Form	99	0
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	a Code (excent private foundations)
	e oode (except private roundations)

Dena	rtment of	the Treasury	Do not enter social security numbers on this form as it may be	ade public.		Open to Public
		ue Service	Information about Form 990 and its instructions is at www.irs.g	ov/form990.		Inspection
A	For the	2016 calend	ar year, or tax year beginning 10-01, 2016, and e	nding	<u>09</u> -30	,2017
В	Check if a	applicable:	C Name of organization SWEET SLEEP INC		D E	mployer identification no.
	Address of	change	Doing business as		20-	-5757551
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Te	elephone number
	Initial retu	ırn	116 WILSON PIKE CIRCLE	100	(6)	15)730-7671
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			537,754
	Amended	d return	BRENTWOOD, TN 37024		G G	ross receipts\$
	Applicatio	on pending	F Name and address of principal officer: MADELENE METCALF	H(a) Is this a group re	eturn for subor	rdinates? Yes X No
			SAME AS C ABOVE	H(b) Are all subord	linates inclu	ided? Yes No
1	Tax-exem	npt status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," at	tach a list. (see instructions)
J	Website:	► WWW	.SWEETSLEEP.ORG	H(c) Group exem	ption numb	er 🕨
к	Form of a	organization: 🔀	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2	2006 M State of	of legal dom	icile: TN
Pa	rt I	Summar	у			
	1	Briefly descr	be the organization's mission or most significant activities: <u>TO DEMONSTRATE</u>	GOD'S LOVE A	ND HOP	PE IN CHRIST
		TO THE W	ORLD'S ORPHANED AND ABANDONED CHILDREN, IMPROVING THEI	R QUALITY OF	LIFE.	,
Activities & Governance						
rna						
Š	2	Check this be	bx ► [] if the organization discontinued its operations or disposed of more than 25%	of its net assets.		
Ğ	3		oting members of the governing body (Part VI, line 1a)	1	3	7
ŝ	4		dependent voting members of the governing body (Part VI, line 1b)	[4	7
itie	5		r of individuals employed in calendar year 2016 (Part V, line 2a)	-	5	2
Ę	6		r of volunteers (estimate if necessary)	F	6	200
۲	7a		ed business revenue from Part VIII, column (C), line 12	F	7a	0
			d business taxable income from Form 990-T, line 34	-	7b	0
				Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	546,	195	527,387
ne	9		vice revenue (Part VIII, line 2g)	,		2,809
Revenue	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		607	0
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(10,	896)	(14,138)
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	535,		516,058
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	277,		268,307
	14		I to or for members (Part IX, column (A), line 4)	2,,,	012	0
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	125,	028	121,136
ŝ	16a		fundraising fees (Part IX, column (A), line 11e)	125,	020	
xpenses			sing expenses (Part IX, column (D), line 25) ► 35,524			0
БХр	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,	549	138,480
_	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	518,		527,923
	19	•	s expenses. Subtract line 18 from line 12		717	(11,865)
_ v		1000100100		ر بـ ۲ Beginning of Current		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)	107,		108,806
Asse	20		es (Part X, line 26)	-	091	22,954
Net	22		r fund balances. Subtract line 21 from line 20		717	85,852
	rt II		re Block	31,	/ - /	05,052
			lare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief. it i	s	
			slaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		-1	
		MADE				
Sia	n		LENE METCALF		Data	

Sign	Signature of officer					Da	ite			
Here	e MADELENE METCALF, PRESIDENT									
	Type or print name and t	itle								
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN			
Paid	Tim Montgomery			03-20-2018		self-employed	P00736406			
Preparer	Firm's name	Tim Mont	gomery CPA PLLC		Firm's	EIN 🕨				
Use Only	Firm's address	412 Gold	en Bear Court Suite B20	8	no.					
		MURFREES		615-895-8151						
May the IRS	discuss this return with th	he preparer sh	own above? (see instructions)				🛛 Yes 🗌 I	No		

Form	n 990 (2016) SWEET SLEEP INC 20	-5757551	Page 2
Pa	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO DEMONSTRATE GOD'S LOVE AND HOPE IN CHRIST TO THE WORLD'S ORPHANED AND ABANDO	NED CHILI	DREN,
	IMPROVING THEIR QUALITY OF LIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	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	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.	ò,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 417,940 including grants of \$) (Revenue \$)
	IN FISCAL YEAR 2017 SWEET SLEEP PROVIDED BEDS TO 2,370 CHILDREN IN UGANDA AND 7	56 BEDS	ro
	CHILDREN IN TENNESSEE; 2,370 MOSQUITO NETS IN UGANDA; AND INITIATED 19 ECONOMIC	DEVELOPI	MENT
	PROJECTS IN UGANDA BENEFITING 220 FAMILIES. IN MOLDOVA SWEET SLEEP HOSTED ADOPT	ION CAMP	FOR
	109 CHILDREN AND 33 ADULTS; AND TRAINED 30 PASTORS IN ADOPTION AND FOSTER CARE	INITIATIV	VES IN
	MOLDOVA.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	、	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e EEA	Total program service expenses 417,940	For	m 990 (2016)
		1.01	

Form	1990 (2016) SWEET SLEEP INC 20-5757	551	F	2age 3
Pa	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
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		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	. 5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
h	complete Schedule D, Part VI	. <u>11a</u>	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11b		Х
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-		X
f	Did the organization oper an amount of outer maximus in rat X, inte 25 m ros, complete concurre <i>D</i> , rat X · · · · · · · · · · · · · · · · · ·	110		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \dots	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		Х	
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 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	X	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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			X
		Eor~	000 /	2016)

Form 990 (2016)

