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Form	990

Extended to November 15, 2024 **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) s form as it may be made public. ons and the latest information.

Open to Public Inspection

767,815.

Yes X No

No

Yes

D Employer identification number

617-935-2211

for subordinates?

If "No," attach a list. See instructions

H(a) Is this a group return

H(b) Are all subordinates included?

H(c) Group exemption number L Year of formation: 2008 M State of legal domicile: MA

dedicated to supporting

Dopor	tmont of t	he Treasury	Do not enter social security numbers on this form as	-	•		
Interna	al Revenu	e Service	Go to www.irs.gov/Form990 for instructions and t	he latest in	nformation.		
AF	or the 2	2023 calenda	ar year, or tax year beginning and	ending			_
	heck if oplicable:	C Name of	organization		D Employer ider	ntificat	ti
	Address change	Wake	Up Narcolepsy, Inc.				
	Name change	Doing bu	usiness as		26-3768	8711	L
	Initial return Final return/		and street (or P.O. box if mail is not delivered to street address) ox 60293	Room/suite	E Telephone nun 617-935		2
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
	Amende return	d Worc	ester, MA 01606		H(a) Is this a group ret		r
	Applica- tion	F Name a	for subordinates?				
	pending	47 Ch	H(b) Are all subordinates inc				
IΤ	ax-exer	npt status:	X 501(c)(3) 501(c) () (insert no.) $4947(a)(1)$	or 527	If "No," attac	h a lis	t
JΝ	/ebsite	: www.	wakeupnarcolepsy.org		H(c) Group exem	ption r	יר
K Fo	orm of o	rganization:	X Corporation Trust Association Other	L Year	of formation: 2008	8 м 8	3
		Summary					
	1 B	riefly describ	e the organization's mission or most significant activities: Wake	Up Na	rcolepsy i	ls a	ī
ဦ			3) not-for-profit organization ded				
Governance	2 C	heck this bo	if the organization discontinued its operations or dispos	sed of more	than 25% of its net	asset	S
Vel Vel	3 N	umber of vot				3	
	4 N	umber of ind	ependent voting members of the governing body (Part VI, line 1b)			4	
s S			of individuals employed in calendar year 2023 (Part V, line 2a)			5	
itie		otal number			6		
Activities &			business revenue from Part VIII, column (C), line 12			7a	
Ă			husingan taughta income from Come 000 T. Dart I. line 11			7b	
			······································		Prior Year		

- 51	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
Govern	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)		11
ctivities &	5		5	5
	6	Total number of volunteers (estimate if necessary)	6	45
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,700.
◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	534,040.	763,115.
evenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,218.	4,700.
Ř	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)	535,258.	767,815.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	135,000.	165,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,530.	247,823.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
tpens	b	Total fundraising expenses (Part IX, column (D), line 25) 161,154.		
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	280,756.	358,761.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	499,286.	771,584.
	19	Revenue less expenses. Subtract line 18 from line 12	35,972.	-3,769.
res Ces			Beginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	642,220.	622,313.
dB	21	Total liabilities (Part X, line 26)	25,483.	10,799.
Flat	22	Net assets or fund balances. Subtract line 21 from line 20	616,737.	611,514.

Part II Signature Block

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

Sign	Signature of officer		Date						
	Monica Gow, Executive Dire								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date		Check	PTIN		
Paid	Richard P. Daigle, CPA			11/08	/24	ir self-employed	₽0029080	8	
Preparer	Firm's name CRR , LLP				Firm's	EIN 04-	3257840		
Use Only	Firm's address 545 Salem Street								
	Wakefield, MA 018	80			Phone	no.781-	279-7788		
May the IRS discuss this return with the preparer shown above? See instructions IX Yes No									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

See Schedule O for Organization Mission Statement Continuation

Form	m 990 (2023) Wake 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	h 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?	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	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a		nue \$)
	Provide funding to accelerate a cure for narcolepsy.		
4b	(Code:) (Expenses \$382,966. including grants of \$) (Rever	nue \$)
	Increase awareness of narcolepsy.		/
	• •		
<u> </u>			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 547,966.		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		X
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
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			
	Schedule D, Part III	8		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?	9		
	If "Yes," complete Schedule D, Part IV			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,		37	
	Part VI	11a	X	
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
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	<u> </u>
128		100	х	
h	Schedule D, Parts XI and XII	12a	<u></u>	<u> </u>
a		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	170		
5	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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. See instructions	17		x
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		X
20a	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	Х	

