

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

46-1071803

SPECIAL KNEADS & TREATS. INC.

Net Asset / Fund Balance at Beginning of Year 137,844

Revenue

Contributions	467,271
Program service revenue	243,809
Investment income	143
Capital gain / loss	-11,815
Fundraising / Gaming:	
Gross revenue _____	
Direct expenses _____	
Net income _____	
Other income	0

Total revenue 699,408

Expenses

Program services	443,128
Management and general	_____
Fundraising	_____

Total expenses 443,128

Excess / (deficit) 256,280

Changes _____

Net Asset / Fund Balance at End of Year 394,124

Reconciliation of Revenue

Total revenue per financial statements _____	
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	699,408

Reconciliation of Expenses

Total expenses per financial statements _____	
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	443,128

Balance Sheet

	Beginning	Ending	Differences
Assets	427,034	708,634	
Liabilities	289,190	314,510	
Net assets	137,844	394,124	256,280

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/18
 Failure to file penalty _____

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning 2017, and ending 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

SPECIAL KNEADS & TREATS. INC.

Employer identification number

46-1071803

Name and title of officer

**MICHAEL KOHLER
PRESIDENT/CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	699,408
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RECTOR, REEDER, & LOFTON, P.C.** to enter my PIN **71803** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **10/24/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67447710231

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } **10/24/18**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SPECIAL KNEADS & TREATS. INC.

Doing business as **c/o MICHAEL S. KOHLER**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
156 SCENIC HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code
LAWRENCEVILLE GA 30046

D Employer identification number
46-1071803

E Telephone number
678-237-7147

G Gross receipts \$ **711,650**

F Name and address of principal officer:
MICHAEL KOHLER
156 SCENIC HIGHWAY
LAWRENCEVILLE GA 30046

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u www.specialkneadsandtreats.com**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2012** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	68
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 178,118	Current Year 467,271
	9 Program service revenue (Part VIII, line 2g)	338,694	243,809
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,672
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	516,812	699,408
Expenses	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)	222,074	230,510
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,822	212,618
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	442,896	443,128	
19 Revenue less expenses. Subtract line 18 from line 12	73,916	256,280	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 427,034	End of Year 708,634
	21 Total liabilities (Part X, line 26)	289,190	314,510
	22 Net assets or fund balances. Subtract line 21 from line 20	137,844	394,124

Part II Signature Block

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

Sign Here

Signature of officer: **MICHAEL KOHLER** Date: _____
 Type or print name and title: **PRESIDENT/CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Mary Beth Smith, CPA** Preparer's signature: _____ Date: **10/24/18** Check if self-employed PTIN: **P01708208**

Firm's name: **RECTOR, REEDER, & LOFTON, P.C.** Firm's EIN: **26-3670494**
 Firm's address: **1255 LAKES PKWY STE 375 LAWRENCEVILLE, GA 30043-8909** Phone no.: **770-879-8411**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **423,355** including grants of \$) (Revenue \$ **243,809**)

TO PROVIDE VAULABLE WORK EXPERIENCE AND TRAINING TO SPECIAL NEEDS ADULTS ENCOURAGING SELF CONFIDENCE, A SENSE OF VAULE AND THE OPPORTUNITY TO ENJOY SUCCESS AND SOCIALIZATION. SHARING THE LOVE OF JESUS CHRIST THROUGH CARING, SERVING, EQUIPPING, AND EDUCATING.

4b (Code:) (Expenses \$ **19,773** including grants of \$) (Revenue \$)

SHARING THE LOVE OF JESUS CHRIST THROUGH CARING, SERVING, EQUIPPING, AND EDUCATING BY PROVIDING BAKED GOODS AND SUMMER LUNCHESES TO DISADVANTAGED CHILDREN.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 443,128**

Part IV Checklist of Required Schedules

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization'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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website 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 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: **u**

