

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

46-1071803

SPECIAL KNEADS & TREATS. INC.

Net Asset / Fund Balance at Beginning of Year		<u>415,773</u>
Revenue		
Contributions	<u>266,383</u>	
Program service revenue	<u>178,861</u>	
Investment income		
Capital gain / loss	<u>-1,151</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>5,458</u>	
Net income	<u>-5,458</u>	
Other income	<u>0</u>	
Total revenue		<u>438,635</u>
Expenses		
Program services	<u>239,433</u>	
Management and general	<u>114,648</u>	
Fundraising	<u>3,862</u>	
Total expenses		<u>357,943</u>
Excess / (deficit)		<u>80,692</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>496,465</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>438,635</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>357,943</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>750,495</u>	<u>746,442</u>	
Liabilities	<u>334,722</u>	<u>249,977</u>	
Net assets	<u>415,773</u>	<u>496,465</u>	<u>80,692</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/16/20
Failure to file penalty _____

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

For calendar year 2019, or fiscal year beginning _____, 2019, 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.**

2019

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 <u>438,635</u>
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 2019 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 2019 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 2019 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 } 11/13/20

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 2019 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 } 11/13/20

**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.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) 156 SCENIC HIGHWAY Room/suite _____ 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 \$ 445,245
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F Name and address of principal officer: MICHAEL KOHLER 156 SCENIC HIGHWAY LAWRENCEVILLE GA 30046	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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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	<p>1 Briefly describe the organization's mission or most significant activities: See Schedule O</p> <p>2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 9</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9</p> <p>5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 30</p> <p>6 Total number of volunteers (estimate if necessary) 6 16</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>b Net unrelated business taxable income from Form 990-T, line 39 7b 0</p>	
Revenue	<p>8 Contributions and grants (Part VIII, line 1h) Prior Year 154,089 Current Year 266,383</p> <p>9 Program service revenue (Part VIII, line 2g) 217,124 178,861</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,151</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,458</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 371,213 438,635</p>	
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) 0</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 231,250 218,474</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) 0</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) u 3,862</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 118,247 139,469</p> <p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 349,497 357,943</p> <p>19 Revenue less expenses. Subtract line 18 from line 12 21,716 80,692</p>	
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16) Beginning of Current Year 750,495 End of Year 746,442</p> <p>21 Total liabilities (Part X, line 26) 334,722 249,977</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20 415,773 496,465</p>	

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	<p>Signature of officer: MICHAEL KOHLER Date: _____</p> <p>Type or print name and title: PRESIDENT / CEO</p>	
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Paid Preparer Use Only	<p>Print/Type preparer's name: Mary Beth Smith, CPA Preparer's signature: _____ Date: 11/12/20 Check <input type="checkbox"/> if self-employed PTIN: P01708208</p> <p>Firm's name: RECTOR, REEDER, & LOFTON, P.C. Firm's EIN: 26-3670494</p> <p>Firm's address: 623 TOM BREWER ROAD LOGANVILLE, GA 30052-4042 Phone no.: 770-879-8411</p>
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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 \$ **104,584** including grants of \$) (Revenue \$ **177,710**)

TO PROVIDE VALUABLE WORK EXPERIENCE AND TRAINING TO SPECIAL NEEDS ADULTS ENCOURAGING SELF CONFIDENCE, A SENSE OF VALUE AND THE OPPORTUNITY TO ENJOY SUCCESS AND SOCIALIZATION. CONNECTING THESE INDIVIDUALS TO A REWARDING PROFESSION IN THE BAKED GOODS ENVIRONMENT. SHARING THE LOVE OF JESUS CHRIST THROUGH CARING, SERVING, EQUIPPING, AND EDUCATING.

4b (Code:) (Expenses \$ **44,752** including grants of \$) (Revenue \$)

TO SHARE THE LOVE OF JESUS CHRIST THROUGH CARING, SERVING, EQUIPPING, AND EDUCATING BY PROVIDING BAKED GOODS TO DISADVANTAGED CHILDREN AND ADULTS THROUGHOUT GWINNETT COUNTY BY PARTNERING WITH LOCAL FOOD PANTRIES, FOSTER CARE SYSTEMS, HOMELESS SHELTERS AND VARIOUS OTHER SUPPORT GROUPS.