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	990 (2016) SWEET SLEEP INC 20-57575	51	P	age 4
Par	t IV Checklist of Required Schedules (continued)		¥	Na
00-		00-	Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			- 23
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	550		- 22
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		550		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
27	related organization?/f "Yes," complete Schedule R, Part V, line 2	36		X
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,	6-		37
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form	n 990 (2016) SWEET SLEEP INC	20-5757551	P	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 returm 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			21
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			21
D.	gifts 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			
a	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-77
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C				Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			Λ
d				v
e		· · · · · · · · 7e · · · · · · · 7f		X X
f				Λ
у ь	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi			
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· · · · · · · //		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?			
b 10				
10	Section 501(c)(7) organizations. Enter:			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a	Gross income from members or shareholders			
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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form	990 (2016) SWEET SLEEP INC 20-57575	51	F	Page 6
Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructior			
	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 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 70	Did the organization have members or stockholders?	0		
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
Ū	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	X	<u> </u>
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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?	45-	v	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	X X	<u> </u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150	<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		
~	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 Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STUART MCALISTER (615)730-7671, 116 WILSON PIKE CIRCLE, BRENTWOOD, TN 37024			

Form 990 (201	6) SWEET SLEEP INC	20-5757551	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	his table for all parameters and include to be listed. Depart commences in far the color department and is provide an	defetion also	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

			0.10		C)	50.101					
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos eck m ss per d a dir	sition ore th son is rector/	an one both an trustee)		(D) Reportable compensation from the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(W-2/1099-MISC)	from the organization and related organizations
(1) AMY RUSHING BOARD CHAIR	2.00_	x		Х					0	0	0
	2.00	21		- 22					1		0
(2) JAMIE LAMBERT TREASURER		х		Х					0	0	0
(3) BRYAN METCALF	2.00								-	y	
DIRECTOR		х							0	0	0
(4) PAUL STRINGFELLOW DIRECTOR	<u>1.00</u>	X							0	0	0
(5) GARY_HOWARD	1.00									0	U
DIRECTOR		Х							0	0	0
(6) DALE SIMONS	1.00								-	-	
DIRECTOR		Х							0	0	0
(7) ALYSON WALKER	1.00										
DIRECTOR		Х							0	0	0
(8) MADELENE METCALF	40.00										
PRESIDENT				Х					0	0	0
(9)											
(10)											
(11)											
(12)											
<u>(13)</u>									T		
(14)											
											5 666 (0040)

	90 (2016) SWEET SLEEP INC									20-5757	551	P	2age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Con	nper	sated Employee	s (continued)			
					(0	;)							
	(A)	(B)	(10.00)	a4 ah a	Posi				(D)	(E)		(F)	
	Name and title	Average					nan one both an		Reportable	Reportable	E	stimated	
		hours per	· ·		•		(trustee)		compensation	compensation from	a	mount of	
		week (list any hours for	or In	i Ii	Q	Χe	en		from the	related organizations	cor	other npensati	on
		related	or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	organization	(W-2/1099-MISC)		from the	011
		organizations	ctor	liona		nplo	yee	-	(W-2/1099-MISC)			ganizatio	
		below dotted line)	rust	Ē		yee	mpe	3				nd relate ganizatio	
		inte)	ee	stee			Insa				UI	Janizatio	115
							ted	2					
											_		
(15)													
(16)													
(17)													
(18)													
<u> </u>													
(19)													
<u>.</u>													
(20)													
<u>(</u> <u></u>													
(04)											_		
(21)													
											_		
(22)													
											_		
(23)													
<u>(24)</u>													
(25)													
1b	Sub-total							►					
С	Total from continuation sheets to Part VII, Section	onA						►					
d	Total (add lines 1b and 1c)							►		0 0			0
2	Total number of individuals (including but not limited	d to those list	ed abc	ove)	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization			,						0			
												Yes	No
3	Did the organization list any former officer, directo	or, or trustee.	kev er	nplo	vee	orl	hiahes	st co	mpensated				
•	employee on line 1a? If "Yes," complete Schedule		-		-		-				3		Х
4	For any individual listed on line 1a, is the sum of rep										-		
-	organization and related organizations greater tha						•						
								uule	5 101 SUCH				v
-	individual							•••	••••••••••••••••••••••••••••••••••••••		4		X
5	Did any person listed on line 1a receive or accrue c			-			-				_		
0	for services rendered to the organization? If "Yes,"	" complete So	chedul	eJt	or si	uch	perso	n			5		Х
	on B. Independent Contractors												
1	Complete this table for your five highest compensate	ed independer	nt cont	racto	ors tl	nat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report compe	nsation for the	e caler	ndar	yeaı	eno	ding w	ith o	r within the organiz	zation's tax			
	year.								1				
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n

2	Total number of independent contractors (including but not limited to those listed above) who
	received more than \$100,000 of compensation from the organization

		Statement of Revenue		and a second second second				ſ
		Check if Schedule O contains	a response or n	ote to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
A B	С	Fundraising events	1c	86,439				
ilar	d	Related organizations	1d					
Sim	е	Government grants (contribution	is) 1e					
her	f	All other contributions, gifts, gran	nts,					
δ		and similar amounts not included		440,948				
au	g	Noncash contributions included i		54,074				
	h	Total. Add lines 1a-1f			527,387			
,	_			Business Code				
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		OTHER PROGRAM INCOME		900099	2,809	2,809		
	b							
	с С							
	d e							
5		All other program service revenue	e					
		Total. Add lines 2a-2f		L	2,809			
		Investment income (including divi		· · · · · · · · · · · ·				
		and other similar amounts)						
	4	Income from investment of tax-ex	empt bond proce	eeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		· · · · · · · ►				
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		· · · · · · •				
		Gross income from fundraising						
		events (not including \$						
		of contributions reported on line 1						
		See Part IV, line 18		10.005				
'		Less: direct expenses Net income or (loss) from fundrai		18,885	(10 005)			(10.0)
		Gross income from gaming activi	-		(18,885)			(18,8
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming						
		Gross sales of inventory, less						
		returns and allowances	a	7,558				
		Less: cost of goods sold						
		Net income or (loss) from sales o			4,747	4,747		
[Miscellaneous Revenue		Business Code				
	11a							
	h							_
	b			1				1
	c D							
	c d	All other revenue						