			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 X
b	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 X
29	Did the organization receive more than \$25,000 in noncash 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		<u> </u>
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
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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 on Schedule O for Part VI, lines 11b and 19?		37	
Dor	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
ra				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

332004 12-21-23

1c

Form	990 (2023) Wake Up Narcolepsy, Inc.	26-3768	3711	Pa	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1	_	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		5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b		X
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				v
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		50		х
-	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	tion?	5a 5b		X
b C			50 50		
	It "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou		organization solicit	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio				
2	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion 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:	I.			
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:	1			
а	Gross income from members or shareholders	<u>11a</u>	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	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	405			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	140		х
14a		•	14a 14b		<u></u>
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the year?		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	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 acti	ivities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.		.,		

Form 990 (2023

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
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 1a 11			
	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 11			
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		Х
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		x
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
	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 on 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	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on 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		Х
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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 <u>MA</u>			
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	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, and	financ	cial	
	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			
	Monica Gow - 508-259-1100			
	19 Hancock Hill Drive, Worcester, MA 01609			

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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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), respectively. 	5	,

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	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	ompei		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) Monica Gow	40.00									
Executive Director		Х		Х				73,500.	0.	0.
(2) Gordon Gow	1.00									
Emeritus		Х						0.	0.	0.
(3) David Gow	2.00									
Director		Х						0.	0.	0.
(4) Anne Samarawickrama	6.00									
Director	1 00	Х	<u> </u>					0.	0.	0.
(5) Nicole Jeray	1.00								0	0
Director		X						0.	0.	0.
(6) Kevin Guckian	6.00			37				0.	0	0
	4.00	Х		X				0.	0.	0.
(7) Kelsey Biddle Director	4.00	x						0.	0.	0.
(8) Mary Beth Guckian	2.00	^	-					0.	0.	0.
Board Chair	2.00	x						0.	0.	0.
(9) Gregg Levethan	1.00								0.	0.
Director	1.00	х						0.	0.	0.
(10) Lynn Grisco	6.00									
Vice Chair		x						0.	0.	0.
(11) Kimberly Cassidy	2.00									
Secretary		х						0.	0.	0.
(12) Prasanna Samarawickrama	4.00									
Director		х						0.	0.	0.

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Par	t VII	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
		(A) Name and title	(B) Average hours per week	box offic	not ch , unles cer an	neck ss per	ition more rson i	than d is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) Stimate mount other	of
			(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-MISC/ 1099-NEC)	or	npensa from th ganizat nd relat ganizati	e ion ed
	0.1.1									73,500.	0			0.
с		from continuation sheets to Part VII (add lines 1b and 1c)	, Section A							73,500. 73,500.	0	•		0.
2	Total	number of individuals (including but no ensation from the organization										I	_	0
3		ne organization list any former officer,	-		-	•	-		Ŭ				Yes	No
4	For a	a? If "Yes," complete Schedule J for sunsitive ny individual listed on line 1a, is the sunsitient of the sunset of the sunsitient of the sunsitient of th	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	ne organization	3		X X
5	Did a	ny person listed on line 1a receive or a red to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services	5		x
Sec		Independent Contractors												
1		blete this table for your five highest con ganization. Report compensation for t												
		(A) Name and business	address	NC	ONE]				(B) Description of s	ervices		C) ensatio	n
									_					
2		number of independent contractors (ir 000 of compensation from the organiz	0	ot lin	nited	l to i	thos (-	ted	above) who received mo	ore than			