4c (Code:) (Expenses \$ **90,097** including grants of \$) (Revenue \$)

TO PROVIDE FREE BIRTHDAY CAKES TO ANY CHILD IN THE LOCAL COMMUNITY WHOSE FAMILY CANNOT AFFORD ONE BY WORKING WITH THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES (DFCS), FOSTER CARE, CHILDREN'S SHELTERS, PARTNERSHIP AGAINST DOMESTIC VIOLENCE, PREGNANCY RESOURCE CENTERS, BATTERED WOMEN'S SHELTERS, HOMELESS SHELTERS AND LOCAL FOOD COOPERATIVE MINISTREIS AS WELL AS MANY OTHER LOCAL SUPPORT GROUPS TO GET FREE CAKES INTO THE HANDS OF THOSE IN NEED.

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

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

4e Total program service expenses **u 239,433**

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 donor-restricted endowments or in 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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on 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 on Schedule O.		
1b	Enter the number of voting members included on 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?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) TEMPA KOHLER FINANCIAL SECRETARY	60.00 0.00	X		X				39,531	0	0
(2) MICHAEL KOHLER PRESIDENT/CEO	60.00 0.00	X		X				37,766	0	0
(3) DOUG BLEVINS BOARD MEMBER	0.00 0.00	X						0	0	0
(4) SONYA COLLINS BOARD MEMBER	0.00 0.00	X						0	0	0
(5) AMY FREELAND BOARD MEMBER	0.00 0.00	X						0	0	0
(6) KATIE GILL BOARD MEMBER	0.00 0.00	X						0	0	0
(7) MARY HASTINGS BOARD MEMBER	0.00 0.00	X						0	0	0
(8) KEVIN JONES BOARD MEMBER	0.00 0.00	X						0	0	0
(9) KEN STRICKLAND BOARD MEMBER	0.00 0.00	X						0	0	0
(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	68,984			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	197,399			
	g Noncash contributions included in lines 1a-1f	1g	\$ 12,340			
	h Total. Add lines 1a-1f	u	266,383			
	Program Service Revenue	2a FOOD SALES	Business Code	168,246	168,246	
b MISCELLANEOUS			10,615	10,615		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	178,861			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		1		
		7a				
		b Less: cost or other basis and sales exps.	7b		1,152	
	c Gain or (loss)	7c		-1,151		
	d Net gain or (loss)	u	-1,151	-1,151		
8a Gross income from fundraising events (not including \$ 68,984 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b	5,458			
c Net income or (loss) from fundraising events	u	-5,458			-5,458	
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions	u	438,635	177,710	0	-5,458	

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	77,298	59,021	18,277	
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	121,387	92,685	28,702	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,789	15,110	4,679	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,340	8,231	5,109	
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.)				
12 Advertising and promotion	936	787	149	
13 Office expenses	3,055	1,833	1,222	
14 Information technology				
15 Royalties				
16 Occupancy	20,187	12,112	8,075	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,597	5,758	3,839	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,559	4,312	17,247	
23 Insurance	20,955	12,573	8,382	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED BAKED GOODS	12,117	8,255		3,862
b SMALL SUPPLIES	8,697	5,218	3,479	
c BANK AND MERCHANT CHARGE	6,790	290	6,500	
d JANITORIAL	4,191	2,515	1,676	
e All other expenses	18,045	10,733	7,312	
25 Total functional expenses. Add lines 1 through 24e	357,943	239,433	114,648	3,862
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	45,010	1	43,284
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	609	4	1,331
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,858	8	15,091
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	771,842		
	10b	Less: accumulated depreciation	87,142	10c	684,700
	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	2,209	14	2,036
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	750,495	16	746,442	
Liabilities	17	Accounts payable and accrued expenses	40,424	17	8,623
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	291,353	23	238,060
	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	2,945	25	3,294
	26	Total liabilities. Add lines 17 through 25	334,722	26	249,977
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	415,773	27	496,465
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	415,773	32	496,465
33	Total liabilities and net assets/fund balances	750,495	33	746,442	

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	438,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	357,943
3	Revenue less expenses. Subtract line 2 from line 1	3	80,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	415,773
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	496,465

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 checked="" 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 on Schedule O.	X	
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?		X
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 on 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.