SPECIAL KNEADS AND TREATS INC. 1811 HERRINGBONE COURT GA 30045 678-237-7147
LAWRENCEVILLE

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL KOHLER PRESIDENT/CEO	60.00 0.00	X		X				47,476	0	0
(2) TEMPA KOHLER FINANCIAL SECRETARY	60.00 0.00	X		X				47,476	0	0
(3) KEN STRICKLAND BOARD MEMBER	0.00 0.00	X						0	0	0
(4) MARY HASTINGS BOARD MEMBER	0.00 0.00	X						0	0	0
(5) SONYA COLLINS BOARD MEMBER	0.00 0.00	X						0	0	0
(6) KATIE GILL BOARD MEMBER	0.00 0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	467,271			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u		467,271		
Program Service Revenue	2a FOOD SALES	Busn. Code	240,640	240,640		
	b FATHER/DAUGHTER DANCE EVENT		1,500	1,500		
	c MISCELLANEOUS		1,045	1,045		
	d VENDOR'S COMPENSATION		499	499		
	e DELIVERY INCOME		125	125		
	f All other program service revenue					
	g Total. Add lines 2a-2f	u		243,809		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	143	143	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other		427		
b Less: cost or other basis & sales exps.				12,242		
c Gain or (loss)				-11,815		
d Net gain or (loss)		u		-11,815	-11,815	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u		699,408	232,137	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,952	94,952		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,177	119,177		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,381	16,381		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,350	1,350		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,846	1,846		
12 Advertising and promotion	1,951	1,951		
13 Office expenses	3,506	3,506		
14 Information technology				
15 Royalties				
16 Occupancy	18,597	18,597		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,758	10,758		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,775	21,775		
23 Insurance	15,532	15,532		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD AND SUPPLY PURCHASES	61,271	61,271		
b PROGRAM SERVICE EXPENSE	19,773	19,773		
c RENT	10,925	10,925		
d AUTOMOBILE EXPENSE	7,835	7,835		
e All other expenses	37,499	37,499		
25 Total functional expenses. Add lines 1 through 24e	443,128	443,128	0	0
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 <input checked="" type="checkbox"/> 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 Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	16,606	1	3,768	
	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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	747,514			
	b	Less: accumulated depreciation	45,030	407,872	10c	702,484
	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	2,556	14	2,382	
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	427,034	16	708,634		
Liabilities	17	Accounts payable and accrued expenses		17		
	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		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	282,843	23	306,462	
	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	6,347	25	8,048	
	26	Total liabilities. Add lines 17 through 25	289,190	26	314,510	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	137,844	27	394,124	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	137,844	33	394,124		
34	Total liabilities and net assets/fund balances	427,034	34	708,634		

Part 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	699,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,128
3	Revenue less expenses. Subtract line 2 from line 1	3	256,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,844
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	394,124

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SPECIAL KNEADS & TREATS. INC.

Employer identification number

46-1071803

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		72,427	79,680	178,118	467,271	797,496
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		72,427	79,680	178,118	467,271	797,496
5 The portion of total contributions by 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)						
6 Public support. Subtract line 5 from line 4.						797,496

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4		72,427	79,680	178,118	467,271	797,496
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						797,496

12 Gross receipts from related activities, etc. (see instructions) 12 243,952

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section 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 instructions).
- a** 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 instructions).

	Yes	No
2 Activities Test. Answer (a) and (b) below.		
a 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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	
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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
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 which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

SPECIAL KNEADS & TREATS. INC.

46-1071803

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SPECIAL KNEADS & TREATS. INC.

Employer identification number

46-1071803

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	METRO WATERPROOFING, INC. 2935 ALCOVE DRIVE SCOTSDALE GA 30079-1136	\$ 30,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HOLY CROSS CATHEDRAL 3836 OAK GROVE ROAD LOGANVILLE GA 30052	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KEN STRICKLAND 535 STONE CREEK DRIVE HULL GA 30646	\$ 9,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CLYDE & SANDRA STRICKLAND 1471 EUGENIA TERRACE LAWRENCEVILLE GA 30046	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION FOR NE GA 6500 SUGARLOAF PARKWAY SUITE 220 DULUTH GA 30097	\$ 112,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GRAYSTONE COMMUNITY CHURCH 1551 OZORA ROAD LOGANVILLE GA 30052	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

SPECIAL KNEADS & TREATS. INC.

46-1071803

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		161,000		161,000
b Buildings		528,118	10,914	517,204
c Leasehold improvements				
d Equipment		14,336	2,867	11,469
e Other		44,060	31,249	12,811
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		702,484

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.) u		

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.) u		

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.) u	

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) GIFT CARD LIABILITY	6,649	
(3) SALES TAX LIABILITY	1,399	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	8,048	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and amounts.

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.

Dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SPECIAL KNEADS & TREATS. INC.

Employer identification number

46-1071803

Form 990 - Organization's Mission

TO PROVIDE VAULABLE WORK EXPERIENCE AND TRAINING TO SPECIAL NEEDS ADULTS
ENCOURAGING SELF CONFIDENCE, A SENSE OF VAULE AND THE OPPORTUNITY TO ENJOY
SUCCESS AND SOCIALIZATION. SHARING THE LOVE OF JESUS CHRIST THROUGH
CARING, SERVING, EQUIPPING, AND EDUCATING. PROVIDE BAKED GOODS TO
DISADVANTAGED CHILDREN.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

SPECIAL KNEADS AND TREATS, INC	SPECIAL KNEADS AND TREATS, INC.
PRESIDENT	FIN SEC
FAMILY RELATIONSHIP	

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE PRESIDENT REVIEWS THE TAX RETURN FOR FILING AND PROVIDES COPIES TO THE
BOARD.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICT OF INTEREST POLICY IS ENFORCED PER ARTICLE 16 OF THE
ORGANIZATION'S BY LAW AND REVIEWED QUARTERLY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

TOP MANAGEMENT OFFICIALS' COMPENSATION IS DETERMINED BY BOARD REVIEW AND
DELIBERATION.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization

Employer identification number

SPECIAL KNEADS & TREATS. INC.

46-1071803

**KEY EMPLOYEES, SUCH AS BUSINESS MANAGER, COMPENSATION ARE DETERMINED BY
BOARD REVIEW AND DELIBERATION.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u **Attach to your tax return.**

u **Go to www.irs.gov/Form4562 for instructions and the latest information.**

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

SPECIAL KNEADS & TREATS. INC.

