## Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Inspection

Α	For	the 2	2018 calend	ar year, or t	ax year begin	ning			, 2018, and e	nding	9		, 20		
В	Chec	k if ap	plicable:	C Name of org	ganization <b>NEVE</b>	R ALONE INC							D Employer identification no.		
	Addre	ess ch	ange	Doing busin	ess as								20-4445366		
	Name	e chan	nge	Number and	d street (or P.O. box	x if mail is not delivered to	o street address)			Roo	m/suite		E Telephone number		
	Initial	returr	1	РОВО	OX 1904								(770)363-5272		
	Final	return	/terminated	City or town	, state or province,	country, and ZIP or forei	gn postal code						G Gross receipts		
	Amer	nded re	eturn	WOODST	TOCK, GA 3	30188	-						\$ 261,705		
	Applio	cation	pending		address of principal					Н	H(a) Is this a group return for subordinates? Yes				
										н	I(b) Are all sub	ordinat	tes included? Yes No		
	Tax-e	exemp	t status:	501(c)(3)	501(c) (	)    (insert no.)	4947(a)(1) or	52	7				n a list. (see instructions)		
J	Webs	site:		.NEVERAL						н	(c) Group exe	emptio	n number		
ĸ	Form	of org	ganization: X			ociation Other ►		L	Year of formation:				gal domicile: <b>GA</b>		
	art I		Summar			<u> </u>							-		
	-	_		•	nization's missi	on or most significa	ant activities: PR	ROVI	DING ASSIS	TANC	CE TO FA	MIL	IES WITHOUT THE		
	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDING ASSISTANCE</b> ABILITY TO PAY FOR FOOD, CLOTHING AND HOME UTILITIES.														
Activities & Governance															
'n															
Ş.		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
ő				_	•	rning body (Part VI	•					3	4		
<b>ფ</b>						s of the governing b						4	4		
itie					-	calendar year 201							0		
냝						necessary)							-		
ă					•	Part VIII, column (C						7a			
						from Form 990-T, I						7k			
											Prior Year		Current Year		
		8 (	Contributions	s and grants	(Part VIII, line	1h)						5,77			
ā				•	•	e 2g)			t t			,,,,	0		
enr			-			a), lines 3, 4, and 7d			F				0		
Revenue						es 5, 6d, 8c, 9c, 10			F				0		
_						must equal Part VII					221	5,77			
	_										22,	,,,,	201,703		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)											0		
						benefits (Part IX, o					51	1 28			
es	1			•		column (A), line 11e	, ,	,	t t		51,28		00,521		
Expenses	'			•	•	umn (D), line 25)	•		0						
х	1			• .	•	nes 11a-11d, 11f-24	•				164	1,85	191,769		
_	.					equal Part IX, colur			F			5,13			
						18 from line 12						9,64			
		•	TCVCTIGC 100	о охроносо.	Cubirdot III/C	10110111111012		<u> </u>		Regin	ning of Currer				
ets o	5 2	20 -	Total assets	(Part X, line	16)	<b></b> .				Dogiii		2,35			
Asse	2			,	,				+			.,	0		
Net Assets or	[ 2			•	•	line 21 from line 20			-		2:	2,35	<del>-</del>		
	rt I	_		re Block	<u> </u>	= 1							31,770		
Und	ler pe	nalties	s of perjury, I de	clare that I have		rn, including accompanyi				knowled	dge and belief,	it is			
true	, corre	ect, an	nd complete. De	claration of prepa	arer (other than offi	cer) is based on all inform	nation of which preparer	has ar	ny knowledge.						
		l	LAMA	R GREEN									02-06-2019		
Sig	jn			re of officer								Da			
He	re	lí	LAMA	R GREEN,	PRESIDEN	т									
_				print name and t											
			Print/Type pre	eparer's name		Preparer's signature			Date		Check	if	PTIN		
Ра	id			BO SONAIK	KE CPA	ADEBAMBO SON	AIKE CPA	n	2-06-2019		self-employ	_	P00382687		
	epa:	rer	Firm's name	<b>&gt;</b>		NAIKE CPA LL				Firm's EIN ▶					
	e O		Firm's addres	ss ►		LOCK AVE SUI				Phone no.					
- ح		- ,				GA 30064	<b></b>					70-	956-6455		
May	the	IRS	discuss this	retum with th		own above? (see ir	nstructions)						🗓 Yes 🗌 No		

# Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	4		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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		3.7
	complete Schedule D, Part III	8		X
)	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	9		Х
)	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Λ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Δ
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		٦,
<b>i</b>	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		₹.
,	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	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	19		У
		18		X
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Ves." complete Schedule G. Part III.	19		v
а	If "Yes," complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Λ
	100 to mio 200, and the organization attach a copy of its addition infallicial statements to this fetulin:	_00		
ı	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

Page 4

Par	t IV Checklist of Required Schedules (continued)			9-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		3.7
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			3.7
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
Da ::1	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<del>     </del>
4-	Enter the symplectic part of the Part 2 of Forms 4000. Figure 2 of the same final to		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

#### 18) NEVER ALONE INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2018) 20-4445366 Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			7.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		7.7
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	00		v
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
b 10	Section 501(c)(7) organizations. Enter:	ЭIJ		Λ
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Managemer

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	sponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Ch	neck if Schedule O contains a response or note to any line in this Part VI
Section A. Go	overning Body and Management

Sec	cion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7.7
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			3.7
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71-		77
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:  The governing hadri?	0.0	v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sac	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Λ
	The cooling proquests information about position of the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Georgia  Georgia			
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			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
~~	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LAMAR GREEN (770)363-5272, P O BOX 1904, WOODSTOCK, GA 30188			

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# 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 . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related	d organizatio	n comp	ens	ated	any	curre	nt of	ficer, director, or tr	ustee.	
		(C)								
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					nan one s both ar		Reportable	Reportable	Estimated
	hours per					/trustee)		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or c	Inst	Officer	Ke)	Hig emi	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	irect	itutic	cer	em	hest bloye	mer	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	nal t		Key employee	com				organizations
		stee	Institutional trustee		ŏ	Highest compensated employee				-
			ě			ated				
(1) LAMAR GREEN	40.00									
PRESIDENT		X			Х			34,500	o	0
(2) MARK REHL								01,000		
BOARD MEMBER		X						C	0	0
(3) DAVID MCFARLIN										
BOARD MEMBER		X						c	0	0
(4) HOPE BOWLING										
BOARD MEMBER		X						C	0	0
(5)										
<u>(6)</u>										
(7)										
(8)										
(9)										
-										
(10)										
40										
(11)										
(40)										
(12)										
(12)					-					
(13)										
(14)										
(14)										
	1	1								

Section A.

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	officer and a director/trustee)  officer and a director/trustee)  Former and a director/trustee)  or director and a director/trustee)  romer and a director/trustee)			Former	(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				
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(23)													
(24)													
(25)													
1b c d 2	Sub-total	n A  I to those liste	ed abo	  ve) w	··· vho	··· rece	· · · i	nore		0		Yes	0 <b>No</b>
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>						-				3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than												
5	individual										4		X
	for services rendered to the organization? If "Yes,"	•		-			-				5		Χ
1	on B. Independent Contractors  Complete this table for your five highest compensated compensation from the organization. Report compenser.												
	(A) Name and business address								(B) Description of s	services		(C) pensation	n
									2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
2	Total number of independent contractors (including I received more than \$100,000 of compensation from				sted	abo	ove) w	ho					

**Business Code** 

261,705

11a b С

**b** Less: cost of goods sold . . . . . . . . . b

Miscellaneous Revenue

c Net income or (loss) from sales of inventory . . . . . . . . ▶

## Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all		nizations must comple	te column (A).	_
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
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	60,521	60,521		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,400	2,400		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7 450	4 4 5 0		
23 24	Insurance	1,452	1,452		
24	•				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O.)  PHONE	3,240	3,240		
_					
b	INTERNET REPAIRS AND MAINTENANCE	817 9,396	817 9,396		
d	PROGRAM EXPENSES	145,712	145,712		
e	All other expenses	28,752	173,/12	28,752	
25	Total functional expenses. Add lines 1 through 24e .	252,290	223,538	28,752	0
26	Joint costs. Complete this line only if the	232,290	223,330	20,732	<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here     If				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2018) NEVER ALONE INC 20-4445366 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,355	1	31,770
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,355	16	31,770
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20 21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and		22	
Ë	23	disqualified persons. Complete Part II of Schedule L		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ 🗓 and		20	0
		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	22,355	27	31,770
alar	28	Temporarily restricted net assets	22,555	28	327770
Ä	29	Permanently restricted net assets		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here   and			
o.		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	22,355	33	31,770
	34	Total liabilities and net assets/fund balances	22,355	34	31,770

