990 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)

OMB No. 1545-0047 2020

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	ne 2020 calendar	year, or tax year begir	ning		, 2020, a	nd endin	g		, 20		
В	Check	f applicable:	C Name of organizationNE	VER ALONE INC					D Empl	oyer identification number		
	Addres	s change	Doing business as							20-4445366		
	Name o	hange	Number and street (or P.	O. box if mail is not delivered to street addre	ess)		Room/suite	,	E Teleph	hone number		
П	Initial re	_	P O BOX 1904							(770)363-5272		
П		turn/terminated		vince, country, and ZIP or foreign postal cod	e				G Gross			
П		ed return	WOODSTOCK, GA						\$	588,530		
Ħ		tion pending	F Name and address of pr					H(a) Is this a ru		for subordinates? Yes X No		
_	, ibboc	uon ponamg	. Hame and address of pr					H(b) Are all s				
_	Tay-ay	empt status: X 50	1(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or	527	7		` '		st. See instructions		
:	Websit		EVERALONE . ORG) 4 (msert no.) 4347(a)(1) or		'		H(c) Group e				
<u></u>				ociation Other		Year of formation		`	•	al domicile: GA		
	art I	Summary	iporation nust Ass	Ociation		rear or ronnauc	511. 200 0	, IM O	tate or leg	ai domicile. GA		
	1		the organization's miss	ion or most significant activities:	DDOWT.	DING AG	CTCTAN	CE TO E	ZAMTT.	IES WITHOUT THE		
	Ι.	•	•	HOUSING, UTILITIES, TRA								
Activities & Governance		ADILLII 10	PAI FOR FOOD,	HOUSING, UITHITIES, TR	MBFOR	IAIION I	NEEDS,	AND ME	DICAL	ADDIDIANCE.		
nar												
Ver	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
တိ	3		_	rning body (Part VI, line 1a)	•				3	4		
∞ŏ	4		-	rs of the governing body (Part VI, I					4	4		
ţį.			•		,				5			
Ε̈́Ξ	5			n calendar year 2020 (Part V, line 2					6	0		
Ac	6		,	necessary)					 			
				Part VIII, column (C), line 12					7a	0		
_	-	net unrelated b	usiness taxable income	from Form 990-T, Part I, line 11	<u></u>				7b	0		
		O and the Common	- 1 (- /B () /III - P	41.5				Prior Year		Current Year		
Φ	8			1h)				250	, 608	588,530		
Ž	9			e 2g)						0_		
Revenue	10			A), lines 3, 4, and 7d)						0		
Ř	11			nes 5, 6d, 8c, 9c, 10c, and 11e)						0		
	12			must equal Part VIII, column (A),				250	,608	588,530		
	13			X, column (A), lines 1-3)						0		
	14									0		
Ś	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							71,991		
Expenses	16		• ,	column (A), line 11e)						0		
<u>B</u>	.	`	g expenses (Part IX, co	· · · · —		0						
û	17		(Part IX, column (A), li	, ,				196	,893	364,508		
	18	•	,	equal Part IX, column (A), line 25	,		•		,569	436,499		
	19	Revenue less e	xpenses. Subtract line	18 from line 12	<u></u>		•	(8	, 961)	152,031		
ō	Se						Beginn	ing of Curre	nt Year	End of Year		
sets	<u>ਛ</u> 20	Total assets (Pa					• 🛌	22	,809	174,840		
Net Assets or	필 21	Total liabilities (F	• •				•			0		
				line 21 from line 20	<u></u>		•	22	,809	174,840		
	art II	Signature										
				rn, including accompanying schedules and ficer) is based on all information of which pre			t of my know	ledge and be	ellet, it is			
		1.		· · · · · · · · · · · · · · · · · · ·	·							
Sig	ın	LAMAR								01-12-2021		
		Signature of	Officer						Dat	te		
He	re		GREEN, PRESIDEN	T								
		1 × · ·	name and title	la						DTIN		
_		Print/Type prepare	er's name	Preparer's signature	[Date		Check	if	PTIN		
Pa			SONAIKE CPA	ADEBAMBO SONAIKE CPA	o	1-13-20	21	self-emp	oloyed	P00382687		
	par		BAMBO SC	NAIKE CPA LLC			Firr	m's EIN				
Us	e On	Firm's address	707 WHIT	LOCK AVE SUITE B-21			Pho	one no.				
				GA 30064						956-6455		
May	the II	RS discuss this ret	urn with the preparer sh	nown above? (see instructions)						🛛 Yes 🗌 No		

0) NEVER ALONE INC Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,		
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	,		.,
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Х
Ū	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		Х
b 21		20b		
41	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
	domestic government on ratery, column (ry, interior res, complete schedule), Falls rand II	41		Х