Identifying number

46-1071803

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	14,450
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		14,336	5.0	HY	200DB	2,867
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	05/31/17	89,313	39 yrs.	MM	S/L	1,431
	Various	224,805	39.0	MM	S/L	2,853

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	21,601
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):
43 Amortization of costs that began before your 2017 tax year 43 174
44 Total. Add amounts in column (f). See the instructions for where to report 44 174

Year Ended: December 31, 2017

46-1071803

SPECIAL KNEADS & TREATS. INC.
156 SCENIC HIGHWAY
LAWRENCEVILLE, GA 30046

**Electing out of Bonus Depreciation Allowance
for 5-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

Year Ended: December 31, 2017

46-1071803

SPECIAL KNEADS & TREATS. INC.
156 SCENIC HIGHWAY
LAWRENCEVILLE, GA 30046

**Electing out of Bonus Depreciation Allowance
for 39-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 39-year depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
74	Stainless Steel Work Benches	6/15/17	14,336			14,336	5 HY 200DB	0	2,867
			<u>14,336</u>			<u>14,336</u>		<u>0</u>	<u>2,867</u>
Non-Residential Real Property:									
70	Building Improvements	5/31/17	89,313			89,313	39 MMS/L	0	1,431
71	Building Improvements	6/30/17	172,858			172,858	39 MMS/L	0	2,401
72	Building Improvements	7/05/17	33,362			33,362	39 MMS/L	0	392
73	Building Improvements	11/30/17	18,585			18,585	39 MMS/L	0	60
			<u>314,118</u>			<u>314,118</u>		<u>0</u>	<u>4,284</u>
Prior MACRS:									
39	BUNN Coffee Maker	1/22/14	750			750	5 HY 200DB	534	86
40	Cappacino Machine (Nuova Simonelli)	1/22/14	750			750	5 HY 200DB	534	43
	Sold/Scrapped: 10/24/17								
41	Chest Freezer	1/22/14	448			448	5 HY 200DB	319	52
43	Chest Freezer	1/22/14	448			448	5 HY 200DB	319	26
	Sold/Scrapped: 3/02/17								
44	Cold Case	1/22/14	751			751	5 HY 200DB	535	86
46	Convection Oven	1/22/14	1,750			1,750	5 HY 200DB	1,246	202
48	Figidaire Freezers	7/24/14	522			522	5 HY 200DB	372	60
49	Hobart Mixer	1/22/14	600			600	5 HY 200DB	427	69
50	Refrigerated Case	1/22/14	3,200			3,200	5 HY 200DB	2,278	369
51	Triple Door Refrigerator	1/22/14	2,750			2,750	5 HY 200DB	1,958	317
52	Triple Sink	1/22/14	475			475	5 HY 200DB	338	28
	Sold/Scrapped: 8/01/17								
53	Upright Freezer	1/22/14	589			589	5 HY 200DB	419	68
54	Double Oven	9/15/14	7,582			7,582	5 HY 200DB	5,398	874
55	Table Top Mixer	9/01/16	876			876	5 HY 200DB	623	101
56	Table Top Mixer	11/10/14	876			876	5 HY 200DB	623	101
57	Flooring	7/21/14	7,200			7,200	39 MMS/L	454	100
	Mass Sale: 7/31/17								
58	Kitchen Floor, Tiles, & Plumbing	10/01/15	5,160			5,160	39 MMS/L	160	72
	Mass Sale: 7/31/17								
59	Freezer 21cf	5/14/15	628			628	5 MQ200DB	345	113
60	Freezer, Fridge, & Case	12/22/15	5,840			5,840	5 MQ200DB	2,511	1,332
61	Refrigerated Bakery Case	12/28/15	6,892			6,892	5 MQ200DB	2,963	1,572
62	Desktop Computer	7/01/15	530			530	5 MQ200DB	260	108
63	iPad Air	8/06/15	450			450	5 MQ200DB	221	80
	Sold/Scrapped: 12/31/17								
64	HP Notebook	9/11/15	400			400	5 MQ200DB	196	71
	Sold/Scrapped: 11/16/17								
65	Mixer - Hobart 20qt	1/20/16	4,476			4,476	5 HY 200DB	895	1,433
67	Building	10/13/16	214,000			214,000	39 MMS/L	1,143	5,487
68	Van	3/03/16	5,000			5,000	5 HY 200DB	1,000	1,600
			<u>272,943</u>			<u>272,943</u>		<u>26,071</u>	<u>14,450</u>
Other Depreciation:									
66	Land	10/13/16	161,000			161,000	0 -- Land	0	0
	Total Other Depreciation		<u>161,000</u>			<u>161,000</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>161,000</u>			<u>161,000</u>		<u>0</u>	<u>0</u>
Amortization:									
69	Loan Costs	10/13/16	2,599			2,599	15 MO Amort	43	174
			<u>2,599</u>			<u>2,599</u>		<u>43</u>	<u>174</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		764,996			764,996		26,114	21,775
	Less: Dispositions and Transfers		14,883			14,883		2,222	420
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>750,113</u>			<u>750,113</u>		<u>23,892</u>	<u>21,355</u>

