Form 990-EZ

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/Form990EZ for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 2020

B Address change

C Name of organization: KCNT1 SLACK EPILEPSY FOUNDATION INC

D Employer identification number: 84-2748218

Name change

E Telephone number: (603) 746-1330

Initial return

F Group Exemption Number

Final return/terminated

Amended return

Application pending

City or town, state or province, country, and ZIP or foreign postal code: Contoocook, NH 03229

G Accounting Method: X Cash  □ Accrual  □ Other (specify) Other

H Check if applicable if the organization is not required to attach Schedule B

I Website:  

J Tax-exempt status (check only one) □ 501(c)(3)  □ 501(c) (      ) (insert no.) □ 4947(a)(1) or □ 527

K Form of organization:  □ Corporation  □ Trust  □ Association  □ Other Corporation

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

0 Check

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts.

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)

6 Gaming and fundraising events:

6a Gross income from gaming (attach Schedule G if greater than $15,000).

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.
**Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ..............................................

<table>
<thead>
<tr>
<th>22</th>
<th>Cash, savings, and investments</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>127,162</td>
<td>262,430</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>127,162</td>
<td>262,430</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>127,162</td>
<td>262,430</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III .................................

What is the organization's primary exempt purpose?  **funds research for treatment of KCNT-1**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 The KCNT1 Epilepsy Foundation (KEF) funds research to find better treatments for KCNT1 related disorders by awarding grants to qualified researchers and clinicians. One grant (Grants $ ) If this amount includes foreign grants, check here 28a 26,000

29 The foundation conducts fundraising activities to generate financial support for its exempt purposes. These funds are used to support research initiatives needed to develop new (Grants $ ) If this amount includes foreign grants, check here 29a 7,217

30 The foundation maintains an online Patient Registry on the LunaDNA platform, and launched a biobank. These will be made available to qualified researchers to help inform their work (Grants $ ) If this amount includes foreign grants, check here 30a 600

31 Other program services (describe in Schedule O) .......................... (Grants $ ) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) ........................ 32 33,817

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ..........................................

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Drislane</td>
<td>Executive Director</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Justin West</td>
<td>President</td>
<td>10.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Margot Goodkin</td>
<td>Secretary</td>
<td>0.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Norman Metcalfe</td>
<td>Treasurer</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Seth Greenblott</td>
<td>Chairman</td>
<td>1.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Samantha MacMechan</td>
<td>Vice Chair</td>
<td>0.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Owen Billman</td>
<td>Director</td>
<td>0.50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jason J Kaufman</td>
<td>Director</td>
<td>0.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Morrisette Royster</td>
<td>Director</td>
<td>0.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joseph Riculli</td>
<td>Director</td>
<td>0.25</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Part V

Other Information

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

Yes No

X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.

Yes No

X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2a, 6a, and 7a, among others)?

Yes No

X

b If "Yes," does line 35a refer to an organization that is being liquidated?

Yes No

X

c If "Yes," was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

Yes No

X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

Yes No

X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

Yes No

X

37b Did the organization file Form 1120-POL for this year?

Yes No

X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes No

X

b If "Yes," complete Schedule L, Part II, and enter the total amount involved.

Yes No

X

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

Yes No

X

b Gross receipts, included on line 9, for public use of club facilities.

Yes No

X

40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911: 

section 4912: 

section 4955:

Yes No

X

40a Enter amount of tax imposed on the organization during the year under:

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

Yes No

X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

Yes No

X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

Yes No

X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

Yes No

X

41 List the states with which a copy of this return is filed.

Located at: 44 Cedar St, Contoocook, NH ZIP + 4 03229

b 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)?

Yes No

X

If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

Yes No

X

c At any time during the calendar year, did the organization maintain an office outside the United States?

Yes No

X

If "Yes," enter the name of the foreign country.

42 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041.

Check here.

43 and enter the amount of tax-exempt interest received or accrued during the tax year.

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041.

Yes No

X

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041.

Yes No

X

44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Yes No

X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Yes No

X

c Did the organization receive any payments for indoor tanning services during the year?

Yes No

X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Yes No

X

45 Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes No

X

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.

Yes No

X
Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

47 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.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?

49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

50 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

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

Signature of officer
Justin West, President

Preparer's signature
Michael Terpening CPA

Preparer's EIN
XXXXXXXX

Preparer's address
5629 Figarden Dr Ste 101

Preparer's phone
559-299-6686