2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,680	178,118	467,271	154,089	266,383	1,145,541
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	79,680	178,118	467,271	154,089	266,383	1,145,541
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						1,145,541

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	79,680	178,118	467,271	154,089	266,383	1,145,541
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						1,145,541

12 Gross receipts from related activities, etc. (see instructions) 12 639,937

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 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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 (entering "N/A" in column (b) instead of the contributor name and address), 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	\$ 7,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DON & BETTY DEBAUN 2220 WILDWOOD LAKE DRIVE SUWANEE GA 30024	\$ 6,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GRAYSTONE COMMUNITY CHURCH 1551 OZORA ROAD LOGANVILLE GA 30052	\$ 11,850	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	\$ 47,993	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROTARY CLUB OF LOGANVILLE INC P.O. BOX 2267 LOGANVILLE GA 30052	\$ 13,831	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EZ AGAPE FOUNDATION 12850 HIGHWAY 9 ALPHARETTA GA 30004	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	ROTARY CLUB OF GWINNETT MOSAIC INC. 6500 SUGARLOAF PARKWAY DULUTH GA 30097	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RECTOR REEDER & LOFTON PC 623 TOM BREWER ROAD LOGANVILLE GA 30052	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input 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

2019

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and a table for revenue and assets included.

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 make 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 program
 - 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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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** Term 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- 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		547,018	38,885	508,133
c Leasehold improvements				
d Equipment		14,336	10,207	4,129
e Other		49,488	38,050	11,438
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	684,700

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) SALES TAX LIABILITY	3,294
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 3,294

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

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 descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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 descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

SPECIAL KNEADS & TREATS. INC.

Employer identification number

46-1071803

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	 (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	68,984		68,984
	2	Less: Contributions	68,984		68,984
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	2,083		2,083
	8	Entertainment			
	9	Other direct expenses	3,375		3,375
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-5,458

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

SPECIAL KNEADS & TREATS. INC.

46-1071803

Doing Business As - Additional Names

c/o MICHAEL S. KOHLER

Form 990 - Organization's Mission

TO PROVIDE VALUABLE WORK EXPERIENCE AND TRAINING TO SPECIAL NEEDS ADULTS
ENCOURAGING SELF CONFIDENCE, A SENSE OF VALUE AND THE OPPORTUNITY TO ENJOY
SUCCESS AND SOCIALIZATION. SHARE THE LOVE OF JESUS CHRIST THROUGH
CARING, SERVING, EQUIPPING, AND EDUCATING BY PROVIDING BAKED GOODS AND
BIRTHDAY CAKES TO DISADVANTAGED CHILDREN AND ADULTS THROUGHOUT THE COUNTY.

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

Name of the organization

Employer identification number

SPECIAL KNEADS & TREATS. INC.

46-1071803

DELIBERATION.

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

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

2019

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	1,020,000
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	2,550,000
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 2018 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 2020. 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	484

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 2019	17	19,799
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"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 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		10,428	5.0	MQ	200DB	1,101
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	21,384
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** (2019)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? 24b If "Yes," is the evidence written? 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 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 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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? 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? 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

42 Amortization of costs that begins during your 2019 tax year (see instructions): 43 Amortization of costs that began before your 2019 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Year Ended: December 31, 2019

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.