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
<u>5-year GDS Property:</u>								
74	Stainless Steel Work Benches	6/15/17	14,336	14,336	0	2,867	2,867	0
			<u>14,336</u>	<u>14,336</u>	<u>0</u>	<u>2,867</u>	<u>2,867</u>	<u>0</u>
<u>Non-Residential Real Property:</u>								
70	Building Improvements	5/31/17	89,313	89,313	0	1,431	1,431	0
71	Building Improvements	6/30/17	172,858	172,858	0	2,401	2,401	0
72	Building Improvements	7/05/17	33,362	33,362	0	392	392	0
73	Building Improvements	11/30/17	18,585	18,585	0	60	60	0
			<u>314,118</u>	<u>314,118</u>	<u>0</u>	<u>4,284</u>	<u>4,284</u>	<u>0</u>
<u>Prior MACRS:</u>								
39	BUNN Coffee Maker	1/22/14	750	750	534	86	86	0
40	Cappacino Machine (Nuova Simonelli)	1/22/14	750	750	534	43	43	0
	Sold/Scrapped: 10/24/17							
41	Chest Freezer	1/22/14	448	448	319	52	52	0
43	Chest Freezer	1/22/14	448	448	319	26	26	0
	Sold/Scrapped: 3/02/17							
44	Cold Case	1/22/14	751	751	535	86	86	0
46	Convection Oven	1/22/14	1,750	1,750	1,246	202	202	0
48	Figidaire Freezers	7/24/14	522	522	372	60	60	0
49	Hobart Mixer	1/22/14	600	600	427	69	69	0
50	Refrigerated Case	1/22/14	3,200	3,200	2,278	369	369	0
51	Triple Door Refrigerator	1/22/14	2,750	2,750	1,958	317	317	0
52	Triple Sink	1/22/14	475	475	338	28	28	0
	Sold/Scrapped: 8/01/17							
53	Upright Freezer	1/22/14	589	589	419	68	68	0
54	Double Oven	9/15/14	7,582	7,582	5,398	874	874	0
55	Table Top Mixer	9/01/16	876	876	623	101	101	0
56	Table Top Mixer	11/10/14	876	876	623	101	101	0
57	Flooring	7/21/14	7,200	7,200	454	100	100	0
	Mass Sale: 7/31/17							
58	Kitchen Floor, Tiles, & Plumbing	10/01/15	5,160	5,160	160	72	72	0
	Mass Sale: 7/31/17							
59	Freezer 21cf	5/14/15	628	628	345	113	113	0
60	Freezer, Fridge, & Case	12/22/15	5,840	5,840	2,511	1,332	1,332	0
61	Refrigerated Bakery Case	12/28/15	6,892	6,892	2,963	1,572	1,572	0
62	Desktop Computer	7/01/15	530	530	260	108	108	0
63	iPad Air	8/06/15	450	450	221	80	80	0
	Sold/Scrapped: 12/31/17							
64	HP Notebook	9/11/15	400	400	196	71	71	0
	Sold/Scrapped: 11/16/17							
65	Mixer - Hobart 20qt	1/20/16	4,476	4,476	895	1,433	1,433	0
67	Building	10/13/16	214,000	214,000	1,143	5,487	5,487	0
68	Van	3/03/16	5,000	5,000	1,000	1,600	1,600	0
			<u>272,943</u>	<u>272,943</u>	<u>26,071</u>	<u>14,450</u>	<u>14,450</u>	<u>0</u>
<u>Other Depreciation:</u>								
66	Land	10/13/16	161,000	161,000	0	0	0	0
	Total Other Depreciation		<u>161,000</u>	<u>161,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>161,000</u>	<u>161,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Amortization:</u>								
69	Loan Costs	10/13/16	2,599	2,599	43	174	174	0
			<u>2,599</u>	<u>2,599</u>	<u>43</u>	<u>174</u>	<u>174</u>	<u>0</u>