SWEET SLEEP 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).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
<u>00, s</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	268,307	268,307		
4	Benefits paid to or for members	2007007	2007007		
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	112,588	61,463	41,100	10,025
8	Pension plan accruals and contributions (include	-	-		-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,548	4,712	3,069	767
11	Fees for services (non-employees):		-		
а	Management				
b	Legal				
С		7,400		7,400	
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 Schedule O.)	1,080	1,080		
12	Advertising and promotion	26,020	22,695	395	2,930
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	39,330	27,531	7,866	3,933
17	Travel	16,254	11,836	16	4,402
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,210	1,569	354	287
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	POSTAGE AND PRINTING	18,674	8,528	2,549	7,597
b	TELEPHONE AND COMPUTER	8,547	3,422	4,950	175
С	MEALS AND ENTERTAINMENT	5,350	1,741	2,307	1,302
d	DEVELOPMENT EVENTS	6,834	2,811		4,023
е	All other expenses	6,781	2,245	4,453	83
25	Total functional expenses. Add lines 1 through 24e .	527,923	417,940	74,459	35,524
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				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	016) SWEET SLEEP INC	2	0-57	57551 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	52,139	1	44,387
	2	Savings and temporary cash investments	40,608	2	52,620
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	5,698	8	3,821
As	9	Prepaid expenses and deferred charges	1,229	9	1,104
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 28,313			
	b	Less: accumulated depreciation 10b 25,106	4,467	10c	3,207
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,667	15	3,667
	16	Total assets. Add lines 1 through 15 (must equal line 34)	107,808	16	108,806
	17	Accounts payable and accrued expenses	10,091	17	22,954
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liał		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,091	26	22,954
		Organizations that follow SFAS 117 (ASC 958), check here > X and			
ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	94,898	27	85,852
Bal	28	Temporarily restricted net assets	2,819	28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ГF		Organizations that do not follow SFAS 117 (ASC 958), check here and amplete lines 20 through 34			
s o	20	complete lines 30 through 34.		20	
sset	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	AF -1-	32	07.075
	33	Total net assets or fund balances	97,717	33	85,852
	34	Total liabilities and net assets/fund balances	107,808	34	108,806

Form	990 (2016) SWEET SLEEP INC 20	-57575	51	Pa	age 12
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		516,	058
2	Total expenses (must equal Part IX, column (A), line 25)	2		527,	923
3	Revenue less expenses. Subtract line 2 from line 1	3		(11,	865)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		97,	717
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		85,	852
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 🛛 🖾 Accrual 🗌 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the 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 in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	9 90 (2016)

SCHEDU	LE A
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Public Charity Status and Public Support

OMB No. 1545-0047

60	исг		F	Public Chari	ty Status and F	Public	Suppo	rt	OMB No. 1545-0047
		DULE A 00 or 990-EZ)	Complete if the organiz	ation is a section 50	1(c)(3) organization or a s	ection 494	7(a)(1) non	exempt charitable trust.	2016
•		of the Treasury		Attac	ch to Form 990 or Form	າ 990-EZ.			Open to Public
		venue Service	Information ab	out Schedule A (For	rm 990 or 990-EZ) and its i	nstruction	s is at www	v.irs.gov/form990.	Inspection
		e organization						Employer identification	
	_	SLEEP INC		· Ctatus (All an			41.2	20-575755	
	rt I				ganizations must co			.) See instructions	·
Ine	orga				s 1 through 12, check onl	•			
1					rches described in sect	• •			
2			• •		Schedule E (Form 990 c	,	,		
3		•		•	n described in section 1				
4			•	rated in conjunction	n with a hospital describ	ed in sect)(1)(A)(III). Enter the	
5		•	e, city, and state:		iniversity owned or oper	atod by o c		tol unit described in	
5		-		-	iniversity owned or opera	aled by a g	jovernmen	nai unit described in	
6		•)(1)(A)(iv). (Complete	,	nit described in section	170/b)/1)	(•) (•)		
6 7	X		•	•	of its support from a gov			m the general public	
'	<u>Z</u> X	•	ection 170(b)(1)(A)(vi	•		emmentai		in the general public	
8			rust described in secti		,				
9	П	-			ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colle	ne
•		•	-		ee instructions). Enter the		•	•	50
		university:		ge er eignenner (e		,	,,		
10			n that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	pership fees, and gross	
		•	•	. ,	subject to certain exception				
		support from g	ross investment income	e and unrelated bus	siness taxable income (le	ess section	n 511 tax) f	from businesses	
		acquired by th	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to t	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and operat	ted exclusively for the	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	3
		of one or more	publicly supported or	ganizations describ	ed in section 509(a)(1)	or section	n 509(a)(2). See section 509(a)(3).
		Check the box	in lines 12a through 12	2d that describes the	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.
	а	Type I. As	supporting organization	n operated, supervi	ised, or controlled by its	supported	l organizat	tion(s), typically by givi	ng
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	r trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ntrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or i	management of the sup	porting organizatio	on vested in the same pe	rsons that	control or r	manage the supported	
		organizatio	on(s). You must comp	olete Part IV, Secti	ions A and C.				
	С				anization operated in cor				ith,
			0	,	u must complete Part I	•			
	d				organization operated i				n(s)
					enerally must satisfy a d			nt and an attentiveness	
				-	e Part IV, Sections A a				
	е		-		determination from the IF		s a Type I,	Type II, Type III	
				-	tegrated supporting orga				[]
	f						••••		••••
	g		owing information about			<i>a</i> > 1 <i>a</i>			
	(i	 Name of supported 	organization	(ii) EIN	 (iii) Type of organization (described on lines 1-10 	(iv) Is the o listed in you	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	0 0	instructions)	instructions)
						Vac	No	-	
						Yes	No		
(A)									
(B)									
(C)									
(P`									
(D)									

(E)

