Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2018, and ending For the 2018 calendar year, or tax year beginning 20 18 January 1 December 31 C Name of organization Sweet Dream in a Bag, Inc. D Employer identification number Check if applicable Address change Doing business as 45-2029409 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 303-507-2098 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return G Gross receipts \$ Centennial, CO 80122 119837 Application pending F Name and address of principal officer Susan J. Fox H(a) Is this a group return for subordinates? Yes No 886 E. Costilla Way, Centennial, CO 80122 H(b) Are all subordinates included? Yes No 501(c) (☐ 4947(a)(1) or If "No," attach a list (see instructions) ✓ 501(c)(3)) ◀ (insert no) Tax-exempt status Website: ▶ www.sweetdreaminabaq.org H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🔲 Trust 🔲 Association M State of legal domicile CO Part I Summary Briefly describe the organization's mission or most significant activities: Sweet Dream in a Bag's mission is to gift children living in poverty with a new bedding package consisting of a comforter, sheets, pillow, fleece blanket, tooth brush, tooth paste, Activities & Governance hand-made wooden toy, a stuffed animal. Activities include over 20 packing events and numerous gifting events. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 500 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 38 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 96807 119833 Revenue Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 4 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 96807 119837 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 77313 61845 18 Total expenses. Add lines 13-17 (must equal Part IX ce 77313 61845 19 Revenue less expenses. Subtract line 18 from line 12 19494 57992 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 155805 213797 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from little 155805 213797 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and complete Sign Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check ____ if Paid self-employed Preparer

SCANNED JUL

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Use Only

☐ Yes ☐ No Form 990 (2018)

Firm's EIN ▶

Phone no

Cat No 11282Y

	90 (2018)		Page 2
Part			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	_	
	Sweet Dream in a Bag's mission is to gift children living in poverty and difficult circumstances with a new bedding p		
	of a comforter, sheets, pillow, fleece blanket, tooth paste, tooth brush, hand-made wooden car and a stuffed toy. Sy Bag offers the entire family with acceptance, love, encouragement and hope.	veet Dream	n in a
	bay oners the entire family with acceptance, love, encouragement and nope.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		✓ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	☐ Yes	✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	cations to	others,
	the total expenses, and revenue, it any, for each program service reported.		
	(Code) (Expenses \$ including grants of \$) (Revenue \$		
4a			-
	(Code) (Code) (Code)		
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	-)
		• • • • • • • • • • • • • • • • • • • •	
	••••••		
40	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	 -	- '
	,		

		-	
4d	Other program services (Describe in Schedule O.)		
4	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶		

	· (ACD)			
	90 (2018)			Page 3
Part	IV Checklist of Required Schedules		T	T
_	504(1/0) - 4047(1/4) (-th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		1
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			

	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	
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	1
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	1
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	✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1
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	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	1

Part	Checklist of Required Schedules (continued)		,	,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	✓_
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		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
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		✓_
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in Pay 2 of Form 1006 Enter 0 of not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	1 990	(2018)

Part	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			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	Ob-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		├─
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	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		1
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			/
L	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	-	-
b	qifts were not tax deductible?	6ь		
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		√
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
_	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.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 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	1		ı [
	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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ŀ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			لب
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√ _
	If "Yes," complete Form 4720, Schedule O.		990	(2018)
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	 -	<u>. </u>
Secti	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a		res	NO
1a		-	ĺ	
	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			1 1
	committee, explain in Schedule O.		l	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	✓
6	Did the organization have members or stockholders?	6	├—	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		/
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	<u> </u>		
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	 	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	<u> </u>	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12b	1	_
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	_
С	describe in Schedule O how this was done	12c	'	1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	✓	
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		√
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
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		-
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		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-303 only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (Sec	tion 5	oU1(c)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con	erest	policy	, and
••	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re			
20	otate the name, address, and telephone number of the person who possesses the organization's books and re-		-	

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	s, Highest Compensated	l Employees, and
	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.							, or trustee.	_			
(A) Name and Title	(B) Average hours per week (list any	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation from related		(F) Estimated amount of other				
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	_
(1) Wayne E. Fox - Chairman of the Board	40	√				_		0	0		<u>o</u>
(2) Susan J. Fox - Founder and President	55	1						0	0		<u>o</u>
(3) Alena Starrett - Secretary	5	1						0	0		<u>0</u>
(4) Steve Carter - Treasurer	3	√						0	O	1	<u>o</u>
(5) Phylis Carter - Board Member	2	√						o	o	(0
(6) Glaphre Spencer - Board Member	6	√						0	o	(0
(7) Judge Andrea Eddy - Board Member	1	√						0	o	(0
(8) Whitney Moore - Board Member	2	√						0	0		0
(9)											-
(10)											_
(11)											-
(12)											-
(13)											-
(14)											-