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:									
76	DOYAN 40 QT MIXER	5/10/19	2,900			2,900	5 MQ200DB	0	725
77	WAREWASHING MACHINE	10/20/19	7,528			7,528	5 MQ200DB	0	376
			<u>10,428</u>			<u>10,428</u>		<u>0</u>	<u>1,101</u>
Prior MACRS:									
39	BUNN Coffee Maker	1/22/14	750			750	5 HY 200DB	707	43
41	Chest Freezer	1/22/14	448			448	5 HY 200DB	422	26
44	Cold Case	1/22/14	751			751	5 HY 200DB	708	43
46	Convection Oven	1/22/14	1,750			1,750	5 HY 200DB	1,649	101
48	Figidaire Freezers	7/24/14	522			522	5 HY 200DB	492	30
49	Hobart Mixer	1/22/14	600			600	5 HY 200DB	565	35
50	Refrigerated Case	1/22/14	3,200			3,200	5 HY 200DB	3,016	184
51	Triple Door Refrigerator	1/22/14	2,750			2,750	5 HY 200DB	2,592	158
53	Upright Freezer	1/22/14	589			589	5 HY 200DB	555	34
54	Double Oven	9/15/14	7,582			7,582	5 HY 200DB	7,145	437
55	Table Top Mixer	9/01/16	876			876	5 HY 200DB	785	36
56	Table Top Mixer	11/10/14	876			876	5 HY 200DB	825	51
59	Freezer 21cf	5/14/15	628			628	5 MQ200DB	530	71
60	Freezer, Fridge, & Case	12/22/15	5,840			5,840	5 MQ200DB	4,642	639
61	Refrigerated Bakery Case	12/28/15	6,892			6,892	5 MQ200DB	5,478	754
62	Desktop Computer	7/01/15	530			530	5 MQ200DB	433	60
65	Mixer - Hobart 20qt	1/20/16	4,476			4,476	5 HY 200DB	3,187	516
67	Building	10/13/16	214,000			214,000	39 MMS/L	12,118	5,487
68	Van	3/03/16	5,000			5,000	5 HY 200DB	3,560	288
	Sold/Scrapped: 12/10/19								
70	Building Improvements	5/31/17	89,313			89,313	39 MMS/L	3,721	2,290
71	Building Improvements	6/30/17	172,858			172,858	39 MMS/L	6,833	4,432
72	Building Improvements	7/05/17	33,362			33,362	39 MMS/L	1,248	855
73	Building Improvements	11/30/17	18,585			18,585	39 MMS/L	536	477
74	Stainless Steel Work Benches	6/15/17	14,336			14,336	5 HY 200DB	7,455	2,752
			<u>586,514</u>			<u>586,514</u>		<u>69,202</u>	<u>19,799</u>
Other Depreciation:									
66	Land	10/13/16	161,000			161,000	0 -- Land	0	0
75	BUILDING IMPROVEMENT	3/01/18	18,900			18,900	39 MO S/L	404	484
	Total Other Depreciation		<u>179,900</u>			<u>179,900</u>		<u>404</u>	<u>484</u>
	Total ACRS and Other Depreciation		<u>179,900</u>			<u>179,900</u>		<u>404</u>	<u>484</u>
Amortization:									
69	Loan Costs	10/13/16	2,599			2,599	15 MO Amort	390	173
			<u>2,599</u>			<u>2,599</u>		<u>390</u>	<u>173</u>
	Grand Totals		779,441			779,441		69,996	21,557
	Less: Dispositions and Transfers		5,000			5,000		3,560	288
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>774,441</u>			<u>774,441</u>		<u>66,436</u>	<u>21,269</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
5-year GDS Property:								
76	DOYAN 40 QT MIXER	5/10/19	2,900	2,900	0	725	725	0
77	WAREWASHING MACHINE	10/20/19	7,528	7,528	0	376	376	0
			<u>10,428</u>	<u>10,428</u>	<u>0</u>	<u>1,101</u>	<u>1,101</u>	<u>0</u>
Prior MACRS:								
39	BUNN Coffee Maker	1/22/14	750	750	707	43	43	0
41	Chest Freezer	1/22/14	448	448	422	26	26	0
44	Cold Case	1/22/14	751	751	708	43	43	0
46	Convection Oven	1/22/14	1,750	1,750	1,649	101	101	0
48	Figidaire Freezers	7/24/14	522	522	492	30	30	0
49	Hobart Mixer	1/22/14	600	600	565	35	35	0
50	Refrigerated Case	1/22/14	3,200	3,200	3,016	184	184	0
51	Triple Door Refrigerator	1/22/14	2,750	2,750	2,592	158	158	0
53	Upright Freezer	1/22/14	589	589	555	34	34	0
54	Double Oven	9/15/14	7,582	7,582	7,145	437	437	0
55	Table Top Mixer	9/01/16	876	876	785	36	36	0
56	Table Top Mixer	11/10/14	876	876	825	51	51	0
59	Freezer 21cf	5/14/15	628	628	530	71	71	0
60	Freezer, Fridge, & Case	12/22/15	5,840	5,840	4,642	639	639	0
61	Refrigerated Bakery Case	12/28/15	6,892	6,892	5,478	754	754	0
62	Desktop Computer	7/01/15	530	530	433	60	60	0
65	Mixer - Hobart 20qt	1/20/16	4,476	4,476	3,187	516	516	0
67	Building	10/13/16	214,000	214,000	12,118	5,487	5,487	0
68	Van	3/03/16	5,000	5,000	3,560	288	288	0
	Sold/Scrapped: 12/10/19							
70	Building Improvements	5/31/17	89,313	89,313	3,721	2,290	2,290	0
71	Building Improvements	6/30/17	172,858	172,858	6,833	4,432	4,432	0
72	Building Improvements	7/05/17	33,362	33,362	1,248	855	855	0
73	Building Improvements	11/30/17	18,585	18,585	536	477	477	0
74	Stainless Steel Work Benches	6/15/17	14,336	14,336	7,455	2,752	2,752	0