Form	1990 (2018) NEVER ALONE INC	20-44453	66	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	:	261,7	705
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	:	252,2	290
3	Revenue less expenses. Subtract line 2 from line 1	. 3		9,4	415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		22,3	355
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		31,7	770
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

EEA

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

mation. Inspecti
Employer identification number

NEV	ÆR.	ALONE INC					20-44453	66			
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	าร.			
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.	)					
1	П	A church, convention of churches, or	association of chu	urches described in secti	ion 170(b)	(1)(A)(i).					
2	П	A school described in section 170(b									
3	П	A hospital or a cooperative hospital s		•	,	,					
4	H	A medical research organization ope	•				V1VAViii) Enter the				
7	ш	•	rated in conjunctio	in with a nospital describ	eu iii <b>seci</b>	1011 170(1)	(I)(A)(III). Litter the				
_		hospital's name, city, and state:	Coot a called a call				rational ford and only and the				
5	Ш	An organization operated for the bene	=	university owned or opera	ated by a g	governmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete	•								
6	Ш	A federal, state, or local government	or governmental u	ınit described in <b>section</b>	170(b)(1)	(A)(v).					
7		An organization that normally receive	s a substantial part	t of its support from a gov	ernmental	unit or from	m the general public				
		described in section 170(b)(1)(A)(vi	). (Complete Part I	I.)							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant col	lege			
		or university or a non-land-grant colle				•	-	Ü			
		university:	5 5 (-	, , , , , , , , , , , , , , , , , , , ,		,,					
10	X	An organization that normally receive	s: (1) more than 33	R 1/3% of its support from	contributi	ons memb	ershin fees, and aros	29			
	Z	receipts from activities related to its e	` '	• •				,,			
		·	•		•	•					
		support from gross investment income		•		,	iom businesses				
		acquired by the organization after Ju			•	,					
11	님	An organization organized and opera	•								
12	Ш	An organization organized and opera	•	•							
		of one or more publicly supported org	ganizations descrit	ped in <b>section 509(a)(1)</b>	or <b>sectior</b>	n 509(a)(2)	). See <b>section 509(</b> a	ı)(3).			
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.			
	а	Type I. A supporting organization	n operated, superv	rised, or controlled by its	supported	l organizat	ion(s), typically by gi	ving			
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the c	directors or	trustees of the				
		supporting organization. You mu	ist complete Part	IV, Sections A and B.							
	b	Type II. A supporting organization	n supervised or co	ontrolled in connection wi	th its supp	orted orga	anization(s), by havin	ıg			
		control or management of the sur	porting organization	on vested in the same per	rsons that o	control or r	manage the supporte	d			
		organization(s). You must comp		·			3-1-1-1-1				
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated	with			
	·	its supported organization(s) (se		•				vvitii,			
	a		,	•				tion(a)			
	d	Type III non-functionally integr						. ,			
		that is not functionally integrated.					it and an attentivenes	S			
		requirement (see instructions). Y	-								
	е	Check this box if the organization				a Type I,	Type II, Type III				
		functionally integrated, or Type III									
	f	Enter the number of supported organ	izations								
	g	Provide the following information about	ut the supported or	ganization(s).			T				
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amo			
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see	other supp instruc	,		
				above (see instructions))	docum	letit!	instructions)	IIISIIUC	uoris)		
					Yes	No					
<b></b>											
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al l										

Schedule A (Form 990 or 990-EZ) 2018 NEVER ALONE INC 20-4445366 Page 2

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.)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 fumished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(e) 2010	(i) rotai
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	<b>Total support.</b> Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	• •				T T	
14	Public support percentage for 2018 (line 6, c		•			14	%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organiz			,	,		. $\Box$
<b>L</b>	box and <b>stop here.</b> The organization qualif						▶ ⊔
D	33 1/3% support test - 2017. If the organization of						. □
17a	this box and <b>stop here.</b> The organization q <b>10%-facts-and-circumstances test - 2018</b>	•					
174	10% or more, and if the organization meets	· ·		-	•		
	Part VI how the organization meets the "fact				-		
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2017						
	15 is 10% or more, and if the organization r	· ·		-			
	Explain in Part VI how the organization mee			•	•	cly	
	supported organization			•		•	▶ □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16	b, 17a, or 17b, che	eck this box and see	е	
	instructions						▶ □