Sched		T SLEEP INC				20-5757551	
Pa	t II Support Schedule for Org	ganizations De	scribed in Se	ctions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box on	line 5, 7, or 8 c	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify u	nder the tests	listed below, pl	ease complete	e Part III.)	
	tion A. Public Support	1					
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	468,955	372,368	529,423	546,195	527 , 387	2,444,328
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	468,955	272 269	E20 422	546,195	E 27 207	2,444,328
4 5	The portion of total contributions by	408,955	372,368	529,423	546,195	527,387	2,444,328
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						22,399
6	Public support. Subtract line 5 from line 4						2,421,929
	tion B. Total Support						2,121,525
	dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	468,955	372,368	529,423			2,444,328
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						2,444,328
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, o))		14	99.08 %
15	Public support percentage from 2015 Sched						99.97 %
16a	33 1/3% support test - 2016. If the organiz	zation did not checl	the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali	fies as a publicly su	pported organizati	on			▶ 🛛
b	33 1/3% support test - 2015. If the organiz	zation did not check	a box on line 13 o	or 16a, and line 15	is 33 1/3% or mo	re, check	
	this box and stop here. The organization of	ualifies as a public	ly supported organ	ization			· · · ▶ □
17a	10%-facts-and-circumstances test - 201	6. If the organizatio	n did not check a b	oox on line 13, 16a	, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-circ	cumstances" test, o	check this box and	stop here. Explai	in in	
	Part VI how the organization meets the "fac	ts-and-circumstance	es" test. The organ	ization qualifies as	a publicly support	ed	
	organization						· · · ► 🗌
b	10%-facts-and-circumstances test - 201	 If the organizatio 	n did not check a b	box on line 13, 16a	i, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test.	The organization of	qualifies as a public	cly	_
	supported organization						· · · ▶ 🗌
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	e	_
	instructions						▶ []
EEA						Schedule A (Form S	990 or 990-EZ) 2016

		T SLEEP INC				20-5757551	Page 3
Pa	Int III Support Schedule for Org						
	(Complete only if you chec						Part II.
	If the organization fails to q	ualify under the	e tests listed b	elow, please c	complete Part II	.)	
Sec	ction A. Public Support					. <u>.</u>	
Cale	endar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 $$.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						► 🗌
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	y line 13, column (f))		15	%
16	Public support percentage from 2015 Schedu			<u></u>		16	%
Sec	ction D. Computation of Investme		-				
17	Investment income percentage for 2016 (line	.,	•	())			%
18	Investment income percentage from 2015 S	chedule A, Part III	, line 17			18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	zation did not cheo and stop here. T	ck the box on line he organization q	14, and line 15 is ualifies as a public	more than 33 1/3% Iy supported organ	, and line ization	► 🗌
b	33 1/3% support tests - 2015. If the organize line 18 is not more than 33 1/3%, check this	zation did not cheo box and stop her	ck a box on line 14 r e. The organization	4 or line 19a, and l on qualifies as a p	ine 16 is more thar ublicly supported or	a 33 1/3%, and ganization	🕨 🗌
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instructio	ns	>

	A (Form 990 or 990-EZ) 2016 SWEET SLEEP INC 20-57575 IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete S	Section	s A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		9	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ecti	on A. All Supporting Organizations			
			Yes	Ν
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status $P_{\rm eff}(x) = \frac{1}{2} \int \frac{1}{2$			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
_	organization was described in section $509(a)(1)$ or (2).	2		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		_
0	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
_	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	c		
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	110		
000	tion D. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.	54 40		•
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (coo in	otruct	ionel
C 2	Activities Test. Answer (a) and (b) below.	200 111	Yes	<u>No</u>
2			res	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (a) to which the exemption was respective? If "Vee " then in Pert VI identify			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			- 000 -	
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 Schedule A (Form 990 or 990-EZ) 2016
 SWEET
 SLEEP
 INC

 Part IV
 Supporting Organizations (continued)

t VI). See ough E. Current Year optional) Current Year optional)
Current Year
Current Year optional)
optional)
rent Year
ation (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule /	A (Form 990 or 990-EZ) 2016 SWEET SLEEP INC		20-575	7551 Page
Part \		3) Supporting Organia	zations (continued)	
	on D - Distributions			Current Year
	mounts paid to supported organizations to accomplish exe			
	mounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	rganizations, in excess of income from activity			
	dministrative expenses paid to accomplish exempt purpos	es of supported organizat	ions	
	mounts paid to acquire exempt-use assets			
	ualified set-aside amounts (prior IRS approval required)			
	ther distributions (describe in Part VI). See instructions.			
	otal annual distributions. Add lines 1 through 6.		-	
	istributions to attentive supported organizations to which the	ne organization is respons	sive	
	provide details in Part VI). See instructions.			
	istributable amount for 2016 from Section C, line 6			
10 Li	ne 8 amount divided by Line 9 amount			
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 D	istributable amount for 2016 from Section C, line 6			/
	nderdistributions, if any, for years prior to 2016			
	easonable cause required - explain in Part VI). See			
-	structions.			
	xcess distributions carryover, if any, to 2016:			
а	, , , , , , , , , , , , , , , , , , ,			
b				
c Fi	rom 2013			
d Fi	rom 2014			
e Fi	rom 2015			
f To	otal of lines 3a through e			
	pplied to underdistributions of prior years			
hΑ	pplied to 2016 distributable amount			
i C	arryover from 2011 not applied (see instructions)			
j R	emainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 D	istributions for 2016 from			
S	ection D, line 7: \$			
a A	pplied to underdistributions of prior years			
b A	pplied to 2016 distributable amount			
c R	emainder. Subtract lines 4a and 4b from 4.			
5 R	emaining underdistributions for years prior to 2016, if			
a	ny. Subtract lines 3g and 4a from line 2. For result			
gı	reater than zero, explain in Part VI. See instructions.			
6 R	emaining underdistributions for 2016. Subtract lines 3h			
a	nd 4b from line 1. For result greater than zero, explain in			
P	art VI. See instructions.			
7 E	xcess distributions carryover to 2017. Add lines 3j			
	nd 4c.			
8 B	reakdown of line 7:			
а				
b E	xcess from 2013			
c E	xcess from 2014			
	xcess from 2015			
e E:	xcess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (For	m 990 or 990-EZ) 2016 Page o
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		0				
SCHEDULE D		Supplemental Financial Statements			-	OMB No. 1545-0047
(Form 990)			he organization answered "Yes" on Form 990,			2016
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
•	tment of the Treasury		► Attach to Form 990.	<i>(e</i>		Open to Public
	al Revenue Service	Information about Schedule L	0 (Form 990) and its instructions is at www.irs.go			Inspection
	Name of the organization Employer identifica					
	EET SLEEP		ad Funda ar Othar Similar Funda ar Assau	_	0-5757	/551
ra		-	ed Funds or Other Similar Funds or Accour	its.		
	Complete	if the organization answered "Ye				
	Total available star		(a) Donor advised funds	(b)	Funds and ot	her accounts
1		nd of year				
2	00 0	f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year	s in writing that the assets held in donor advised			
5	•		anization's exclusive legal control?			🗌 Yes 🗌 No
6	-		nor advisors in writing that grant funds can be used	•••	• • • • • •	
U	-	-	e donor or donor advisor, or for any other purpose			
	•	-				🗌 Yes 🗌 No
Pa		vation Easements.	<u> </u>	•••	<u></u>	
ľŭ		e if the organization answered "Y	es" on Form 990 Part IV line 7			
1		servation easements held by the organ				
•		of land for public use (e.g., recreation of		import	ant land are	a
	Protection of r		Preservation of a certified h	•		
	Preservation c					
2			ualified conservation contribution in the form of a cor	servati	on	
	·	ast day of the tax year.				e End of the Tax Year
а				2a		
b	Total acreage rest	ricted by conservation easements		2b		
с	Number of conserv	vation easements on a certified histori	c structure included in (a)	2c		
d	Number of conserv	vation easements included in (c) acqu	ired after 8/17/06, and not on a			
	historic structure lis	sted in the National Register		2d		
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by the organ	zation	during the	
	tax year ►					
4	Number of states	where property subject to conservatio	n easement is located			
5	Does the organization	tion have a written policy regarding th	e periodic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easeme	nts it holds?			🗌 Yes 🗌 No