			<u>586,514</u>	<u>586,514</u>	<u>69,202</u>	<u>19,799</u>	<u>19,799</u>	<u>0</u>
Other Depreciation:								
66	Land	10/13/16	161,000	161,000	0	0	0	0
75	BUILDING IMPROVEMENT	3/01/18	18,900	18,900	404	484	484	0
	Total Other Depreciation		<u>179,900</u>	<u>179,900</u>	<u>404</u>	<u>484</u>	<u>484</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>179,900</u>	<u>179,900</u>	<u>404</u>	<u>484</u>	<u>484</u>	<u>0</u>
Amortization:								
69	Loan Costs	10/13/16	2,599	2,599	390	173	173	0
			<u>2,599</u>	<u>2,599</u>	<u>390</u>	<u>173</u>	<u>173</u>	<u>0</u>
	Grand Totals		779,441	779,441	69,996	21,557	21,557	0
	Less: Dispositions		5,000	5,000	3,560	288	288	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>774,441</u>	<u>774,441</u>	<u>66,436</u>	<u>21,269</u>	<u>21,269</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
77	WAREWASHING MACHINE	10/20/19	7,528			7,528	5 MQ200DB	0	376
			<u>7,528</u>			<u>7,528</u>		<u>0</u>	<u>376</u>
Prior MACRS:									
39	BUNN Coffee Maker	1/22/14	750			750	5 HY 150DB	688	62
41	Chest Freezer	1/22/14	448			448	5 HY 150DB	411	37
44	Cold Case	1/22/14	751			751	5 HY 150DB	688	63
46	Convection Oven	1/22/14	1,750			1,750	5 HY 150DB	1,604	146
48	Figidaire Freezers	7/24/14	522			522	5 HY 150DB	479	43
49	Hobart Mixer	1/22/14	600			600	5 HY 150DB	550	50
50	Refrigerated Case	1/22/14	3,200			3,200	5 HY 150DB	2,933	267
51	Triple Door Refrigerator	1/22/14	2,750			2,750	5 HY 150DB	2,521	229
53	Upright Freezer	1/22/14	589			589	5 HY 150DB	540	49
54	Double Oven	9/15/14	7,582			7,582	5 HY 150DB	6,950	632
55	Table Top Mixer	9/01/16	876			876	5 HY 150DB	697	71
56	Table Top Mixer	11/10/14	876			876	5 HY 150DB	803	73
59	Freezer 21cf	5/14/15	628			628	5 MQ150DB	483	106
60	Freezer, Fridge, & Case	12/22/15	5,840			5,840	5 MQ150DB	4,044	958
61	Refrigerated Bakery Case	12/28/15	6,892			6,892	5 MQ150DB	4,772	1,131
62	Desktop Computer	7/01/15	530			530	5 MQ150DB	387	88
65	Mixer - Hobart 20qt	1/20/16	4,476			4,476	5 HY 200DB	3,187	516
67	Building	10/13/16	214,000			214,000	39 MMS/L	12,118	5,487
68	Van	3/03/16	5,000			5,000	5 HY 200DB	3,560	288
	Sold/Scrapped: 12/10/19								
70	Building Improvements	5/31/17	89,313			89,313	39 MMS/L	3,721	2,290
71	Building Improvements	6/30/17	172,858			172,858	39 MMS/L	6,833	4,432
72	Building Improvements	7/05/17	33,362			33,362	39 MMS/L	1,248	855
73	Building Improvements	11/30/17	18,585			18,585	39 MMS/L	536	477
74	Stainless Steel Work Benches	6/15/17	14,336			14,336	5 HY 200DB	7,455	2,752
			<u>586,514</u>			<u>586,514</u>		<u>67,208</u>	<u>21,102</u>
Other Depreciation:									
66	Land	10/13/16	0			0	0 HY	0	0
75	BUILDING IMPROVEMENT	3/01/18	18,900			18,900	39 MO S/L	404	484
76	DOYAN 40 QT MIXER	5/10/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>18,900</u>			<u>18,900</u>		<u>404</u>	<u>484</u>
	Total ACRS and Other Depreciation		<u>18,900</u>			<u>18,900</u>		<u>404</u>	<u>484</u>
	Grand Totals		612,942			612,942		67,612	21,962
	Less: Dispositions and Transfers		5,000			5,000		3,560	288
	Net Grand Totals		<u>607,942</u>			<u>607,942</u>		<u>64,052</u>	<u>21,674</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	39	BUNN Coffee Maker	43	62	-19
Page 1	1	41	Chest Freezer	26	37	-11
Page 1	1	44	Cold Case	43	63	-20
Page 1	1	46	Convection Oven	101	146	-45
Page 1	1	48	Figidaire Freezers	30	43	-13
Page 1	1	49	Hobart Mixer	35	50	-15
Page 1	1	50	Refrigerated Case	184	267	-83
Page 1	1	51	Triple Door Refrigerator	158	229	-71
Page 1	1	53	Upright Freezer	34	49	-15
Page 1	1	54	Double Oven	437	632	-195
Page 1	1	55	Table Top Mixer	36	71	-35
Page 1	1	56	Table Top Mixer	51	73	-22
Page 1	1	59	Freezer 21cf	71	106	-35
Page 1	1	60	Freezer, Fridge, & Case	639	958	-319
Page 1	1	61	Refrigerated Bakery Case	754	1,131	-377
Page 1	1	62	Desktop Computer	60	88	-28
Page 1	1	65	Mixer - Hobart 20qt	516	516	0
Page 1	1	67	Building	5,487	5,487	0
Page 1	1	68	Van	288	288	0
Page 1	1	70	Building Improvements	2,290	2,290	0
Page 1	1	71	Building Improvements	4,432	4,432	0
Page 1	1	72	Building Improvements	855	855	0
Page 1	1	73	Building Improvements	477	477	0
Page 1	1	74	Stainless Steel Work Benches	2,752	2,752	0
Page 1	1	77	WAREWASHING MACHINE	376	376	0
				<u>20,175</u>	<u>21,478</u>	<u>-1,303</u>

Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
39	BUNN Coffee Maker	1/22/14	750	0	0
41	Chest Freezer	1/22/14	448	0	0
44	Cold Case	1/22/14	751	0	0
46	Convection Oven	1/22/14	1,750	0	0
48	Figidaire Freezers	7/24/14	522	0	0
49	Hobart Mixer	1/22/14	600	0	0
50	Refrigerated Case	1/22/14	3,200	0	0
51	Triple Door Refrigerator	1/22/14	2,750	0	0
53	Upright Freezer	1/22/14	589	0	0
54	Double Oven	9/15/14	7,582	0	0
55	Table Top Mixer	9/01/16	876	36	72
56	Table Top Mixer	11/10/14	876	0	0
59	Freezer 21cf	5/14/15	628	27	39
60	Freezer, Fridge, & Case	12/22/15	5,840	559	838
61	Refrigerated Bakery Case	12/28/15	6,892	660	989
62	Desktop Computer	7/01/15	530	37	55
65	Mixer - Hobart 20qt	1/20/16	4,476	516	516
67	Building	10/13/16	214,000	5,487	5,487
70	Building Improvements	5/31/17	89,313	2,291	2,291
71	Building Improvements	6/30/17	172,858	4,433	4,433
72	Building Improvements	7/05/17	33,362	855	855
73	Building Improvements	11/30/17	18,585	476	476
74	Stainless Steel Work Benches	6/15/17	14,336	1,652	1,652
76	DOYAN 40 QT MIXER	5/10/19	2,900	870	0
77	WAREWASHING MACHINE	10/20/19	7,528	2,861	2,861
			591,942	20,760	20,564