20-4445366 Page 3

# 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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	148,665	194,902	203,813	225,779	261,705	1,034,864
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	210,003	131,302	2007013	223,773	2017703	1,001,001
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	148,665	194,902	203,813	225,779	261,705	1,034,864
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,034,864
	ction B. Total Support				ı		
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	148,665	194,902	203,813	225,779	261,705	1,034,864
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	148,665	194,902	203,813	225 <b>,</b> 779	261,705	1,034,864
14	First five years. If the Form 990 is for the or organization, check this box and stop here a						▶ □
Sec	ction C. Computation of Public Su	• •					
15	Public support percentage for 2018 (line 8, co				1		100.00 %
	Public support percentage from 2017 Schedu					16	100.00 %
	ction D. Computation of Investmen			- L (0)		47	0.00.00
17 10	Investment income percentage for 2018 (line		-		ı	17	0.00 %
18	Investment income percentage from 2017 Se					18	0.00 %
	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here.</b> Th	e organization qua	alifies as a publicly	supported organiz	zation	▶ 🏻
	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did r	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 📙

## Part IV Su

## **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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	<b>V</b>	NI-
	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
Ju		
9b		
9с		
30		
10a		
10b		
(Form 990	or 990-F	7) 2018

Pa	Part IV Supporting Organizations (continued)			
			Yes	s No
	1 Has the organization accepted a gift or contribution from any of the following persons?	(1)		
а	a A person who directly or indirectly controls, either alone or together with persons described in			
<b>L</b>	below, the governing body of a supported organization? <b>b</b> A family member of a person described in (a) above?	113	_	
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide		_	
	ection B. Type I Supporting Organizations	e detail iii F <b>ait VI</b> .	<u> </u>	
	octon Dr. Typo i oupporting organizationo		Yes	s No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the p	power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all time			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, s	-		
	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	g the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax	x year. 1		
_	2. Did the appropriation appears for the honefit of any appropriate degree institute of the appropriate of t	a mta al		
2	5 1 7 11 5			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes,"  VI how providing such benefit carried out the purposes of the supported organization(s) that or	-		
	supervised, or controlled the supporting organization.	pperateu,		
Sec	ection C. Type II Supporting Organizations			
<del>56</del> 6	ection 6. Type it Supporting Organizations		Yes	s No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of	of the directors	100	,
-	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part V</b></i>			
	or management of the supporting organization was vested in the same persons that controlled			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations	'	'	
			Yes	s No
1	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	d 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 prev	iously provided? 1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by	the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," exp.	7 1		
	the organization maintained a close and continuous working relationship with the supported o			
_				
3	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of the organ			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the org			
<u>Soc</u>	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations	3		
1		during the year (see instru	ctions	e)
	a The organization satisfied the Activities Test. Complete line 2 below.	anning the year (ecc meta	0010110	<b>5</b> ).
_	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>	ow.		
С	c ☐ The organization supported a governmental entity. Describe in Part VI how you supported		instru	ctions
2	2 Activities Test. Answer (a) and (b) below.	3	Yes	
	a Did substantially all of the organization's activities during the tax year directly further the exem	npt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Par			
	those supported organizations and explain how these activities directly furthered their exe	mpt purposes,		
	how the organization was responsive to those supported organizations, and how the organization	ation determined		
	that these activities constituted substantially all of its activities.	2a		
b	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	reasons for the organization's position that its supported organization(s) would have engaged	in these		
	activities but for the organization's involvement.	2b		
3	11 0 ()			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, dire			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, an			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization	n in this regard. 3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Sectio	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	<u> </u>		( , ,	(optional)
_1_	Net short-term capital gain	1		
2		2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	actors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see

instructions).

EEA

Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	±3300 Tage 1
Sec	tion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish exem	npt 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	s of supported organizati	ions	
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			

d Excess from 2017e Excess from 2018

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

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

Department of the Treasury

Name of the organization

NEVER ALONE INC

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

**Employer identification number** 

20-4445366

Organization type (check one): Section: Filers of: 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 33 1/3% 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 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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).