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (contin	ued)	
	(A) Name and title		box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation fro		(F) Estimated amount of other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		compensati from the organizatio and relate organizatio	on d
(15)												_	
(16)						!							
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total		 n A	•			•	> > >	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w				0 of	•
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	nsate	Yes 3	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000)? /i 	f "Ye:	s," · ·	complete Sch	edule J fo 	r suc	h	1
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompei compl	nsat ete	tion S <i>ch</i>	froi nedu	m any ıle J f	un or s	related organiz such person	ation or inc	lividua 	5 5	✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate oort compe	ed inc nsatio	depe	end or th	ent ne c	contra alend	acto ar y	ear ending wit	ed more that h or within t	n \$10 the or	ganızatıon's i	tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	
									·				
													·
	Total number of independent contractor	rs (includir	ng bu	t n	ot I	ımıt	ed to	th	ose listed abo	ove) who			
_	received more than \$100,000 of compens	•	-							, j	(A)		

Form **990** (2018)

Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note to		Part VIII		<u> </u>
! !				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512~514
nts rts	1a	Federated campaigns 1a	0				
Contributions, 3rfts, Grents and Other S milar Amourts	b	Membership dues 1b	0				1
ts,	C	Fundraising events 10					
af iar	d	Related organizations 10					
JS,	е	Government grants (contributions) 1e	0	1			
e'.	f	All other contributions, girts, grants,					
를 등		and similar amounts not included above					
d d	g	Noncash contributions included in lines 1a–1f \$					
	h	Total. Add lines 1a-1f	Business Code	119833		<u> </u>	
Ĕ	2a						
ě	b		!				
e	C					· · · · · · · · · · · · · · · · · · ·	
eΖ	d						
SE	e						
Program Service Revenue	f	All other program service revenue .					
g S	g		•				
	3	Investment income (including divi-	dends, interest,				
		and other similar amounts)	▶	4			
	4	Income from investment of tax-exempt I	oond proceeds ►				
	5	Royalties	▶				
		(i) Real	(ii) Parsonal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(.,, 0.11.0.				
	b	Less cost or other basis	 				
		and sales expenses					
	C	Gain or (loss)	+				
	d	Net gain or (loss)	· >	4			
		5 , ,					
nue	8а	Gross income from fundraising					
		ovents (not including \$					
Other Reve		of contributions reported on line 1c).	1 1				
Je.		See Part IV, line 18	3				
5			o				
		Net income or (loss) from fundraising	events .				
ļ	ЧЯ	Gross income from gaming activities. See Part IV, line 19	. [([
ļ	_						
		Less direct expenses					
		Gross sales of inventory, less					
	104	returns and allowances					
-	ь				-		
İ		Net income or (loss) from sales of inv					
Ì		Miscellaneous Revenue	Business Code				
Ì	11a						
	b						
J	С						
	d	All other revenue					
1	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions .	▶ [119837			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete co	olumn (A).
	Check if Schedule O contains a respons			<u> </u>	<u></u> 🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	. 0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	
7	Other salaries and wages	0	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees)				_
a b	Management	0	0	0	
C	Accounting	0			
d	Lobbying	0	0	0	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0	0	o	O
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	1843			
14 15	Information technology	30	- 0		
16	Occupancy	0	O	0	
17	Travel	0	0	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	922	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	o	0	
22	Depreciation, depletion, and amortization .		0		
23 24	Insurance	0	0	0	0
- 4	above (List miscellaneous expenses in line 24e It line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedulc O.)				
a	Comforters Sheet. Bedding Items	59050			-
b c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	61845			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O contains a response or note to any line in this