6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? Yes Ves
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the			
	organ	nization's accounting for conservation easements.		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet		
	works	s of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of		

public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the				
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				

Sched	lule D (Form 990) 2016 SWEET SLEEP INC	1				20-57575	551	Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, o	or Othe	er Similar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession, a	and other records, cl	neck any of the follo	wing that are a	a significa	ant use of its		
	collection items (check all that apply):			0	U			
а	Public exhibition	d 🗌 Loa	n or exchange prog	arams				
b	Scholarly research	_	er	,				
c	Preservation for future generations							
4	Provide a description of the organization's collect	tions and avalain he	w they further the e	vragnization's c	wompt n	urnoso in Part		
4	XIII.	aions and explain no		nganizations e	exempt p	uipose ili Fait		
F		aciva danationa of a	t biotorical tracaure	a ar athar aim	ilor			
5	During the year, did the organization solicit or rec							
Da	assets to be sold to raise funds rather than to be rt IV Escrow and Custodial Arrang		or the organization	s collection?	• • •	•••••	. [] T	es 🗌 No
ı a	Complete if the organization an		n Form 900 Pa	rt IV line 9	or ren	orted an amour	nt on Fo	rm
	990, Part X, line 21.		111 Onn 550, 1 a	irt iv, inic o	, or rep			
1a	Is the organization an agent, trustee, custodian o	r othor intermediany	for contributions or	othor accote n	ot			
Ia								es 🗌 No
L					• • • •		• 🗆 י	
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:			A		
	- · · · · ·					Amo	ount	
C	Beginning balance							
d	Additions during the year							
е	······································							
f	Ending balance							
2a	Did the organization include an amount on Form				-		⊔Y	es 📙 No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has been pro	ovided on Part	XIII .	• • • • • • • • • •		🗌
Pa	rt V Endowment Funds.				_			
	Complete if the organization an	swered "Yes" of	<u>n Form 990, Pa</u>	irt IV, line 1	0.		1	
	-	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	vear end balance (li	he 1ɑ. column (a)) h	neld as:			1	
а	Board designated or guasi-endowment		3 , 1 1 1					
b	Permanent endowment %	//						
c	Temporarily restricted endowment	%						
•	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possession		n that are held and :	administered fo	or the			
ou	organization by:	in or the organizatio					[Yes No
							3a(i)	
							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations list			· · · · · · · ·			3b	
	Describe in Part XIII the intended uses of the org	•			••••		30	
4 Dou		•						
Га			Earm 000 Da	rt IV line 1	10 50	Earm 000 Day	rt V line	10
	Complete if the organization an					-		
	Description of property	(a) Cost or oth		t or other basis			(d) Bool	k value
		(investme	511()	(other)	de	epreciation		
1a	Land	•••						
b	Buildings	•••						
С	Leasehold improvements	•••		5,666		5,173		493
d	Equipment	•••		22,647		19,933		2,714
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part J	X, column (B), line	10c.)				3,207

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 SWEET SLEEP INC		20-5757551	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, lir	າe 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, lir	าе 15.
(a) De	scription	(b) Book	value
(1) SECURITY DEPOSIT			2,988
(2) UGANDAN SHILLINGS			328
(3) RAND			165
(4) MOLDOVAN LEI			86
(5) ETHOPIAN BIRR			100
(6)			
_ (7)			
(8)			
(9)			

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fed	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

. x

3,667

Sched	ule D (Form 990) 2016 SWEET SLEEP INC	20-5757551	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	543,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d	2e	27,784
3	Subtract line 2e from line 1	3	516,058
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	516,058
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	555,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d	2e	27,784
3	Subtract line 2e from line 1	3	527,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	527,923
Pa	rt XIII Supplemental Information.		
2; Pa	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. • Other revenues not included on Form 990 (Part XI, line)		
	T OF GOODS AMOUNT SHOWN AS EXPENSE ON FINANCIAL STATEMENT 2,811		
DRE	AM GALA EVENT COSTS SHOWN AS EXPENSE ON FINANCIAL STATEMENT 18,885		

IN KIND DONATION OF SERVICES ON FINANCIAL STATEMENT NOT ON 990 6,088

TOTAL OF REVENUES NOT INCLUDED IN FORM 990 PART XI, LINE 2D 27,784

COST OF GOODS AMOUNT SHOWN AS EXPENSE ON FINANCIAL STATEMENT 2,811

DREAM GALA EVENT COSTS SHOWN AS EXPENSE ON FINANCIAL STATEMENT 18,885

IN KIND DONATION OF SERVICES ON FINANCIAL STATEMENT NOT ON 990 6,088

TOTAL OF EXPENSES NOT INCLUDED IN FORM 990 PART XI, LINE 2D 27,784

03. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM

PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT

IS RECOGNIZED. THE MINIMUM PROBABILITY THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY,

INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE

TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE

LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON

ULTIMATE SETTLEMENT.

