Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form	3:	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		ations)	2022							
Depar	Open to Public Inspection												
		Bervice Go to www.irs.gov/Form990 for instructions and the latest information. e 2022 calendar year, or tax year beginning , 2022, and ending											
_													
_													
=	ddress	-	Doing business as			20-5757551							
=	lame ch	-		oom/suite	E Telepho								
8	nitial retu		P O BOX 1546			(615)730-7671							
H		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	•							
H	mendeo		BRENTWOOD, TN 37024		\$	347,106							
	pplication	on pending	F Name and address of principal officer: MADELENE METCALF	H(a) Is this a g									
			SAME AS C ABOVE	H(b) Are all s									
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			See instructions							
	Vebsite		SWEETSLEEP.ORG	H(c) Group e									
		-	Corporation Trust Association Other L Year of formation:	2006 M S	State of legal	domicile: TN							
Pa	T	Summar	•			_							
	1	2				HOPE IN CHRIST							
ø		TO THE W	ORLD'S ORPHANED AND VULNERABLE CHILDREN, IMPROVING QU	JALITY OF L	IFE.								
anc													
ŝruŝ													
Ň	2		ox L if the organization discontinued its operations or disposed of more than 25% oting members of the governing body (Part VI, line 1a)		3								
യ ൽ	3		6										
es	4		ndependent voting members of the governing body (Part VI, line 1b)	6									
viti	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	1							
Activities & Governance	6		r of volunteers (estimate if necessary)		6	45							
	7a		ed business revenue from Part VIII, column (C), line 12		7a	0							
	b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11		7b	0							
				Prior Year		Current Year							
	8	Contributions	s and grants (Part VIII, line 1h)	433	3,984	346,914							
anu	9	0	vice revenue (Part VIII, line 2g)			0							
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		68	192							
Re	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0							
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	434	,052	347,106							
	13		similar amounts paid (Part IX, column (A), lines 1-3)	161	,911	239,900							
	14	•	d to or for members (Part IX, column (A), line 4)			0							
<i>(</i> 0	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	109	,093	117,903							
Ise			fundraising fees (Part IX, column (A), line 11e)			0							
Expense	b		sing expenses (Part IX, column (D), line 25) 21,446										
щ	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	95	5,401	83,862							
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	366	5,405	441,665							
	19	Revenue les	s expenses. Subtract line 18 from line 12	67	,647	(94,559)							
or Sec				Beginning of Curre	ent Year	End of Year							
Net Assets or Fund Ralances	20		(Part X, line 16)	234	,022	141,453							
tAs	21		es (Part X, line 26)	3	3,583	5,573							
			r fund balances. Subtract line 21 from line 20	230	,439	135,880							
	rt II		re Block										
			clare that I have examined this return, including accompanying schedules and statements, and to the best of claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowledge and bel	lief, it is								
		MADE	LENE METCALF										

	MADELENE ME												
Sign	Signature of officer	Da	te										
Here	MADELENE ME												
	Type or print name and title												
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN						
Paid	Paid TIM MONTGOMERY			04-24-2023		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	Phone no.								
		Murfrees	boro TN 37128			615-	895-8151						
May the IRS	discuss this return with	the preparer sh	own above? See instructions				🗌 Yes 🛛 N	0					

Form	m 990 (2022) SWEET SLEEP INC 20-5757551	Page 2	
Pa	art III Statement of Program Service Accomplishments		
	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 VULNERABLE CHILI	DREN,	
	IMPROVING QUALITY OF LIFE.		
Part III Statement of Program Service Accomplishments Check # Schedule Countins a response or note to any line in this Part III 1 Birely describe the organizations mission: 10 DBMONSTRATE GOD'S LOVE AND HOPE IN CHRIST TO THE WORLD'S ORPHANED AND VULNERABLE CHILDRE THEREVING QUALTY OF LIFE. 2 Did the organization underske any significant program services during the year which were not listed on the priof Form 900 690-52. 11 "Yes," describe these new services obschule 0. 20 Did the organization cause conducting, or make significant changes in how it conducts, any program services? 11 "Yes," describe these new services accompliatments for each of its three largest program services, the tool dopmase, and toendure, of any life and thong and accounts, any program services are required to report the amount of grants and allocations to others, the tool dopmase, and toendure, of any, for each program service optoid. 40 (Code:			
2		¬	
		Νο	
~			
3			
4			
4			
4a	(Code:) (Expenses \$ 249,292 including grants of \$) (Revenue \$)	
		, ING 392	
4b)	
	IN JULY TO SERVE COMMUNITIES IN UGANDA THROUGH BED DISTRIBUTIONS TO 643 UGANDAN CHILDREN	•	
4c	(Code:) (Expenses \$ 48,503 including grants of \$) (Revenue \$)	
		/ г тне	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 371,136		
EEA		990 (2022)	