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
	Grand Totals		764,996	764,996	26,114	21,775	21,775	0
	Less: Dispositions		14,883	14,883	2,222	420	420	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>750,113</u>	<u>750,113</u>	<u>23,892</u>	<u>21,355</u>	<u>21,355</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>5-year GDS Property:</u>									
74	Stainless Steel Work Benches	6/15/17	14,336			14,336	5 HY 200DB	0	2,867
			<u>14,336</u>			<u>14,336</u>		<u>0</u>	<u>2,867</u>
<u>Non-Residential Real Property:</u>									
70	Building Improvements	5/31/17	89,313			89,313	39 MMS/L	0	1,431
71	Building Improvements	6/30/17	172,858			172,858	39 MMS/L	0	2,401
72	Building Improvements	7/05/17	33,362			33,362	39 MMS/L	0	392
73	Building Improvements	11/30/17	18,585			18,585	39 MMS/L	0	60
			<u>314,118</u>			<u>314,118</u>		<u>0</u>	<u>4,284</u>
<u>Prior MACRS:</u>									
39	BUNN Coffee Maker	1/22/14	750			750	5 HY 150DB	438	125
40	Cappacino Machine (Nuova Simonelli)	1/22/14	750			750	5 HY 150DB	438	62
	Sold/Scrapped: 10/24/17								
41	Chest Freezer	1/22/14	448			448	5 HY 150DB	261	75
43	Chest Freezer	1/22/14	448			448	5 HY 150DB	261	38
	Sold/Scrapped: 3/02/17								
44	Cold Case	1/22/14	751			751	5 HY 150DB	438	125
46	Convection Oven	1/22/14	1,750			1,750	5 HY 150DB	1,021	292
48	Figidaire Freezers	7/24/14	522			522	5 HY 150DB	305	87
49	Hobart Mixer	1/22/14	600			600	5 HY 150DB	350	100
50	Refrigerated Case	1/22/14	3,200			3,200	5 HY 150DB	1,867	533
51	Triple Door Refrigerator	1/22/14	2,750			2,750	5 HY 150DB	1,605	458
52	Triple Sink	1/22/14	475			475	5 HY 150DB	277	40
	Sold/Scrapped: 8/01/17								
53	Upright Freezer	1/22/14	589			589	5 HY 150DB	344	98
54	Double Oven	9/15/14	7,582			7,582	5 HY 150DB	4,424	1,263
55	Table Top Mixer	9/01/16	876			876	5 HY 150DB	511	109
56	Table Top Mixer	11/10/14	876			876	5 HY 150DB	511	146
57	Flooring	7/21/14	7,200			7,200	39 MMS/L	454	100
	Mass Sale: 7/31/17								
58	Kitchen Floor, Tiles, & Plumbing	10/01/15	5,160			5,160	39 MMS/L	160	72
	Mass Sale: 7/31/17								
59	Freezer 21cf	5/14/15	628			628	5 MQ150DB	271	107
60	Freezer, Fridge, & Case	12/22/15	5,840			5,840	5 MQ150DB	1,905	1,181
61	Refrigerated Bakery Case	12/28/15	6,892			6,892	5 MQ150DB	2,248	1,393
62	Desktop Computer	7/01/15	530			530	5 MQ150DB	201	99
63	iPad Air	8/06/15	450			450	5 MQ150DB	170	74
	Sold/Scrapped: 12/31/17								
64	HP Notebook	9/11/15	400			400	5 MQ150DB	152	65
	Sold/Scrapped: 11/16/17								
65	Mixer - Hobart 20qt	1/20/16	4,476			4,476	5 HY 200DB	895	1,433
67	Building	10/13/16	214,000			214,000	39 MMS/L	1,143	5,487
68	Van	3/03/16	5,000			5,000	5 HY 200DB	1,000	1,600
			<u>272,943</u>			<u>272,943</u>		<u>21,650</u>	<u>15,162</u>
<u>Other Depreciation:</u>									
66	Land	10/13/16	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		601,397			601,397		21,650	22,313
	Less: Dispositions and Transfers		14,883			14,883		1,912	451
	Net Grand Totals		<u>586,514</u>			<u>586,514</u>		<u>19,738</u>	<u>21,862</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
57	Flooring	7/21/14	7,200		0	0	0	7,200
			Form 990, Page 1		0	0	0	7,200
			*Less: Dispositions and Transfers		0	0	0	7,200
			Net Form 990, Page 1		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
			Grand Total		0	0	0	7,200
			Less: Dispositions and Transfers		0	0	0	7,200
			Net Grand Total		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	39	BUNN Coffee Maker	86	125	-39
Page 1	1	40	Cappacino Machine (Nuova Simonelli)	43	62	-19
Page 1	1	41	Chest Freezer	52	75	-23
Page 1	1	43	Chest Freezer	26	38	-12
Page 1	1	44	Cold Case	86	125	-39
Page 1	1	46	Convection Oven	202	292	-90
Page 1	1	48	Figidaire Freezers	60	87	-27
Page 1	1	49	Hobart Mixer	69	100	-31
Page 1	1	50	Refrigerated Case	369	533	-164
Page 1	1	51	Triple Door Refrigerator	317	458	-141
Page 1	1	52	Triple Sink	28	40	-12
Page 1	1	53	Upright Freezer	68	98	-30
Page 1	1	54	Double Oven	874	1,263	-389
Page 1	1	55	Table Top Mixer	101	109	-8
Page 1	1	56	Table Top Mixer	101	146	-45
Page 1	1	57	Flooring	100	100	0
Page 1	1	58	Kitchen Floor, Tiles, & Plumbing	72	72	0
Page 1	1	59	Freezer 21cf	113	107	6
Page 1	1	60	Freezer, Fridge, & Case	1,332	1,181	151
Page 1	1	61	Refrigerated Bakery Case	1,572	1,393	179
Page 1	1	62	Desktop Computer	108	99	9
Page 1	1	63	iPad Air	80	74	6
Page 1	1	64	HP Notebook	71	65	6
Page 1	1	65	Mixer - Hobart 20qt	1,433	1,433	0
Page 1	1	67	Building	5,487	5,487	0
Page 1	1	68	Van	1,600	1,600	0
Page 1	1	70	Building Improvements	1,431	1,431	0
Page 1	1	71	Building Improvements	2,401	2,401	0
Page 1	1	72	Building Improvements	392	392	0
Page 1	1	73	Building Improvements	60	60	0
Page 1	1	74	Stainless Steel Work Benches	2,867	2,867	0
				21,601	22,313	-712
				21,601	22,313	-712