_		Check if Schedule O contains a response or note to any line in this Pai	(A)	i	(B)
	г.		Beginning of year	 -	End of year
	1	Cash—non-interest-bearing	0		0
	2	Savings and temporary cash investments	35852		70214
	3	Pledges and grants receivable, net	0	_	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			<u> </u>
S.		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4950(f)(f)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
Assets	7	Notes and loans receivable, net	0		0
As	8	Inventories for sale or use	119953		143583
	9	Prepaid expenses and deferred charges	0		0
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11			0
	13	Investments—program-related. See Part IV, line 11			0
	14	Intangible assets			0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	155805		213797
_	17	Accounts payable and accrued expenses		17	213797
	18	Grants payable			0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0
S	22	Loans and other payables to current and former officers, directors,			
ij	22	trustees, key employees, highest compensated employees, and	•		
Ē		disqualified persons. Complete Part II of Schedule L	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25		26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	0
ğ	28	Temporarily restricted net assets		28	0
8	29	Permanently restricted net assets	0		
Net Assets or Fund Balances	20	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
A _S	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
Ę	33	Total net assets or fund balances	155805		213797
_	34	Total liabilities and net assets/fund balances	155805		213797
					Form 990 (2018)

Page	12

	000		^
Form	990	にいい	a

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FUIII	90 (2010)			P	age 12
Par	t XIII 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			19837
2	Total expenses (must equal Part IX, column (A), line 25)	2			61845
3	Revenue less expenses. Subtract line 2 from line 1	3			57992
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	55805
5	Net unrealized gains (losses) on investments	5_			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9_			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	13797
Pár	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u>· · · · </u>		
				Yes	No
1	Accounting method used to prepare the Form 990		_	1	! !
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın		
_	Schedule O.			-	لبا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	✓
	If Yes," check a box below to indicate whether the financial statements for the year were com-	piled (or	1	1
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		-	├	
D	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	╁	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both Separate basis Onsolidated basis Both consolidated and separate basis		1		
			_,		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.				
	If the organization changed either its oversight process or selection process during the tax year, ex			 	
	Schedule O.	(piaiii i	"'		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	_	┼──	╨
Ja	the Single Audit Act and OMB Circular A-133?	iorui i	.' 3a		1
b	If 'Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rao th		\vdash	_
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	3	~	For	m 99 0	(2018)
					,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Swee	t Drear	n ın a Bag, Inc.					45-20	29409
Par		Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	art.) See instruction	ons.
The 6 2 3 4	A S	ation is not a private founda church, convention of church school described in section nospital or a cooperative ho medical research organization spital's name, city, and state	thes, or associate 170(b)(1)(A)(ii). spital service orgon operated in cale	ion of churches descr (Attach Schedule E (Figanization described onjunction with a hos	ribed in se Form 990 in sectio r pital desc	ection 17 or 990-E n 170(b)(cribed in s	70(b)(1)(A)(i). /Z).) 1)(A)(iii). section 170(b)(1)(A)	. ,
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ An	ederal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	□ A c	community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	or uni	agricultural research organ university or a non-land-gra versity	int college of agr	riculture (see instruction	ons). Ente	er the nar	me, city, and state o	f the college or
	rec sur acc	organization that normally eipts from activities related oport from gross investmen quired by the organization a	to its exempt fu t income and un ifter June 30, 19	nctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	in 331/3% of its
		organization organized and						
12	of ·	organization organized and one or more publicly suppo eck the box in lines 12a thro	orted organizatio	ins described in secti	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
а		Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t	•	
b		Type II. A supporting orga control or management of organization(s) You must	the supporting o	organization vested in	the same			
С		Type III functionally integ its supported organization(• •					ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instruction	grated The orga	nization generally mu	st satisfy	a distribi	ution requirement ar	
е		Check this box if the organ functionally integrated, or it						e II, Type III
f	Enter	the number of supported of	organizations .					
g	Provi	de the following information	n about the supp	orted organization(s).				
	(I) Name	e of supported organization	(u) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)							-	
(C)				-				
D)							-	
E)			-					