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

Name of organization Employer identification number

NEVER ALONE INC 20-4445366

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_	P O BOX 1904  WOODSTOCK, GA 30188	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	HIS HANDS CHURCH  P O BOX 1904  WOODSTOCK, GA 30188	\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BRUCE & PHYLLIS THIGPEN  P O BOX 1904  WOODSTOCK, GA 30188	<b>\$5,877</b>	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4  JOHN & JULIE PEREIRA  P O BOX 1904  WOODSTOCK, GA 30188		
No.	Name, address, and ZIP + 4  JOHN & JULIE PEREIRA  P O BOX 1904	Total contributions	Person  Payroll  Noncash  (Complete Part II for
No4	Name, address, and ZIP + 4  JOHN & JULIE PEREIRA  P O BOX 1904  WOODSTOCK, GA 30188  (b)	Total contributions  5,200  (c)	Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  JOHN & JULIE PEREIRA  P O BOX 1904  WOODSTOCK, GA 30188  (b)  Name, address, and ZIP + 4  CHARLES HOWE  P O BOX 1904	\$	Person

Name of organization Employer identification number
NEVER ALONE INC 20-4445366

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 7 KEVIN SMITH Pavroll Noncash P O BOX 1904 33,108 (Complete Part II for noncash contributions.) WOODSTOCK, GA 30188 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 8 CAROL HORNEY Payroll Noncash 6,000 P O BOX 1904 (Complete Part II for WOODSTOCK, GA 30188 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 9 ALFRED TRUAN Person X Pavroll Noncash 10,075 P O BOX 1904 (Complete Part II for WOODSTOCK, GA 30188 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 10 JAMES DONOVAN Pavroll Noncash P O BOX 1904 7,355 (Complete Part II for noncash contributions.) WOODSTOCK, GA 30188 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 11 BRANDEN GREEN **Payroll** Noncash 5,000 P O BOX 1904 (Complete Part II for WOODSTOCK, GA 30188 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person X 12 SUSAN COKER **Payroll** \$ Noncash P O BOX 1904 5,000 (Complete Part II for

WOODSTOCK, GA 30188

noncash contributions.)

## 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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4445366 NEVER ALONE INC 01. Form 990 governing body review (Part VI, line 11) THE GOVERNING BODY REVIEWS FORM 990 BEFORE SUBMITTING TO AUTHORITIES. 02. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS ARE AVAILABLE IN THE ORGANIZATIONS OFFICE. 03. Explanation of other changes in net assets or fund balances (Part XI, line 9) OTHER ADJUSTMENTS 04. List of other expenses (Part IX, line 24e) SEE LIST OF OVERFLOW EXPENSES

#### Eorm 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

	-	_	
or calendar vear 2018, or fiscal vear bed	ainnina		. and ending

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2018

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Employer identification number

NEVER ALONE INC 20-4445366

Name and title of officer

LAMAR GREEN, PRESIDENT

## 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 ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b	261,70
2a Form 990-EZ check here ► □ b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5)		
<b>5a</b> Form 8868 check here ▶ □ <b>b Balance Due</b> (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 2018 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		to enter my PIN	as my signature
	ERO firm name	Enter five numbers, but	

on the organization's tax year 2018 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 2018 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.

the IRS Fed/State program, I will enter my PIN on the retum's disclosure consent screen.

45366

Date ▶ 02-06-2019

### 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.

671519 44444

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 

ADEBAMBO SONAIKE CPA

Date > 02-06-2019

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 instructions.

Form **8879-EO** (2018)

990 Overflow Statement	<b>2018</b> Page 1
Name(s) as shown on return	FEIN
NEVER ALONE INC	20-4445366

## GENERAL AND ADMIN EXPENSES

Description	Amount	
SMALL TOOLS AND EQUIPMENT	\$	3,130
OTHER EXPENSES		578_
UTILITIES		7,177
BANK FEES		77_
DUES AND SUBSCRIPTION		1,051
OFFICE SUPPLIES		4,852
POSTAGE AND DELIVERY		3,393
PRINITNG		147_
COUNTY TAXES		281_
GARBAGE		2,433
PROFESSIONAL FEES		5,633
Total:	\$	28,752