THE ORGANIZATION HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE TAX YEARS ENDED SEPTEMBER 30, 2014 THROUGH SEPTEMBER 30, 2017. THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AT

SEPTEMBER 30, 2017 OR 2016.

Schedule F	Statement of Activities Outside the United States	OMB No. 1545-0047			
(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.		or 16.	2016		
Department of the Treasury	► Attach to Form 990.		Open to Public		
Internal Revenue Service	Information about Schedule F (Form 990) and its instructions is at www.irs.gov/	′form990.	Inspection		
Name of the organization	Name of the organization Employe				
SWEET SLEEP INC		20-5757	7551		
Part I General	Information on Activities Outside the United States. Complete if the organiza	tion answer	ed "Yes" on		
Form 99	0, Part IV, line 14b.				
1 For grantmakers.	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other				
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the					
grants or assistance? \ldots \ldots \Box Yes					

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) ຣ	UB-SAHARAN AFRICA		2	PROGRAM SERVICES	PROVIDE BEDDING	129,206
(2) c	UB-SAHARAN AFRICA		2	PROGRAM SERVICES	ECONOMIC DEVELOPM	ENT 24,752
	USSIA AND THE NEWLY		2	PROGRAM SERVICES	ECONOMIC DEVELOPM	ENI 24,/32
	NDEPENDENT STATES		2	PROGRAM SERVICES	CHILD/ADULT CAMPS	19,865
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
(11)						
(12)						
(13)						
(14)						
<u>(15)</u>						
(16)						
<u>(17)</u>						
3a	Sub-total		6			173,823
b	Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)		6			173,823

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		ho received more than \$5,00					1	(i) Method of
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(book, FMV, appraisal, other)
)		SUB-SAHARAN AFRICA	BEDDING			129,206	BEDDING	FAIR MARKI
2)		SUB-SAHARAN AFRICA	ECON DEVEL	19,127	WIRE TRANS	5,625	RESOURCES	FAIR MARKI
3)		RUSSIA AND THE NEWLY INDEPENDENT STATES	CAMPS			19,865	SUPPLIES	FAIR MARKI
4)								
5)								
5)								
7)								
3)								
))								
0)								
11)								
2)								
3)								
14)								
5)								
6)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 3 Enter total number of other organizations or entities

3 Enter total number of EEA

Schedule F (Form 990) 2016

2

20-5757551 Page 3

Part III can be duplicated (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe
1)							
)							
3)							
)							
5)							
5)							
")							
3)							
))							
)							
()							
2)							
3)							
4)							
5)							
5)							
7)							
3)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III

chedule F (I	orm 990) 2016 SWEET SLEEP INC	20-57	57551		Page 4
Part IV	Foreign Forms				
1 W	as the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"				
th	e organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign				
С	prporation (see Instructions for Form 926)	•••	Yes	Χ	No
2 D	d the organization have an interest in a foreign trust during the tax year? If "Yes," the organization				
m	ay be required to separately file Form 3520, Annual Return To Report Transactions With Foreign				
Т	usts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign				
T	ust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	🗌	Yes	Χ	No
B D	d the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
th	e organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to				
С	ertain Foreign Corporations (see Instructions for Form 5471)	🗌	Yes	Χ	No
. w	as the organization a direct or indirect shareholder of a passive foreign investment company or a				
qu	alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
In	formation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
F	Ind (see Instructions for Form 8621)	🗌	Yes	Χ	No
i D	d the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
th	e organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
F	preign Partnerships (see Instructions for Form 8865)	•••	Yes	Χ	No
5 D	d the organization have any operations in or related to any boycotting countries during the tax year? If				
"}	es," the organization may be required to separately file Form 5713, International Boycott Report (see				
In	structions for Form 5713; do not file with Form 990)	🗆	Yes	Χ	No
A			Schedul	e F (Fori	n 990) 2

Schedule F (Form 990) 2016 SWEET SLEEP INC 20-5757551 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 01. Use of grant monitoring procedures (Part I, line 2) SWEET SLEEP USES APPLICATION, RESEARCH, PARTNERSHIP AND IN-COUNTRY VISIT PROCESSES TO DETERMINE WHICH ORPHANAGES AND/OR CHILDREN TO ASSIST. IF REQUESTS COME FROM A COUNTRY WHERE WE ARE CURRENTLY WORKING, WE HAVE A LONGER APPLICATION PROCESS TO HELP US DETERMINE THE NEEDS AND HOW WE CAN BEST PROVIDE ASSISTANCE. IF REQUESTS COME FROM COUNTRIES WHERE WE ARE NOT CURRENTLY WORKING, WE HAVE A SHORT APPLICATION PROCESS TO USE IN DETERMINING FUTURE COUNTRIES AND SPECIFIC ASSISTANCE WE MIGHT BE ABLE TO PROVIDE. WE ALSO HAVE IN-COUNTRY STAFF THAT RESEARCH AND WORK WITH THE ORPHANAGES, OTHER PARTNERS AND IN-COUNTRY VENDORS TO VET THE NEEDS AND PRIORITIZE THE REQUESTS. IN LOCATIONS WHERE THERE AREN'T ORPHANGES (MOSTLY IN WAR-TORN COUNTRIES), WE MAY WORK DIRECTLY WITH A YOUNG CHILD WHO HAS BECOME "THE HEAD OF HOUSEHOLD" AS A RESULT OF ANOTHER AGENCY'S RECOMMENDATION FOR ASSISTANCE. IN SOME COUNTRIES WE PARTNER WITH OTHER ORGANIZATIONS TO DETERMINE WHERE AND HOW TO ASSIST. 02. General Explanation Attachment PART I, LINE 3, COLUMN (E): REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE BEDS, BIBLES AND MOSQUITO NETS TO

ORPHANED, ABANDONED AND VULNERABLE CHILDREN. FACILITATE ECONOMIC DEVELOPMENT PROGRAMS FOR

VULNERABLE CHILDREN.