		5757551	ŀ	Page 3
Pa	rt IV Checklist of Required Schedules		N	
	In the experimetion described is position $F(A/a)(a)$ or $A(A/a)(a)$ (at the there are instead of the second stars) of $F(A/a)$		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A		X	
2 3		2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	· · · J		x
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•••		x
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ũ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
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?	14a	x	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<u>14b</u>	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	v	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	··· 10	x	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	+	x
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1/	+	•
	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.	19		x
20 a			1	x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this reture?		1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	t IV Checklist of Required Schedules (continued)		Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
~7	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		x
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		л
Ū	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Day 2 of Form 1000. Enter 0, if not any fight		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 0	-		
С	reportable gaming (gambling) winnings to prize winners?	1c		
	Toportaolo gammy (gamomy) withings to prize withings:		~ 000	(2022

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	L
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d	7c		x
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		x x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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	_		
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	-		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		x
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		ĺ
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction 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	5		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	5		
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
	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 (1024 or 1024-A, 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 Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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.			
	MADELENE METCALF (615)730-7671, P O BOX 1546, BRENTWOOD, TN 37024			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	phest Compensated Employees	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII .		. 🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compen-	sated Employees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year er	nding with or within the	
organization's t	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations	s), 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

			npone		C)	ly cun	on			
	Posi				ition					
(A) (B)				k m	ore th	an one		(D)	(E)	(F)
Name and title Average hours						both ar		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	officer and a director/trustee)						from the	from related	compensation
	(list any	2 5	-	o	х	₫т	Ū.	organization (W-2/	organizations (W-2/	from the
	hours for	r dire	istitu	Officer	ey e	mplo	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	dual ector	tiona		Key employee	yee	Ϋ́		,	3
	organizations below	Individual trustee or director	Institutional trustee		yee	ompe				
	dotted line)	ee	stee			Highest compensated employee				
						led				
(1) MADELENE_METCALF	40.00									
PRESIDENT		х		x				109,524	0	0
(2) ALYSON WALKER	1.00									
DIRECTOR		х						0	0	0
(3) PAUL STRINGFELLOW	1.00									
DIRECTOR		х						0	0	0
(4) SAVANNAH_KOEHN	1.00									
DIRECTOR		х						0	0	0
(5) BETH_DUNNING	1.00									
SECRETARY		х		x				0	0	0
(6) DAVID_HOWELL	1.00									
BOARD CHAIR		х		x				0	0	0
(7) DANA MAYNOR	1.00									
TREASURER		х		x				0	0	0
<u>(8)</u>										
(9)				+						
(10)										
(11)				+						
<u>(12)</u>										
<u>(13)</u>										
(14)				-						
										Earma 000 (0000)