Future Depreciation Report FYE: 12/31/18

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
39	BUNN Coffee Maker	1/22/14	750	87	125
41	Chest Freezer	1/22/14	448	51	75
44	Cold Case	1/22/14	751	87	125
46	Convection Oven	1/22/14	1,750	201	291
48	Figidaire Freezers	7/24/14	522	60	87
49	Hobart Mixer	1/22/14	600	69	100
50	Refrigerated Case	1/22/14	3,200	369	533
51	Triple Door Refrigerator	1/22/14	2,750	317	458
53	Upright Freezer	1/22/14	589	68	98
54	Double Oven	9/15/14	7,582	873	1,263
55	Table Top Mixer	9/01/16	876	61	77
56	Table Top Mixer	11/10/14	876	101	146
59	Freezer 21cf	5/14/15	628	72	105
60	Freezer, Fridge, & Case	12/22/15	5,840	799	958
61	Refrigerated Bakery Case	12/28/15	6,892	943	1,131
62	Desktop Computer	7/01/15	530	65	87
65	Mixer - Hobart 20qt	1/20/16	4,476	859	859
67	Building	10/13/16	214,000	5,488	5,488
68	Van	3/03/16	5,000	960	960
70	Building Improvements	5/31/17	89,313	2,290	2,290
71	Building Improvements	6/30/17	172,858	4,432	4,432
72	Building Improvements	7/05/17	33,362	856	856
73	Building Improvements	11/30/17	18,585	476	476
74	Stainless Steel Work Benches	6/15/17	14,336	4,588	4,588
			586,514	24,172	25,608
Other Depreciation:					
66	Land	10/13/16	161,000	0	0
	Total Other Depreciation		161,000	0	0
	Total ACRS and Other Depreciation		161,000	0	0
Amortization:					
69	Loan Costs	10/13/16	2,599	173	0
			2,599	173	0
	Grand Totals		750,113	24,345	25,608

GA Future Depreciation Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	GA
Prior MACRS:				
39	BUNN Coffee Maker	1/22/14	750	87
41	Chest Freezer	1/22/14	448	51
44	Cold Case	1/22/14	751	87
46	Convection Oven	1/22/14	1,750	201
48	Figidaire Freezers	7/24/14	522	60
49	Hobart Mixer	1/22/14	600	69
50	Refrigerated Case	1/22/14	3,200	369
51	Triple Door Refrigerator	1/22/14	2,750	317
53	Upright Freezer	1/22/14	589	68
54	Double Oven	9/15/14	7,582	873
55	Table Top Mixer	9/01/16	876	61
56	Table Top Mixer	11/10/14	876	101
59	Freezer 21cf	5/14/15	628	72
60	Freezer, Fridge, & Case	12/22/15	5,840	799
61	Refrigerated Bakery Case	12/28/15	6,892	943
62	Desktop Computer	7/01/15	530	65
65	Mixer - Hobart 20qt	1/20/16	4,476	859
67	Building	10/13/16	214,000	5,488
68	Van	3/03/16	5,000	960
70	Building Improvements	5/31/17	89,313	2,290
71	Building Improvements	6/30/17	172,858	4,432
72	Building Improvements	7/05/17	33,362	856
73	Building Improvements	11/30/17	18,585	476
74	Stainless Steel Work Benches	6/15/17	14,336	4,588
			586,514	24,172
Other Depreciation:				
66	Land	10/13/16	161,000	0
	Total Other Depreciation		161,000	0
	Total ACRS and Other Depreciation		161,000	0
Amortization:				
69	Loan Costs	10/13/16	2,599	173
			2,599	173
	Grand Totals		750,113	24,345

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

SPECIAL KNEADS & TREATS. INC.**46-1071803**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 178,118	467,271	289,153
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 338,694	243,809	-94,885
	5. Investment income	5.	143	143
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		-11,815
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 516,812	699,408	182,596
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 73,500	94,952	21,452
	16. Salaries, other compensation, and employee benefits	16. 148,574	135,558	-13,016
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 3,845	3,196	-649
	19. Occupancy, rent, utilities, and maintenance	19. 11,704	18,597	6,893
	20. Depreciation and Depletion	20. 13,186	21,775	8,589
	21. Other expenses	21. 192,087	169,050	-23,037
	22. Total expenses. Add lines 13 through 21	22. 442,896	443,128	232
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 73,916	256,280	182,364
Other Information	24. Total exempt revenue	24. 516,812	699,408	182,596
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 338,694	232,137	-106,557
	27. Total assets	27. 427,034	708,634	281,600
	28. Total liabilities	28. 289,190	314,510	25,320
	29. Retained earnings	29. 137,844	394,124	256,280
	30. Number of voting members of governing body	30. 6	6	
	31. Number of independent voting members of governing body	31. 6	6	
	32. Number of employees	32. 27	28	
	33. Number of volunteers	33. 43	68	

Form **990****Tax Return History****2017**

Name

SPECIAL KNEADS & TREATS. INC.