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE ADOPTION AND FOSTER CARE TRAINING FOR

ADULTS INTERESTED IN BECOMING ADOPTIVE OR FOSTER PARENTS. PROVIDE A CAMP FOR THE CHILDREN

WHO ARE AVAILABLE TO BE FOSTERED OR ADOPTED.

SCHEDULE G	Supplemer	OMB No. 1545-0047						
(Form 990 or 990-EZ)	orm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2016
Department of the Treasury Internal Revenue Service	Information	► A	ttach to Form	n 990 or Forn			v/form990	Open to Public Inspection
Name of the organization			(entification number
SWEET SLEEP INC								57551
Parti	-	Complete if t t required to cor	-		swered "Yes" on	Form 99	90, Part IV	, line 17.
					ities. Check all that a	oply.		
a 🗌 Mail solicitations	-	-			of non-government gra	ants		
b Internet and email					of government grants			
c Phone solicitation d In-person solicitat			g 🗋	Special fund	draising events			
2a Did the organization		oral agreement w	/ith any indiv	ridual (includ	ing officers, directors,	trustees,		
or key employees list	ted in Form 990,	Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices?	🗌 Y	es 🗌 No
b If "Yes," list the 10 hi	•	,	undraisers) p	oursuant to a	greements under which	ch the fun	draiser is to b	e
compensated at leas	st \$5,000 by the c	organization.						
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to etained by) ser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		Ĺ	col. (i)	
1								
2								
3								
3								
4								
5								
6								
7								
8								
9								
10								
Total		I						
Total		is registered or light			tions or has been noti	fied it is e	xempt from	
registration or licensin	-							
							-	

Schedule G (Form 990 or 990-EZ) 2016

SWEET SLEEP INC

20-5757551 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than	\$5,000.			
			(a) Event #1 DREAM GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
iue						
Revenue	1	Gross receipts	86,439			86,439
-	2	Less: Contributions	86,439			86,439
	3	Gross income (line 1 minus	00,100			00,100
	-	line 2)				
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
		·				
es	6	Rent/facility costs	9,301			9,301
ens		-				
Direct Expenses	7	Food and beverages	4,179			4,179
ğ		-				
Dire	8	Entertainment	1,200			1,200
_						
	9	Other direct expenses	4,205			4,205
	10	Direct expense summary. Add lines	4 through 9 in column (d)			18,885
	11	Net income summary. Subtract line	10 from line 3, column (d)			(18,885)
Pa	rt II					nore
		than \$15,000 on Form 990	-EZ, line 6a.			
Ð			(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
enu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
ш ठ						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Tes /₀ □ No	□ 103 //	□ 1es /₀ □ No	
			No	No	No	
	6 7	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)	□ No	□ No	
			2 through 5 in column (d)	□ No	□ No	
	7	Direct expense summary. Add lines	No 2 through 5 in column (d) rract line 7 from line 1, colum	mn (d)	□ No	
9	7 8 Er	Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat	No 2 through 5 in column (d) ract line 7 from line 1, colu	No mn (d)	□ No	
a	7 8 En	Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat the organization licensed to conduct g	No 2 through 5 in column (d) ract line 7 from line 1, colu	No mn (d)	□ No	Yes 🗌 No
	7 8 En	Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat	No 2 through 5 in column (d) ract line 7 from line 1, colu	No mn (d)	□ No	Yes 🗌 No
a	7 8 En	Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat the organization licensed to conduct g	No 2 through 5 in column (d) ract line 7 from line 1, colu	No mn (d)	□ No	Yes 🗌 No
a b	7 8 En Is	Direct expense summary. Add lines Net gaming income summary. Subt net the state(s) in which the organizat the organization licensed to conduct g 'No," explain:	No 2 through 5 in column (d) rract line 7 from line 1, colur ion conducts gaming activi gaming activities in each of	No mn (d)	□ No	
a b 10a	7 8 Is Is If	Direct expense summary. Add lines Net gaming income summary. Subleter the state(s) in which the organization the organization licensed to conduct ge 'No," explain: ere any of the organization's gaming	No 2 through 5 in column (d) rract line 7 from line 1, colur ion conducts gaming activi gaming activities in each of	No mn (d)	□ No	
a b 10a	7 8 Is Is If	Direct expense summary. Add lines Net gaming income summary. Subt net the state(s) in which the organizat the organization licensed to conduct g 'No," explain:	No 2 through 5 in column (d) rract line 7 from line 1, colur ion conducts gaming activi gaming activities in each of	No mn (d)	□ No	

SCHEDULE M (Form 990)

Internal Revenue Service Name of the organization

Noncash Contributions

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

20-5757551

SWE	ET SLEEP INC				20-5757551		
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determin noncash contribution a	-	8
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	x	4	54,074	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received by	/ the organiza	tion during the tax year for cor	tributions for			
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29		
					Y	'es N	0
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through			
	28, that it must hold for at least three	e years from th	he date of the initial contribution	on, and which isn't required			
	to be used for exempt purposes for	the entire hole	ding period?		30a	Х	ζ
b	If "Yes," describe the arrangement	in Part II.					
31	Does the organization have a gift a	cceptance poli	icy that requires the review of	any non-standard			
	contributions?				31	X	ζ
32a	Does the organization hire or use the	nird parties or	related organizations to solicit	t, process, or sell noncash			
	contributions?				32a	X	ζ
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a	mount in colu	mn (c) for a type of property fo	or which column (a) is checked,			
	describe in Part II.						
For F	Paperwork Reduction Act Notice, s	see the Instru	ctions for Form 990.		Schedule M (Form 990) (2016	a

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public

OMB No. 1545-0047

m990. Inspection

20-5757551

SWEET SLEEP INC

01. Officer, directors, etc. family relationship (Part VI, line 2)

BRYAN METCALF IS THE SPOUSE OF MADELENE METCALF WHO HAS SERVED AS PRESIDENT OF THE

ORGANIZATION SINCE JUNE 2014.