Form 9			SLEEP INC)-5757			age 8
Part	VII	Section A. Officers	, Directors, 1	Trustees,	Key E	Em		-	es, an	d F	lighest Comp	ensated	Empl	oyees	(cont	inued,
		(A) Name and title		(B) Average hours per week	box,	, unle	Po neck m ss per	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reporta compensa from rela	able ation ated	cor	(F) ated am of other npensat	
				(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NE	sc/	orga	rom the nization I organiz	
(15)					_											
<u>(</u> 1 <u>6</u>)					-											
(17)					-											
(18)					-											
(19)					-											
(20)					-											
(21)					-											
(22)					-											
(23)					-											
(24)					-											
(25)					-											
1b c		from continuation sheets			••••	 	•••	•••	•••	•						
d 2		(add lines 1b and 1c) . number of individuals (inclu										of	0			0
-		table compensation from th	-		iisieu a	0000	C) W		SCEIVE			01				1
3	Did th	ne organization list any for	mer officer, dired	ctor, trustee,	key en	nplo	yee,	or h	nighest	cor	npensated				Yes	No
		oyee on line 1a? If "Yes," o												3		x
4		ny individual listed on line 1 nization and related organiz														
	indivi	idual			• • • •		• •	•••						4		x
5		ny person listed on line 1a r prvices rendered to the orga				-			-					5		x
Secti		. Independent Contr		s, complete	, ocned		0 101	540	in pers	011	<u></u>	<u></u>	• • • •	U		л
1	Comp	blete this table for your five h	nighest compensa													
	comp	ensation from the organizat	ion. κεροπ com (A)	pensation for	the cal	ena	ar ye	ear e	enaing	with	i or within the orgai (B)	nization's ta	ax year.	(C)		
		Nam	e and business addre	SS							Description of servic	es		Compens	ation	
2		number of independent cor ved more than \$100,000 of		-			se lis	sted	above)) wh	0					

Form 9	990 (20)22) SWEET	' SL	EEP INC					20-57575	51 Page 9
Part	VIII	Statement of Rev	/enı	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>s s</i>	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
, G	d	Related organizations .	••		1d					
Gifts ar A	е	· · · · · · · · · · · · · · · · · · ·			1e					
ns, o	f		-							
utio er S		and similar amounts not i			1f	346,914				
Gth	g									
Con		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••		• • •		346,914			
	0-					Business Code				
8	2a									
i Si	C C									
Jram Serv Revenue	d									
grar Rev	e									
Program Service Revenue	-	All other program service	rever	nue						
-		Total. Add lines 2a-2f .								
	3	Investment income (includ								
	ľ	other similar amounts) .					192			192
	4	Income from investment of	f tax-	exempt bon	d proce	eeds				
	5	Royalties	<u></u>							
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6C							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	70							
	h	other than inventory Less: cost or other basis	7a							
đ	0	and sales expenses	7h							
nu	C	Gain or (loss)								
Seve		Net gain or (loss)								
Other Revenue		Gross income from fundra								
đ		events (not including \$_								
		of contributions reported of			_					
		1c). See Part IV, line 18			8a					
		Less: direct expenses .								
		Net income or (loss) from		raising even	ts					
	9a	Gross income from gamin	-							
		activities, See Part IV, line								
		Less: direct expenses .								
		Net income or (loss) from	-	ng activities	\$ 	•••••				
	10a	Gross sales of inventory, I returns and allowances .			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from				1				
			30165		y	Business Code				
Ś	11a									
nou										
scellanou Revenue	c									
Miscellanous Revenue	-	All other revenue								
Σ	е	Total. Add lines 11a-11d								
		Total revenue. See instru					347,106	0	0	192

SWEET SLEEP INC

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

20-5757551

	include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and				
	reign individuals. See Part IV, lines 15 and 16	239,900	239,900		
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees	109,524	76,667	16,429	16,42
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	her salaries and wages				
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
	ayroll taxes	8,379	5,865	1,257	1,25
1 Fe	ees for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting	9,517		9,517	
d Lo	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17 .				
f Inv	vestment management fees				
g Ot	ther. (If line 11g amount exceeds 10% of line 25, column				
(A)) amount, list line 11g expenses on Schedule O.)				
1 2 Ad	vertising and promotion				
I 3 Of	fice expenses	4,002	272	2,157	1,57
14 Inf	formation technology				
1 5 Ro	oyalties				
16 Oc	ccupancy	4,344	3,040	652	65
1 7 Tra	avel	2,000	2,000		
18 Pa	ayments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
1 9 Co	onferences, conventions, and meetings	654		654	
20 Int	terest				
2 1 Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	364	254	55	5
3 Ins	surance	1,497		1,497	
4 Ot	her expenses. Itemize expenses not covered				
ab	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
(A)), amount, list line 24e expenses on Schedule O.)				
	EVELOPMENT EXPENSES	757			75
	OMMUNICATIONS EXPENSES	12,008	7,163	4,121	72
	ANK FEES	3,189	604	2,585	
	ROGRAM DEVEL/BRANDING	40,910	34,006	6,904	
	other expenses	4,620	1,365	3,255	
	otal functional expenses. Add lines 1 through 24e	441,665	371,136	49,083	21,44
	bint costs. Complete this line only if the				,11
org	ganization reported in column (B) joint costs				
	m a combined educational campaign and				
	ndraising solicitation. Check here 🛛 if Iowing SOP 98-2 (ASC 958-720)				