Pai	rt 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? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
00	persons? If "Yes," complete Schedule L, Part III.	27		Х
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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	30		
Por	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chook in Conocate C Contains a response of note to any line in this fact v 11111111111		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.,,
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10		v

20) NEVER ALONE INC Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b		Х
	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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
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			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • •	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
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		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · · · · · · · · · · · · · ·	14b		21
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		х
	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		х
-	If "Yes." complete Form 4720. Schedule O.	_		

Sec	tion A. Governing Body and Management	• • •	• • •	- 41
			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.			
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			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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			
, u	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		
b	stockholders, or persons other than the governing body? • • • • • • • • • • • • • • • • • • •	7b		.,
۰	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		Х
8				
_	the year by the following: The governing body?	00	7.	
a	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		on	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
	tion D. 1 Onoics (This Section B requests information about policies not required by the internal Nevertue Code.)			
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		Х
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? • • • • • • • • • • • • • • • • • • •	10b		
110			7.	
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.	420		
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,"	40.		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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		Х
b	Other officers or key employees of the organization	15b		Х
	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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 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			
	TAMAD CDEEN (770)363 F372 D.O. DOV. 1004 MOODGEOGY CA. 20100			

Form 990 (2020) NEVER ALONE INC 20-4445366 Page 7

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 rela-	ted organizat	ion co	mpe	nsa	ted a	any cui	rent	t officer, director, o	r trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and a director/trustee) 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 below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer			related organizations
(1) LAMAR GREEN PRESIDENT	40.00	x			x			41,600	0	0
(2) HOPE BOWLING BOARD MEMBER		х						0	0	0
(3) DAVID MCFARLIN BOARD MEMBER		x						0	0	0
(4) MARK REHL BOARD MEMBER		х						0	0	0
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

ган	Section A. Officers, Directors, Trustees	s, key Empi	oyees	, and	J HI	gnes	St Con	npei	nsated Employees	(continue	(a)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee)						(D) Reportable compensation from the	(E) Reporta compensa	cor	(F) ated am of other mpensar		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-I		orga	rom the nization I organi:	
<u>(15)</u>														
<u>(16)</u>														
(1 <u>7</u>)														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b	Subtotal							•						
С	Total from continuation sheets to Part VII, Sec							•						
d	Total (add lines 1b and 1c)							>	41,600		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wi	no re	eceive	d mo	ore than \$100,000	Of .				0
	reportable compensation from the organization												Yes	No
3	Did the organization list any former officer, director	or, trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	pensated					110
	employee on line 1a? If "Yes," complete Schedule	J for such ii	ndividu	ıal								3		х
4	For any individual listed on line 1a, is the sum of r													
	organization and related organizations greater that													
5	individual											4		Х
Ū	for services rendered to the organization? <i>If</i> "Yes,											5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compens	ated indeper	ndent o	contr	acto	ors th	nat rec	eive	ed more than \$100,	000 of				
	compensation from the organization. Report comp	pensation for	the ca	alend	dar y	ear/	ending	wit	h or within the orga	nization's	tax year.			
	(A)								(B)			(C)		
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				sted	above) wh	10					

Form 990 (2020)

Part VIII

Statement of Revenue

INC

		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns 1a					sections 512-514
ν	b	Membership dues 1b					
ants	c	Fundraising events 1c					
ฐ ัฐ	d	Related organizations 1d					
iifts Ir A	е	Government grants (contributions) 1e					
s, G mila	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	588,530				
ibut	g	Noncash contributions included in					
d of		lines 1a-1f 1g	\$				
ರ್ ಹ	h		•	588,530			
			Business Code	222,223			
ø.	2a						
Ċ.	b						
Ser	С						
E S	d						
Program Service Revenue	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond produced	ceeds >				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
_	b	Less: cost or other basis					
une		and sales expenses · · 7b					
S G	l	Gain or (loss) · · · · · 7c					
Re	l	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising					
δ		events (not including \$					
		of contributions reported on line					
	_	1c). See Part IV, line 18 8a					
	l	Less: direct expenses 8t					
	l		····· ►				
	ya	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	l	Less: direct expenses 9t					
	10a	Gross sales of inventory, less returns and allowances					
	h	returns and allowances					
	l	Net income or (loss) from sales of inventory	•				
	- 6	THE INCOME OF (1035) HOME SAIRS OF HIVEHOLY	Business Code				
<u>ග</u>	11a		Dusiliess Code				
non ue	b						
Miscellanous Revenue	C						
sce Re		All other revenue					
≅		Total. Add lines 11a-11d					
		Total revenue. See instructions		588,530	0	0	0