02. Form 990 governing body review (Part VI, line 11)

FORM 990 IS SHARED WITH THE BOARD OF DIRECTORS VIA EMAIL AND THEN DISCUSSED AT NEXT

AVAILABLE BOARD MEETING PRIOR TO ITS SUBMISSION.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED EACH YEAR BY OFFICERS, BOARD

MEMBERS AND EMPLOYEES.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE PROCESS FOR DETERMINING COMPENSATION OF KEY EMPLOYEES INCLUDES A BOARD COMPARISON OF

LOCAL NON-PROFIT SALARIES FOR SIMILAR POSITIONS WITH CONSIDERATION GIVEN FOR THE SIZE OF

THE NON-PROFITS USED IN THE COMPARISONS. THE BOARD ALSO CONSULTS WITH AND REVIEWS

MATERIALS FROM THE CENTER FOR NON-PROFIT MANAGEMENT.

AT THIS TIME THE ORGANIZATION'S PRESIDENT DOES NOT DRAW A SALARY. ORGANIZATION BOARD

COMPARES COMPENSATION TO OTHER ORGANIZATIONS OF SIMILAR SIZE AND MISSION, WHEN AVAILABLE,

AND MAKES DETERMINATION FOR SALARY. CURRENTLY THE EXECUTIVE DIRECTOR WORKS ON A VOLUNTARY

BASIS WITHOUT COMPENSATION.

05. Other officer or key employee compensation (Part VI, line 15b

KEY EMPLOYEE COMPENSATION IS BASED ON COMPARISONS TO ORGANIZATIONS OF SIMILAR SIZE AND

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
SWEET SLEEP INC	20-5757551

MISSION, WHEN AVAILABLE. THE EXECUTIVE DIRECTOR PROPOSES KEY EMPLOYEE COMPENSATION TO THE

BOARD FOR ITS APPROVAL IN THE ANNUAL BUDGETARY PROCESS.

06. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS AND FINANCIAL INFORMATION CAN BE FOUND ON THE WEBSITE OF GUIDESTAR AND

GIVING MATTERS. THE ORGANIZATION'S ANNUAL REPORT CAN BE FOUND ON THE ORGANIZATION'S

WEBSITE AS WELL AS ECFA (EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY). OTHER

POLICIES ARE PROVIDED UPON REQUEST.

https://doi.org/10.1007/10.10		OMB No. 1545-0172
Information Information about Form 4562 and its separate instructions is at www.irs.gov/form Building Tesses backing to aching to a first this form relates FORM 990 - 1 Part I Election To Expense Certain Property Under Section 179 Note: You and this form relates Image of this form relates FORM 990 - 1 Part I State instructions) (a) Election 179 property backed in service (see instructions) Image of the instructions (b) Cast descine 179 property backed in service (see instructions) (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost (c) Elected cost Image of the instructions (c) Elected cost <t< th=""><td></td><td>2016</td></t<>		2016
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SIMPLET SLEEP INC FORM 990 - 1 PartI Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)	m4562	
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)		Identifying number
Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)		20-5757551
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EEA

Name(s) as shown on return SWEET SLEEP INC PROGRAM EXPENSES - ALL OTHER Decomposition	FEIN
	20-5757551
Degenintion	
Description	Amount
DUES AND SUBSCRIPTIONS	\$ 906
BANK FEES OTHER EXPENSES	<u>1,048</u> 291
	tal: \$ 2,245
MANAGEMENT AND GENERAL - ALL OTHER EXP	PENSES
Description	Amount
DUES AND SUBSCRIPTIONS	\$ 1,900
LICENSES, PERMITS AND INSURANCE	1,861
BANK FEES OTHER EXPENSES	<u></u>
	tal: \$ 4,453
Tot	tal: <u>\$ 83</u>
AMOUNTS ON LINE 1 NOT INCLUDED IN FORM 990, PA	ART VIII LN 12
AMOUNTS ON LINE 1 NOT INCLUDED IN FORM 990, PA	
Description	Amount
Description AMOUNTS SHOWN AS COST OF GOODS ON FINANCIAL STMT	Amount
Description AMOUNTS SHOWN AS COST OF GOODS ON FINANCIAL STMT DREAM GALA EVENT COST SHOWN AS EXPENSE ON FINANCIAL IN KIND DONATION OF SERVICES	Amount \$ 2,811 STMT 18,885 6,088
Description AMOUNTS SHOWN AS COST OF GOODS ON FINANCIAL STMT DREAM GALA EVENT COST SHOWN AS EXPENSE ON FINANCIAL IN KIND DONATION OF SERVICES	Amount \$ 2,811 STMT 18,885
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Description AMOUNTS SHOWN AS COST OF GOODS ON FINANCIAL STMT DREAM GALA EVENT COST SHOWN AS EXPENSE ON FINANCIAL IN KIND DONATION OF SERVICES Tot AMOUNTS ON LINE 1 NOT INCLUDED IN FORM 990, F Description	Amount \$ 2,811 STMT 18,885 6,088 tal: \$ \$ 27,784 PART IX LN 25 Amount \$ 2,811

990	Overflow Statement		2016 Page 2
Name(s) as shown on return		FEIN	
SWEET SLEEP INC			20-5757551
	OTHER DIRECT EXPENSES - DREAM G	ALA	
Description			Amount
DECOR			\$ 620
PHOTO/VIDEO			2,618
_SUPPLIES			967
	T	otal: =	\$ 4,205