Form	990 (20		2	0-5757	7551 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)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	207,115	1	129,105
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	26,179	9	11,984
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,653	-		
	b	Less: accumulated depreciation	728	10c	364
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	234,022	16	141,453
	17	Accounts payable and accrued expenses	3,583	17	5,573
	18	Grants payable		18	
	19	Deferred revenue		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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,583	26	5,573
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ance	27	Net assets without donor restrictions	207,509		133,880
Bala	28	Net assets with donor restrictions	22,930	28	2,000
nd I		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
šor	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	230,439		135,880
	33	Total liabilities and net assets/fund balances	234,022	33	141,453

Form 990 (2022)

Form	990 (2022) SWEET SLEEP INC 2	0-5757551	L	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		347,	,106
2	Total expenses (must equal Part IX, column (A), line 25)	2		441,	,665
3	Revenue less expenses. Subtract line 2 from line 1	3		(94,	,559)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		230,	,439
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		135,	,880
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule 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:				
	X 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	••••	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	9 90	(2022)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-004	7
2022	

	tment of the		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Revenue S	Service	Go to www.irs.gov/For	m990 for instructions a	and the lat	test inforn	nation.	Inspection
Name	of the orga	anization					Employer identification	on number
SWEE	T SLEE	P INC					20-575755	51
Par	tl R	Reason for Public	Charity Status. (A	I organizations mus	t comple	ete this p	art.) See instruct	ions.
The o	organization	n is not a private founda	ation because it is: (For lir	nes 1 through 12, check c	nly one bo	x.)		
1	🗌 A chu	Irch, convention of chu	rches, or association of c	hurches described in se	ction 170(b)(1)(A)(i)		
2	🗌 A sch	ool described in sectio	on 170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3	🗌 A hos	pital or a cooperative h	nospital service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	A me	dical research organiza	ation operated in conjunc	tion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	e
	hospit	tal's name, city, and sta	te:					
5	An or	ganization operated for	the benefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
	section	on 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	A fede	eral, state, or local gov	ernment or governmenta	I unit described in section	n 170(b)(1)(A)(v).		
7	X An or	ganization that normally	receives a substantial pa	art of its support from a g	overnment	tal unit or fi	rom the general public	
	descr	ibed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
8	A com	nmunity trust described	l in section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	🗌 An ag	pricultural research orga	anization described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant co	llege
	or uni	iversity or a non-land-g	ant college of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	univer	rsity:						
10	receip suppo	ots from activities relate ort from gross investme	/ receives: (1) more than d to its exempt functions, nt income and unrelated b after June 30, 1975. See	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	88
11			nd operated exclusively t					
12	An or	ganization organized a	nd operated exclusively for	or the benefit of, to perform	n the funct	tions of, or	to carry out the purpo	ses of
	one o	or more publicly suppor	ted organizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)((3). Check
	the bo	ox on lines 12a through	12d that describes the type	pe of supporting organization	ation and c	omplete lin	es 12e, 12f, and 12g.	
а	T	ype I. A supporting org	anization operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by g	jiving
	th	ne supported organizati	on(s) the power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the	
			You must complete Pa	•				
b	י 📋 ד	ype II. A supporting or	ganization supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
	CO	ontrol or management of	of the supporting organization	tion vested in the same p	persons that	at control o	r manage the support	ed
			ist complete Part IV, Se					
С			tegrated. A supporting of	0 1			, .	d with,
			on(s) (see instructions). Y	-				
d			ly integrated. A support	•••				. ,
		,	egrated. The organization	• • •		•	ent and an attentivene	SS
	_		tions). You must compl					
е		-	anization received a writte				I, Type II, Type III	
			r Type III non-functionally	integrated supporting or	ganizatior).		[]
f		e number of supported	0	•••••				•••
g			on about the supported or	ganization(s).				
	(i) Name of s	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								