Employer Identification Number

46-1071803

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants		72,427	79,680	178,118	467,271	
Membership dues						
Program service revenue		282,970	286,013	338,694	243,809	
Capital gain or loss			-1,247		-11,815	
Investment income					143	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		355,397	364,446	516,812	699,408	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				73,500	94,952	
Other compensation		110,800	179,852	148,574	135,558	
Professional fees		1,000	1,685	3,845	3,196	
Occupancy costs		10,646	10,541	11,704	18,597	
Depreciation and depletion		4,948	8,681	13,186	21,775	
Other expenses		185,474	155,767	192,087	169,050	
Total expenses		312,868	356,526	442,896	443,128	
Excess or (Deficit)		42,529	7,920	73,916	256,280	
Total exempt revenue		355,397	364,446	516,812	699,408	
Total unrelated revenue						
Total excludable revenue		282,970	284,766	338,694	232,137	
Total Assets		62,172	68,326	427,034	708,634	
Total Liabilities		6,164	4,398	289,190	314,510	
Net Fund Balances		56,008	63,928	137,844	394,124	

Form **990T**

Tax Return History

2017

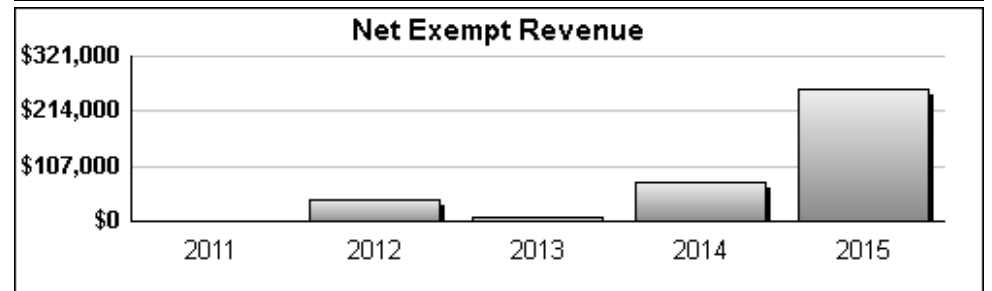
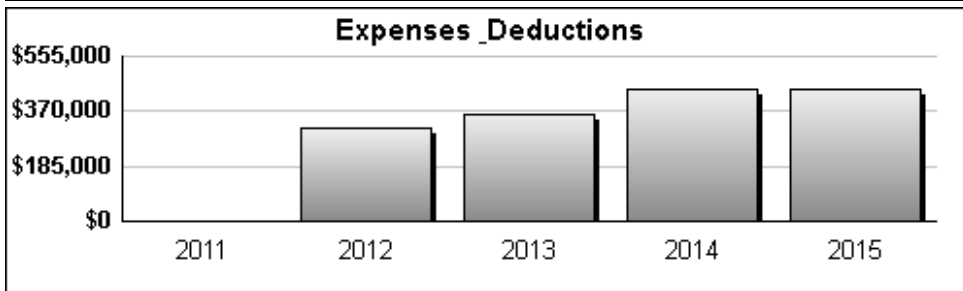
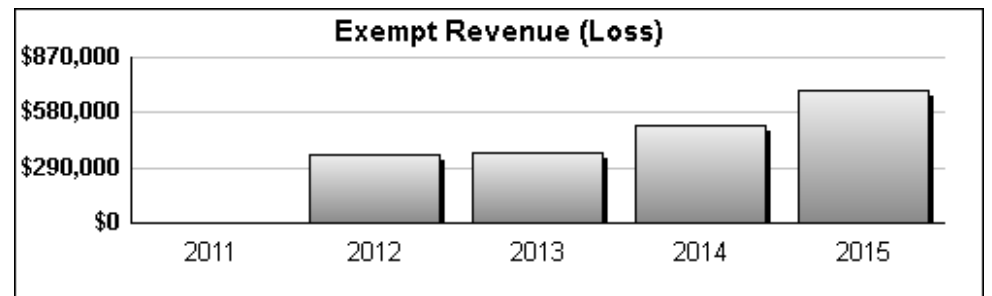
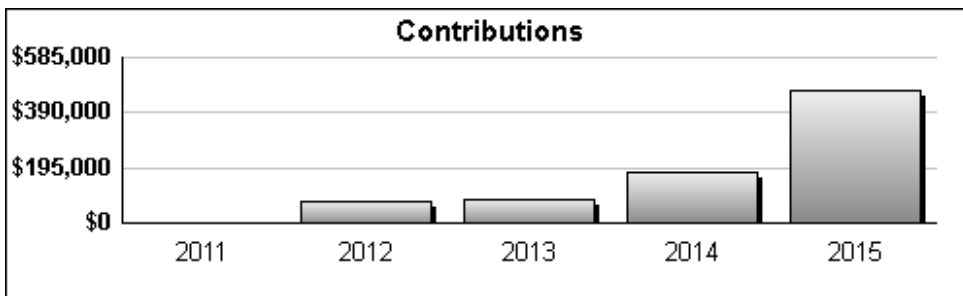
Name

SPECIAL KNEADS & TREATS. INC.