	n 990 (i			larco	lepsy, In	nc.		26-3768	711 Page 9
Pa	rt VII	Statement of Re	evenue						
		Check if Schedule O	contains a re	esponse	or note to any lin		(2)	(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
S, G	с	Fundraising events		1c	129,283.				
lar J	d	Related organizations		1d					
ini, (е	5 (-	1e					
er cr	f	All other contributions, gifts,							
- ie		similar amounts not included		1f	633,832.				
ontio	g		_	1g \$		762 115			
0	h	Total. Add lines 1a-1f			Business Code	763,115.			
	• •				Business Code				
Program Service Revenue	2 a								
Ser	b c								
am Ser evenue	d								
Be	e								
Pro	f	All other program service	revenue						
	g								
	3	Investment income (inclue							
		other similar amounts)				4,700.		4,700.	
	4	Income from investment of	of tax-exemp	t bond p	roceeds				
	5	Royalties		<u></u>					
			(i)	Real	(ii) Personal				
			6a						
			6b						
		()	6c						
		Net rental income or (loss		curities	(ii) Other				
	<i>i</i> a	Gross amount from sales of assets other than inventory	7a	cunties					
	h	Less: cost or other basis	10						
ē	2	and sales expenses	7b						
venue	с	Gain or (loss)	7c						
		Net gain or (loss)			•				
Other Re	8 a	Gross income from fundraisi	ing events (no	ot 🗌					
₹		including \$ 129	9,283.	of					
		contributions reported on	line 1c). See	e					
		Part IV, line 18			-				
		Less: direct expenses			0.				
		Net income or (loss) from				0.			
	9 a	Gross income from gamin							
	h.	Part IV, line 19							
		Less: direct expenses Net income or (loss) from							
		Gross sales of inventory,							
	.0 a	and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from							
		,, .			Business Code				
Miscellaneous Revenue	11 a								
ane	b								
Sells	с								
Misc	d	All other revenue							
	е	Total. Add lines 11a-11d						4 7 6 6	
	12	Total revenue. See instruction	ons			767,815.	0.	4,700.	0.

Form 990 (2023)			Narcolepsy,	Inc.
Part IX Statement of	Function	nal E	xpenses	

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	157,000.	157,000.								
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	8,000.	8,000.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	72 500	40 425		22 075						
~	trustees, and key employees	73,500.	40,425.		33,075.						
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	155,592.	60,582.	14,966.	80,044.						
8	Pension plan accruals and contributions (include				00/0110						
5	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	18,731.	8,258.	1,224.	9,249.						
11	Fees for services (nonemployees):		-								
а	Management										
b	Legal	49,002.	14,708.	25,344.	8,950.						
	Accounting										
d	Lobbying										
е	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.)	100 000	07 226	450	10 205						
12	Advertising and promotion	108,090. 11,471.	97,236. 867.	459. 10,604.	10,395.						
13	Office expenses	15,588.	13,833.	756.	999.						
14 15	Information technology	13,300.	13,033.	750•							
15 16	Royalties Occupancy										
17	Travel	571.		309.	262.						
18	Payments of travel or entertainment expenses										
.5	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	29,363.	29,363.								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	3,733.		3,733.							
23	Insurance	1,552.	6.	1,546.							
24	Other expenses. Itemize expenses not covered 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.										
9	amount, list line 24e expenses on Schedule 0.)	99,435.	82,922.		16,513.						
a h	Online support group fe	32,680.	32,680.								
c	Postage	2,252.	1,318.	915.	19.						
d		1,935.	6.	607.	1,322.						
	All other expenses	3,089.	762.	2,001.	326.						
25	Total functional expenses. Add lines 1 through 24e	771,584.	547,966.	62,464.	161,154.						
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						

Vake Up Narcolepsy, Inc.	•	
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	385,785.	1	143,026.		
	2	Savings and temporary cash investments		201,435.	2	404,680.	
	3	Pledges and grants receivable, net		55,000.	3	21,000.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	38,676.
	10a	Land, buildings, and equipment: cost or other	1 1	Γ			
		basis. Complete Part VI of Schedule D	10a	2,600.			
	b	Less: accumulated depreciation	.a.	2,600. 2,600.	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			13		
	14	Intangible assets			14	14,931.	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		642,220.	16	622,313.	
	17	Accounts payable and accrued expenses			25,483.	17	10,799.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lig		controlled entity or family member of any of the				22	
"	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Table Black Black and Add Bases 47 discounds OF			25,483.	26	10,799.
		Organizations that follow FASB ASC 958, che	ck here	X			
ŝ		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions	616,737.	27	611,514.		
Bal	28	Net assets with donor restrictions		28			
P		Organizations that do not follow FASB ASC 9					
교		and complete lines 29 through 33.					
۶	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			616,737.	32	611,514.
-	33	Total liabilities and net assets/fund balances			642,220.	33	622,313.

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet M

Form	000	(202)
FUIII	990	2020

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Par	t 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		7,8:	
2	Total expenses (must equal Part IX, column (A), line 25)	2			84.
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			37.
5	Net unrealized gains (losses) on investments	5	-1	L,4:	54.
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	611	L,5:	14.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	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	Х	
	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		

Form 990 (2023)