Total

	ule A (Form 990) 2022 SWEET SLEED					20-575755	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	
Sect	ion A. Public Support			•			
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	111,770	293,902	356,718	405,914	346,914	1,515,218
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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	111 770	202 002	256 710	405 014	246 014	1 515 010
4 5	The portion of total contributions by	111,770	293,902	356,718	405,914	346,914	1,515,218
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)						297,222
6	Public support. Subtract line 5 from line 4.						1,217,996
-	ion B. Total Support	П	1	1	I	1	n.
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	111,770	293,902	356,718	405,914	346,914	1,515,218
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	7	19	31	68	192	317
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						1,515,535
12	Gross receipts from related activities, etc.	(and instructio	no)			12	
	•	•	,				2,320
13	First 5 years. If the Form 990 is for the o	•			•	•	
0	organization, check this box and stop he						••••
-	ion C. Computation of Public Support						
14	Public support percentage for 2022 (line 6		•			14	80.37 %
15	Public support percentage from 2021 Sch					15	80.73 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	•	• • • •	•			
b	33 1/3% support test - 2021. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	publicly suppor	rted organizatio	n		[]
17a	10%-facts-and-circumstances test - 20	22. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	ie 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fa						
	-			-			
						10h ar 17a a	
h	organization	21 If the organ	ization did not		n lind 1 K 169		
b	10%-facts-and-circumstances test - 202	-					
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization	meets the fac	ts-and-circums	stances test, ch	eck this box a	nd stop here.	Explain
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the fac	ts-and-circums umstances test	stances test, ch t. The organiza	eck this box a tion qualifies a	nd stop here. Is a publicly su	Explain pported
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	meets the fac	ts-and-circums umstances test	stances test, ch t. The organiza	eck this box a tion qualifies a	nd stop here. Is a publicly su	Explain pported
b 18	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the fac facts-and-circu d not check a b	ts-and-circums umstances test box on line 13,	stances test, ch t. The organiza 16a, 16b, 17a	eck this box a tion qualifies a or 17b, check	nd stop here. Is a publicly su 	Explain pported

	(Complete only if you checked th	e hox on line	10 of Part I	or if the organ	nization failed	to qualify un	der Part II
	If the organization fails to qualify						
Secti	on A. Public Support					,	
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(u) 2010	(6) 2010	(0) 2020	(4) 2021	(0) 2022	
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
0	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						
Ũ	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.)						
Secti	on B. Total Support		ł				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
9 10a	Amounts from line 6						
-							
-	Gross income from interest, dividends, .						
-	Gross income from interest, dividends, payments received on securities loans, rents,						
10a	Gross income from interest, dividends, . payments received on securities loans, rents, royalties, and income from similar sources .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less						
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						
10a b	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						
10a b c	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 Add lines 10a and 10b						
10a b c	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 Add lines 10a and 10b Net income from unrelated business						
10a b c	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether						
10a b c 11	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
10a b c 11	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						
10a b c 11	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
10a b c 11 12	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
10a b c 11 12	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi	rst, second, thi	ird, fourth, or fil	th tax year as	a section 501(d	:)(3)
10a b c 11 12 13 14	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 Add lines 10a and 10b Add lines 10a and 10b	<u>e</u>			•	a section 501(0	, , ,
10a b c 11 12 13 14 <u>Secti</u>	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	e t Percentag	 e			· · · · · · · · · · · · ·	, , ,
10a b c 11 12 13 14 <u>Secti</u> 15	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	e <u></u> T t Percentag 5, column (f), d	e ivided by line	13, column (f))	· · · · · · · · · · · ·		, , ,
10a b c 11 12 13 14 <u>Secti</u> 15 16	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	e t Percentag s, column (f), d edule A, Part I	e ivided by line II, line 15	13, column (f))	· · · · · · · · · · · ·		, , ,
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	e t Percentag column (f), d edule A, Part l come Perce	e ivided by line II, line 15 . ntage	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16	, , ,
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17	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 Add lines 10a and 10b Add lines 10a and 10b	e t Percentag , column (f), d edule A, Part 1 come Percent ine 10c, column	e ivided by line II, line 15 ntage nn (f), divided b	13, column (f))		15 16 17	, , ,
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	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 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	e t Percentag , column (f), d edule A, Part I come Percent ine 10c, colum Schedule A, I	e ivided by line II, line 15 ntage nn (f), divided t Part III, line 17	13, column (f)) by line 13, colu	mn (f))	15 16 17 18	· · · · · · · · ·