Employer Identification Number

46-1071803

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

Tax Return History

2017

Name

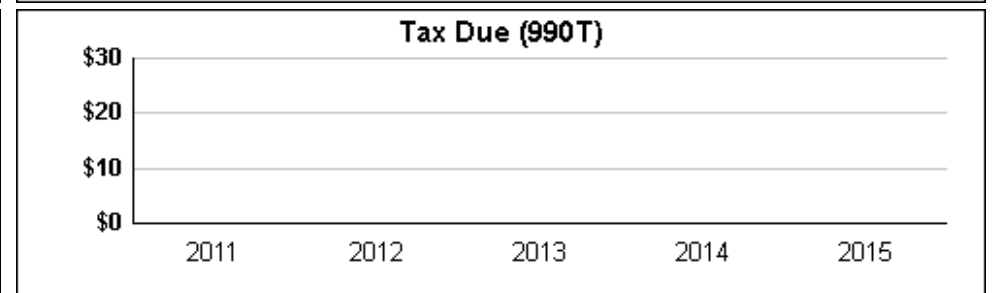
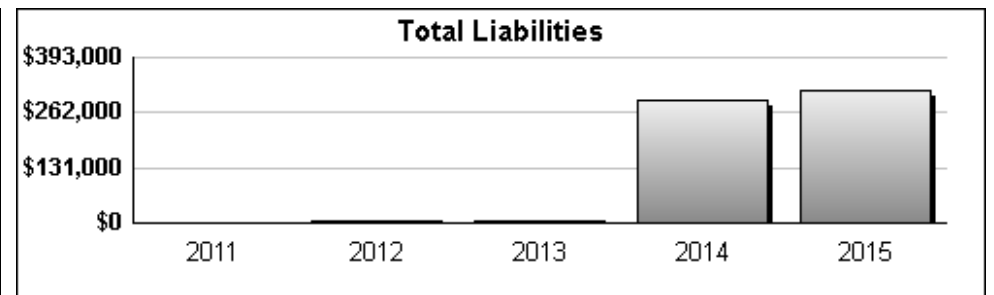
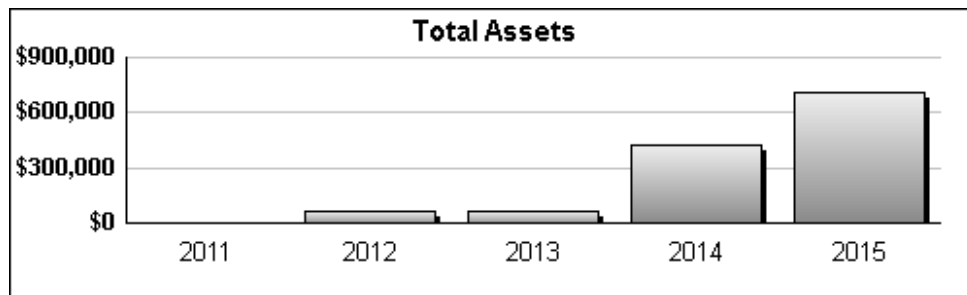
SPECIAL KNEADS & TREATS. INC.

Employer Identification Number

46-1071803

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>143</u>					
Total	\$ <u><u>143</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OUTSIDE SERVICES	\$ 1,846	\$ 1,846	\$	\$
Total	\$ 1,846	\$ 1,846	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MERCHANT FEES	\$ 6,432	\$ 6,432	\$	\$
SMALL EQUIPMENT	4,926	4,926		
COMPUTER AND INTERNET EXP	4,339	4,339		
SPOILAGE/DAMAGED GOODS	4,106	4,106		
REPAIRS AND MAINTENANCE	3,918	3,918		
SMALL SUPPLIES	2,781	2,781		
JANITORIAL	2,435	2,435		
TAXES AND LICENSE	2,162	2,162		
PAYROLL PROCESSING FEE	1,348	1,348		
UNIFORMS	1,261	1,261		
MEALS AND ENTERTAINMENT	1,260	1,260		
TELEPHONE	1,112	1,112		
DUES & SUBSCRIPTIONS	597	597		
BANK SERVICE CHARGE	403	403		
STAFF DEVELOPMENT	244	244		
LINEN EXPENSE	88	88		
EQUIPMENT REPAIR AND MAIN	87	87		
Total	\$ 37,499	\$ 37,499	\$ 0	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS CONTRIBUTORS	\$ 71,721
METRO WATERPROOFING, INC. Cash Contribution	30,400
DON & BETTY DEBAUN Cash Contribution	7,500
HOLY CROSS CATHEDRAL Cash Contribution	15,000
KEN STRICKLAND Cash Contribution	9,850
CLYDE & SANDRA STRICKLAND Cash Contribution	200,000
COMMUNITY FOUNDATION FOR NE GA Cash Contribution	112,800
GRAYSTONE COMMUNITY CHURCH Cash Contribution	10,000
THE GOOD SHEPHERDS HEART MINISTRY Cash Contribution	5,000
THE GRAINGER FOUNDATION Cash Contribution	5,000
Total	<u>\$ 467,271</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
FOOD SALES	\$ 240,640
DELIVERY INCOME	125
MISCELLANEOUS	1,045
VENDOR'S COMPENSATION	499
INTEREST INCOME	143
FATHER/DAUGHTER DANCE EVENT	1,500
Total	<u>\$ 243,952</u>