Par	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(*	I)(A)(iv) and	170(b)(1)(A)(v	i) /
	(Complete only if you checked the						• /
	Part III. If the organization fails to						,
Sect	ion A. Public Support		<u> </u>		<u></u>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		, <u>, , , , , , , , , , , , , , , , , , </u>				(7) y = <u>1</u>
	membership fees received. (Do not						
	include any "unusual grants.")				ì		
2	Tax revenues levied for the		1				
	organization's benefit and either paid		-				
	to or expended on its behalf		1				
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		}		/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						_
·	each person (other than a		•				
	governmental unit or publicly]				
	supported organization) included on		1		}	1	1
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			Į.		ı	
6	Public support. Subtract line 5 from line 4	-				_	
Secti	on B. Total Support			·	:		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				_		
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	,	/				
	sımılar sources	/					
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	/					
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	"			_		
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 20/18 (line 6	, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test-2018. If the organize						
	box and stop here. The organization qual						
b	331/3% support test - 2017. If the organize	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		> 🗀
17a	10%-facts-and-circumstances test-20	18. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and <mark>stop here.</mark>	Explain in
	Part VI how the organization meets the "I	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization . /						> 🗆
b	10%-facts-and-circumstances test - 20	17. If the ora	anization did n	ot check a bo	x on line 13. 1	6a, 16b, or 17	a, and line
-	15 is 10% or more, and if the organizar						
	Explain in Pag. VI how the organization m						
	supported organization						▶ □
18	Private foundation. If the organization did	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						▶ 🗆
		·					or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any 'unusual grants.")	67937	82878	68184	96807	119833	435639
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	o	0	o	0	o	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	o	0	o	0	o	0
5	The value of services or facilities	-					
	furnished by a governmental unit to the]					
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	67937	82878	68184	96807	119833	435639
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	٥	o	o	0	o	0
b	Amounts included on lines 2 and 3						<u>_</u>
-	received from other than disqualified						
	persons that exceed the greater of \$5,000		i				
	or 1% of the amount on line 13 for the year	17580	22000	10000	15293	32000	96873
С	Add lines 7a and 7b	17850	22000	10000	15293	32000	96873
8		17030	22000	10000	10233	32000	30073
	line 6.)	8 16					
Secti	on B. Total Support	,			· — . ·	 1	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	67937	82878	68184	96807	119833	435639
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	o	o	o	0	4	4
b	Unrelated business taxable income (less	_			<u> </u>		
	section 511 taxes) from businesses				ì	1	
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	0	o	0	0	0	
11	Net income from unrelated business						
	activities not included in line 10b, whether			ľ		ĺ	
	or not the business is regularly carried on	o	o	o	o	o	0
12	Other income Do not include gain or						
	loss from the sale of capital assets		}]		j	
	(Explain in Part VI)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	67937	82878	68184	96807	119833	435643
14	First five years. If the Form 990 is for the	ne organization		d, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop he	re		·	<u>.</u>	<u>.</u>	▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage)				,
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	78 %
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .	<u>.</u> .	<u> </u>	16	78_%
Secti	on D. Computation of Investment In	come Percer	tage				
17	Investment income percentage for 2018 (line 10c, colum	n (f), divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organiz						
	line 18 is not more than 331/3%, check this t	oox and stop he	ere. The organiz	zation qualifies	as a publicly su	ipported organi	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations		·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents' If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation of this toric 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u>-</u> _		
h	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
b	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
L-	was accomplished (such as by amendment to the organizing document)	5a		
Ð	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 or 990-EZ).	 - <u>-</u> -		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-F	7 \ つ∩1 🎗

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Pa	a	e	3

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Ì	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ł
	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	一	_	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
	, , , , , o ii eapporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]]] ,
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ī		
•	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			i :
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			<u> </u>
	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	1		
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	1		l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below			-/-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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 in (a) constitute activities that, but for the organization's involvement, one or more			i
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	<u> </u>		
	reasons for the organization's position that its supported organization(s) would have engaged in these	[ſ	ſ
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
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? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	-
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Section	ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (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	-	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (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).		-	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	····	
e 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	<u> </u>	
4 Cash deemed held for exempt use Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		·—
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	٤٠	
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 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	g organization (see
instructions).			

Schedu	ile A (Form 990 or 990-EZ) 2018			Page 7			
Pårt	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	ion D—Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
_	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	th the organization is res	sponsive				
9	Distributable amount for 2018 from Section C, line 6						
_ 10	Line 8 amount divided by line 9 amount						
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
	From 2014						
c	From 2015			· _ ,			
u			·				
f	Total of lines 3a through e						
.	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount			_			
_ с	Remainder, Subtract lines 4a and 4b from 4.		·- <u></u> -				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		_				
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line /						
a	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016 .						
d	Excess from 2017						
е	Excess from 2018						

ines 1c, 2a, 2b, rt V, Section E,
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

45-2029409 Sweet Dream in a Bag, Inc. Part VI, Section A, 2: Wayne and Susie Fox - Steve and Phylis Carter are husband and wife. Neither couple have business relaionships or neither receive any wages or compensation from Sweet Dream in a Bag, Inc.