Schedule A (Form 990) 2022

		() =	() =	(-)	() =	(-) =		(.)
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included on 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 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	section	501(c)	(3)
	organization, check this box and stop her	e						[
Secti	on C. Computation of Public Support	rt Percentag	е					
15	Public support percentage for 2022 (line 8					15		%
16	Public support percentage from 2021 Sch					16		%
Secti	on D. Computation of Investment In							
17	Investment income percentage for 2022 (•		17		%
18	Investment income percentage from 2021					18		%
19a	33 1/3% support tests - 2022. If the orga							
	17 is not more than 33 1/3%, check this b	-	-	-			-	
b	33 1/3% support tests - 2021. If the organizat	ion did not checl	k a box on line 1	4 or line 19a, and	d line 16 is more t	han 33 1/	3%, and	d
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organizati	on qualifies as a	publicly supported	d organiza	ation .	🗌

SWEET SLEEP INC

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 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 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c 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 Did the organization support any foreign supported organization that does not have an IRS determination С 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 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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 Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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?		100	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
L.	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
		4		
2	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,			
Casti	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	N-
4	Mana a maintifu of the experimetion le diverture of tweetone duving the texture along a maintifu of the diverture		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			
0	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	N-
4	Did the same day is a marked to see the file same and descendentian is the day between the fill second of the		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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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		
	on 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) inst	ructio	ons).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 on line 2a, above, 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 lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedu	le A (F	orm 99	0) 2022

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 Schedule A (Form 990) 2022
 SWEET
 SLEEP
 INC

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			-
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sect	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	\Box Check here if the current year is the organization's first as a non-functional	llv in	tograted Type III auppo	rting organization

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

Schedule A (Form 990) 2022

SWEET SLEEP INC

Schedule A (Form 990) 2022

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Schedul	e A (Form 990) 2022 SWEET SLEEP INC		20-57	757551 Page 7
Part		8) Supporting Organ		
Secti	on D - Distributions	/		Current Year
1				
2	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations 3	3
4	Amounts paid to acquire exempt-use assets		4	1
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	5
6	Other distributions (describe in Part VI). See instructions.	·	6	3
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2022 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount		10	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
-	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
<u> </u>	Evenes from 2018			
a b	Evenes from 2010			
 C	Evenes from 2020			
d	Excess from 2020 Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022
				•

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047 2022

	Attach to Form 990.
Go to	www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Name of the organization
Internal Revenue Service
Department of the Treasury

SWEET	SLEEP INC		2	0-5757551
Pa	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds o	r Accounts	S.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.		
	· · · ·	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ac	dvised	
	funds are the organization's property, subject to the organization	-		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a			
•	only for charitable purposes and not for the benefit of the dor			
	conferring impermissible private benefit?			No
Par				
	Complete if the organization answered "Yes" of	n Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organizat			
•	Preservation of land for public use (for example, recreation		n of a historic	ally important land area
	Protection of natural habitat	· =		d historic structure
	Preservation of open space			
2		ind concentration contribution in the for	m of a conce	nation
2	Complete lines 2a through 2d if the organization held a qualif easement on the last day of the tax year.			
				Held at the End of the Tax Year
a L	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic str		••••	<u>2c</u>
d	Number of conservation easements included in (c) acquired	•		
-	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organiza	ation during the
	tax year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	onservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easer	nents during the year
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that de	scribes the
_	organization's accounting for conservation easements.		•	
Part			or Other	Similar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 99			
	of art, historical treasures, or other similar assets held for put			of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 99	58, to report in its revenue statement a	ind balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance 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 tre	asures, or other similar assets for fina	ncial gain, pr	ovide the
	following amounts required to be reported under FASB ASC	958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