Other Depreciation:

66	Land	10/13/16	161,000	0	0
75	BUILDING IMPROVEMENT	3/01/18	18,900	485	485
	Total Other Depreciation		179,900	485	485
	Total ACRS and Other Depreciation		179,900	485	485

Amortization:

69	Loan Costs	10/13/16	2,599	173	0
			2,599	173	0
	Grand Totals		774,441	21,418	21,049

GA Future Depreciation Report

FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	GA
Prior MACRS:				
39	BUNN Coffee Maker	1/22/14	750	0
41	Chest Freezer	1/22/14	448	0
44	Cold Case	1/22/14	751	0
46	Convection Oven	1/22/14	1,750	0
48	Figidaire Freezers	7/24/14	522	0
49	Hobart Mixer	1/22/14	600	0
50	Refrigerated Case	1/22/14	3,200	0
51	Triple Door Refrigerator	1/22/14	2,750	0
53	Upright Freezer	1/22/14	589	0
54	Double Oven	9/15/14	7,582	0
55	Table Top Mixer	9/01/16	876	36
56	Table Top Mixer	11/10/14	876	0
59	Freezer 21cf	5/14/15	628	27
60	Freezer, Fridge, & Case	12/22/15	5,840	559
61	Refrigerated Bakery Case	12/28/15	6,892	660
62	Desktop Computer	7/01/15	530	37
65	Mixer - Hobart 20qt	1/20/16	4,476	516
67	Building	10/13/16	214,000	5,487
70	Building Improvements	5/31/17	89,313	2,291
71	Building Improvements	6/30/17	172,858	4,433
72	Building Improvements	7/05/17	33,362	855
73	Building Improvements	11/30/17	18,585	476
74	Stainless Steel Work Benches	6/15/17	14,336	1,652
76	DOYAN 40 QT MIXER	5/10/19	2,900	870
77	WAREWASHING MACHINE	10/20/19	7,528	2,861
			591,942	20,760

Other Depreciation:

66	Land	10/13/16	161,000	0
75	BUILDING IMPROVEMENT	3/01/18	18,900	485
	Total Other Depreciation		179,900	485
	Total ACRS and Other Depreciation		179,900	485

Amortization:

69	Loan Costs	10/13/16	2,599	173
			2,599	173
	Grand Totals		774,441	21,418

For calendar year 2019, or tax year beginning

, ending

Name

Taxpayer Identification Number

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

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 154,089	266,383	112,294
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 217,124	178,861	-38,263
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		-1,151
	8. Net income or (loss) from fundraising events	8.		-5,458
	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. 371,213	438,635	67,422
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 91,421	77,298	-14,123
	16. Salaries, other compensation, and employee benefits	16. 139,829	141,176	1,347
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 4,027	13,340	9,313
	19. Occupancy, rent, utilities, and maintenance	19. 17,533	20,187	2,654
	20. Depreciation and Depletion	20. 24,747	21,559	-3,188
	21. Other expenses	21. 71,940	84,383	12,443
	22. Total expenses. Add lines 13 through 21	22. 349,497	357,943	8,446
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 21,716	80,692	58,976
Other Information	24. Total exempt revenue	24. 371,213	438,635	67,422
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 217,124	172,252	-44,872
	27. Total assets	27. 750,495	746,442	-4,053
	28. Total liabilities	28. 334,722	249,977	-84,745
	29. Retained earnings	29. 415,773	496,465	80,692
	30. Number of voting members of governing body	30. 8	9	
31. Number of independent voting members of governing body	31. 8	9		
32. Number of employees	32. 25	30		
33. Number of volunteers	33. 25	16		

Form **990****Tax Return History****2019**

Name

SPECIAL KNEADS & TREATS. INC.

Employer Identification Number

46-1071803

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	79,680	178,118	467,271	154,089	266,383	
Membership dues						
Program service revenue	286,013	338,694	243,809	217,124	178,861	
Capital gain or loss	-1,247		-11,815		-1,151	
Investment income			143			
Fundraising revenue (income/loss)					-5,458	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	364,446	516,812	699,408	371,213	438,635	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		73,500	94,952	91,421	77,298	
Other compensation	179,852	148,574	135,558	139,829	141,176	
Professional fees	1,685	3,845	3,196	4,027	13,340	
Occupancy costs	10,541	11,704	18,597	17,533	20,187	
Depreciation and depletion	8,681	13,186	21,775	24,747	21,559	
Other expenses	155,767	192,087	169,050	71,940	84,383	
Total expenses	356,526	442,896	443,128	349,497	357,943	
Excess or (Deficit)	7,920	73,916	256,280	21,716	80,692	
Total exempt revenue	364,446	516,812	699,408	371,213	438,635	
Total unrelated revenue						
Total excludable revenue	284,766	338,694	232,137	217,124	172,252	
Total Assets	68,326	427,034	708,634	750,495	746,442	
Total Liabilities	4,398	289,190	314,510	334,722	249,977	
Net Fund Balances	63,928	137,844	394,124	415,773	496,465	

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
AUTOMOBILE EXPENSE	\$ 4,175	\$ 2,505	\$ 1,670	\$
SPOILAGE/DAMAGED GOODS	2,599	1,560	1,039	
MISCELLANEOUS	2,522	1,513	1,009	
REPAIRS AND MAINTENANCE	2,495	1,497	998	
SMALL EQUIPMENT	2,486	1,243	1,243	
COMPUTER AND INTERNET EXP	1,850	1,110	740	
TELEPHONE	1,533	920	613	
ENTERTAINMENT	385	385		
Total	<u>\$ 18,045</u>	<u>\$ 10,733</u>	<u>\$ 7,312</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS CONTRIBUTORS	\$ 70,403
METRO WATERPROOFING, INC. Cash Contribution	7,900
DON & BETTY DEBAUN Cash Contribution	6,040
GRAYSTONE COMMUNITY CHURCH Cash Contribution	11,850
CLYDE & SANDRA STRICKLAND Cash Contribution	47,993
ROTARY CLUB OF LOGANVILLE INC Cash Contribution	13,831
EZ AGAPE FOUNDATION Cash Contribution	10,000
ROTARY CLUB OF GWINNETT MOSAIC INC. Cash Contribution	8,000
RECTOR REEDER & LOFTON PC Cash Contribution	6,000
ATLANTA BRAVES FOUNDATION Cash Contribution	5,250
ROBERT & CINDY SCOTT Cash Contribution	5,132
CLOVER FOUNDATION INC Cash Contribution	5,000
GALA Cash Contribution	63,877
Noncash Contribution	5,107
Total	<u>\$ 266,383</u>

Schedule A, Part II, Line 9(e)

Description	Amount
GALA	\$ -5,458
Less: Deductions	-1,000
Total	<u>\$ -6,458</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**

Description

Amount

FOOD SALES
MISCELLANEOUS
Total

\$ 168,246
10,615

\$ 178,861

GALA**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 2,030
SUPPLIES	1,345
Total	<u>\$ 3,375</u>