								
erv ue	b								
n S /en	c								
jrar Be∖	d								
Program Service Revenue	e								
ш	•	All other program service							
	g								
	3	Investment income (includ				1,218.		1,218.	
	other similar amounts)Income from investment of tax-exempt bond p				1,210.		1,210.		
	4		-	-					
	5	Royalties	(i) R		(ii) Personal				
	6 -	Overes vente							
		Gross rents	6a						
			6b						
	c		6 C						
		Net rental income or (loss	i) (i) Seci		(ii) Other				
	<i>i</i> a	Gross amount from sales of		inties	(ii) Other				
		assets other than inventory	7a						
	a	Less: cost or other basis							
venue		and sales expenses	7b 7c						
		Gain or (loss)							
Other Re		Net gain or (loss)			·····				
the	8 a	Gross income from fundraisi including \$ 140),036. o						
0									
		contributions reported on	-	8a	0.				
	h	Part IV, line 18 Less: direct expenses							
		Net income or (loss) from				0.			
		Gross income from gamin							
	5 a	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
	.5 a	and allowances		10a					
	h	Less: cost of goods sold							
		Net income or (loss) from			-				
	<u> </u>		Salos of Invel	.ory	Business Code				
sni	11 a								
neo	b								
Miscellaneous Revenue	c								
Be	с Ч	All other revenue							
Σ	- -	Total. Add lines 11a-11d							
	12	Total revenue. See instruction				535,258.	0.	1,218.	0.

Form 990 (2022) Wake Up Narcolepsy, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	135,000.	135,000.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	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,		20.000	1 0 6 2	26 010					
	trustees, and key employees	77,083.	39,208.	1,063.	36,812.					
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									
8	Pension plan accruals and contributions (include									
9	section 401(k) and 403(b) employer contributions)									
9 10	Other employee benefits	6,447.	3,289.	86.	3,072.					
11	Payroll taxes Fees for services (nonemployees):	0,11,.	5,205.		5,072.					
	Management									
	Legal	54,756.	480.	40,899.	13,377.					
	Accounting									
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	59,953.	54,839.	5,114.						
13	Office expenses	4,607.	950.	3,338.	319.					
14	Information technology	11,633.	11,044.	589.						
15	Royalties									
16	Occupancy	1 1 6 0		0.0.1						
17	Travel	1,168.		881.	287.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	11 700	11 700							
19	Conferences, conventions, and meetings	11,788.	11,788.							
20	Interest									
21	Payments to affiliates Depreciation, depletion, and amortization									
22 22		1,372.		1,372.						
23 24	Other expenses. Itemize expenses not covered	1,572.		1,572.						
27	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.)	97,876.	97,075.		801.					
a r	Online support fees	25,250.	25,250.							
u c	Bank Fees	4,197.	318.	1,365.	2,514.					
d	Training	3,952.	11.	3,941.						
	All other expenses	4,204.	2,258.	1,106.	840.					
25	Total functional expenses. Add lines 1 through 24e	499,286.	381,510.	59,754.	58,022.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				000					

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Form 990		Up	Narcolepsy,	Inc.
Part X	Balance Sheet			

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		Check if Schedule O contains a response or note	e to any	line in this Part X				
	-				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			591,931.	1	385,785.	
	2	Savings and temporary cash investments				2	201,435.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			5,000.	4	55,000.	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%				
		controlled entity or family member of any of thes	e perso	ns		5		
	6	Loans and other receivables from other disqualif	ied per	sons (as defined				
		under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
ts	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ä	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D			•			
	b	Less: accumulated depreciation			0.	10c	0.	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line 1				13		
	14	Intangible assets				14 15		
	15		Other assets. See Part IV, line 11					
	16	Total assets. Add lines 1 through 15 (must equa			596,931.	16	642,220.	
	17	Accounts payable and accrued expenses		16,383.	17	25,483.		
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete F				21		
ies	22	Loans and other payables to any current or form						
oilit		trustee, key employee, creator or founder, subst				00		
Liabilities	00	controlled entity or family member of any of thes			22 23			
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated				23 24		
	24 25	Other liabilities (including federal income tax, pay				24		
	25	parties, and other liabilities not included on lines	-					
		of Schedule D				25		
	26				16,383.		25,483.	
		Organizations that follow FASB ASC 958, che						
es		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions	580,548.	27	616,737.			
Bala	28	Net assets with donor restrictions		28				
lpu		Organizations that do not follow FASB ASC 9						
μ		and complete lines 29 through 33.						
č	29	Capital stock or trust principal, or current funds				29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30		
As	31	Retained earnings, endowment, accumulated inc				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			580,548.	32	616,737.	
-	33	Total liabilities and net assets/fund balances			596,931.	33	642,220.	

Form 990 (2022)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>), 2</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	580		48.
5	Net unrealized gains (losses) on investments	5		2	<u>17.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	616	5 , 7	<u>37.</u>
Pa	rt XII Financial Statements and Reporting				
	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form 990 (2022)