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

Schedu	e D (Form 990) 2022 SWEET SLEEP IN							20-57575			Page 2
Par	Ŭ								sets (c	ontir	nued)
3	Using the organization's acquisition, access	sion, ar	nd other record	ds, check	any of the fo	blowing that	make się	gnificant use of its			
	collection items (check all that apply):				_						
а	Public exhibition			d		r exchange p	-				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's	collecti	ions and explai	in how the	ey further the	e organizatio	n's exen	npt purpose in Part			
	XIII.										
5	During the year, did the organization solicit	or rece	eive donations	of art, his	torical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather than			part of the	e organizatio	on's collectio	n?		Ye	s	No
Par	t IV Escrow and Custodial Arr										
	Complete if the organization	ansv	wered "Yes'	" on For	m 990, P	art IV, line	9, or	reported an amo	unt on	Forr	m
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo								_	_	_
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part X	II and	complete the fo	ollowing ta	able:						
								Amo	unt		
С	Beginning balance							;			
d	Additions during the year							1			
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on							-			No
b	If "Yes," explain the arrangement in Part X	II. Che	eck here if the e	explanatio	n has been	provided on	Part XIII	• • • • • • • • • •		•	
Par				. –	000 F		4.0				
	Complete if the organization								1		
		(a)	Current year	(b) P	rior year	(c) Two year	s back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
_											
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 cu	-		ce (line 1g	, column (a))) held as:					
a	Board designated or quasi-endowment		%								
b	Permanent endowment%	Ó									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the post	sessior	n of the organiz	zation that	are neid ar	nd administer	ea for th	e		Vee	Ne
	organization by:								2-(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ		•				••••		3b		
4	Describe in Part XIII the intended uses of t			nowment t	unas.						
Par	t VI Land, Buildings, and Equi Complete if the organization	-		" on For	m 000 D	art IV/ line	110	Soo Form 000 E	Port V	lino	10
		1 01151									
	Description of property		(a) Cost or oth (investme			r other basis other)		Accumulated epreciation	(d) Boo	k value	3
4-	Land		(,	+ "						
1a 5	Land				+						
b	Buildings				-						
с С	Leasehold improvements					0 650		0.000			264
d	Equipment					2,653		2,289			364
e Total	Other		Form 000 D-	rt V aal	(D) line	100)					264
	Add lines 1a through 1e. (Column (d) must	equal	runn 990, Pa	π Α, COIUI	нн (<i>ם),</i> ште	100.,	• • • •				364
EEA								Schee	dule D (Fo	2000 95	3UJ 2UZ

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SWEET SLEEP INC		20-5757551 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 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, line 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, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

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) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedul	· · · · ·	20-5757551	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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	
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.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- 1 - 1	
1	Total expenses and losses per audited financial statements	1	
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	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
Part	XIII Supplemental Information.		

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)		Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1		OMB No. 1545-0047				
		Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		Open to Public Inspection				
Name of t	Name of the organization Employ							
SWEET	SWEET SLEEP INC 20-5							
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on								
	Form 990, Part IV, line 14b.							
1	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?								

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)SUB-SAHARAN AFRICA	2	4	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	182,174	
(2)SUB-SAHARAN AFRICA	2	4	PROGRAM SERVICES	BED DISTRIBUTION	57,726	
(3)						
_(4)						
_(5)						
(6)						
(7)						
(8)						
(9)						
<u>(</u> 10)						
<u>(11)</u>						
(12)						
<u>(13)</u>						
<u>(</u> 14)						
(15)						
<u>(</u> 16)						
<u>(17)</u>						
3a Subtotal	4	8			239,900	
c Totals (add lines 3a and 3b)	4	8			239,900	

Schedule F (Form 990) 2022

SWEET SLEEP INC

20-5757551

Page **2**

Part	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(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	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
(1)			AFRICA	ECONOMIC DEVELOP	182,174	WIRE			
(0)			SUB-SAHARAN						
(2)			AFRICA	BEDS FOR CHILDRE	57,726	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)			-						
(12)									
(13)									
(14)									
(15)									
(16)									
	Enter total number	of recipient organiz	ations listed above th	at are recognized as char	ities by the foreian c	ountry, recognized as a	tax	1	
				grantee or counsel has pro				►	
3				••••••••••••••••••••••••••••••••••••••					

Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.								
(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, other)	
(1)								
2)								
3)								
4)								
5)								
6)								
7)								
B)								
9)								
0)								
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
A							Schedule F (Form 990)	

Page 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

Schedule	F (Form 990) 2022 SWEET SLEEP INC	20-575755	1	P	Page 4
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign				
	Corporation (see Instructions for Form 926)	•••••	Yes	x	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may				
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and				
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a				
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	•••••	Yes	х	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To				
	Certain Foreign Corporations (see Instructions for Form 5471)	•••••	Yes	х	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
	Fund (see Instructions for Form 8621)	•••••	Yes	х	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
	Foreign Partnerships (see Instructions for Form 8865)	•••••	Yes	х	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				
	Instructions for Form 5713; don't file with Form 990)		Yes	x	No
EEA		Sched	ule F (Fc	orm 990) 2022

SWEET SLEEP INC Schedule F (Form 990) 2022 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) BENEFICIARIES OF SERVICES ARE RECOMMENDED THROUGH LOCAL COUNSEL LEADERS AND NON-GOVERNMENT ORGANIZATIONS IN UGANDA, SELECTED BASED ON VULNERABILITY, AND THEN VERIFIED BY AN EVALUATION CARRIED OUT BY OUR UGANDAN STAFF. ALL DOCUMENTED DATA POINTS OF VULNERABILITY ARE STORED IN A SWEET SLEEP DATABASE IN UGANDA AND THE US. FUNDS ARE APPROPRIATED IN THE ORGANIZATION'S BUDGET AND PROVIDED TO IN-COUNTRY PERSONNEL WHO AID IN THE ALLOCATION OF RESOURCES TO RECIPIENTS WHO OUR IN-COUNTRY PERSONNEL HAVE IDENTIFIED AS HAVING THE NEEDS WE MEET. FUNDS ARE DISBURSED BASED ON BUDGETS SUBMITTED BY BENEFICIARIES TO UGANDAN STAFF, AND APPROVED BY USA-BASED PRESIDENT AND BOARD TREASURER. FUNDS DISTRIBUTED ARE RECONCILED MONTHLY IN BOTH UGANDA AND THE US. RECEIPTS FOR THE USE OF FUNDS ARE STORED IN SWEET SLEEP DATABASE. 36 ECONOMIC DEVELOPMENT PROJECTS/COOPERATIVES WERE LAUNCHED IN UGANDA FOR 392 CO-OP MEMBERS. 643 BEDS WERE DISTRIBUTED TO UGANDAN CHILDREN UNDER BED DISTRIBUTION PROGRAMS.

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

20-5757551

Name of the organization SWEET SLEEP INC

Department of the Treasury

Internal Revenue Service

01. 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.

02. 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.

03. 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.

ORGANIZATION BOARD COMPARES COMPENSATION TO OTHER ORGANIZATIONS OF SIMILAR SIZE AND

MISSION, WHEN AVAILABLE, AND MAKES DETERMINATION FOR SALARY.

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

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

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

BOARD FOR ITS APPROVAL IN THE ANNUAL BUDGETARY PROCESS.

05. 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

Schedule O (Form 990) 2022	Page 2
	Employer identification number
SWEET SLEEP INC	20-5757551
WEBSITE AS WELL AS ECFA (EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY)	. OTHER
POLICIES ARE PROVIDED UPON REQUEST.	