Form 990 (2020) Part IX Statement of Functional Expenses

	organizations must complete a	- II I A II - 4 I			
ection surrer at and surrer at	organizations must complete :	ali collimne Ali otner ol	raanizations milist con	INIETE COILIMN LA I	

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>x</u>
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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	71,991	71,991		
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 (nonemployees):				
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	2,800		2,800	
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				
23	Insurance	3,090		3,090	
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.)				
а	PHONE	1,331		1,331	
b	INTERNET	937		937	
С	REPAIRS AND MAINTENANCE	9,850		9,850	
d	PROGRAM EXPENSES	303,366	303,366		
е	All other expenses	43,134		43,134	
25	Total functional expenses. Add lines 1 through 24e	436,499	375,357	61,142	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		<u>□</u> (B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,809	1	174,840
	2	Savings and temporary cash investments	·	2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		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 33)	22,809	16	174,840
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
s		Organizations that follow FASB ASC 958, check here			
JCe	27	and complete lines 27, 28, 32, and 33.	00.000	27	154 040
alaı	27	Net assets without donor restrictions	22,809	27	174,840
B	28	Net assets with donor restrictions		28	
ŭ		· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		20	
ts c	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
Ţ.	32	Total net assets or fund balances	22,809	32	174 040
Net	33	Total liabilities and net assets/fund balances		33	174,840
	JJ	Total habilities and thet assets/fullu palatices	22,809	JJ	174,840

		0-444	5366		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			588,	530
2	Total expenses (must equal Part IX, column (A), line 25)				436,	
3	Revenue less expenses. Subtract line 2 from line 1	3			152,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				809
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			174,	840
Pa	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: X 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		х
	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					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ja	Single Audit Act and OMB Circular A-133?			3a		v
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· • •	Ja		X
D				3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• • • •		•	000 (2020/
EA				rorm	99U (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 20-4445366 NEVER ALONE INC 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.)

1110	Jigui	inzation is not a private loandation bed	adoc it io. (i oi iii ic	o i unough 12, oncor on	ny one box	••)		
1		A church, convention of churches, or	association of chui	rches described in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)(iii).		
4		A medical research organization oper	ated in conjunction	with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state, or local government of	or governmental ur	nit described in section 1	70(b)(1)(A)(v).		
7		An organization that normally receive	s a substantial par	t of its support from a gov	vernmenta	l unit or fro	m the general public	
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.	.)				
8	П	A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9	Ī	An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction wi	th a land-grant college	
		or university or a non-land-grant colle				*	0 0	
		university:	J J (.	,	, .	,		
10	x	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons. memb	pership fees, and gross	
. •		receipts from activities related to its e						
		support from gross investment incom	•	•	•	•		
		acquired by the organization after Jur		,		,	TOTT DUSTICESCS	
						•		
11	\forall	An organization organized and opera	•					
12	Ш	An organization organized and opera	•	·				
		of one or more publicly supported org						
		Check the box in lines 12a through 12	2d that describes the	ne type of supporting org	anization a	and comple	ete lines 12e, 12f, and 1	2g.
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported o	rganizatio	n(s), typically by giving	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	irectors or	trustees of the	
		supporting organization. You mu	st complete Part I	V, Sections A and B.				
	b	Type II. A supporting organization	n supervised or cor	ntrolled in connection with	n its suppo	rted organ	ization(s), by having	
		control or management of the sup	oporting organization	on vested in the same pe	ersons that	control or	manage the supported	
		organization(s). You must comp	lete Part IV, Secti	ons A and C.				
	С	Type III functionally integrated.			nection with	n. and func	tionally integrated with.	
		its supported organization(s) (see		·			•	
	d	Type III non-functionally integra	,	•				:)
	u	that is not functionally integrated.	•	•				•
		requirement (see instructions). Yo					in and an alterniveness	•
		_ ' ` ` '	•	•	•		Type II Type III	
	е	Check this box if the organization				sa rype i,	туре п, туре п	
		functionally integrated, or Type III	•					
	f	Enter the number of supported organ						
	g	Provide the following information abo	· · · · · · · · · · · · · · · · · · ·	ĭ				
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary	(vi) Amount of other support (see
				above (see instructions))	docum		support (see instructions)	instructions)
				, , , , , , , , , , , , , , , , , , , ,		1	,	'
					Yes	No		
(A)								
(B)								
,D)								
(C)								
(C)								
'D'								
(D)								
(E)								
(E)								
Total								

	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	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						
	furnished by a governmental unit to the						
	organization without charge						
	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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						▶_
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6, o					14	%
	Public support percentage from 2019 Scheo					15	%
16a	33 1/3% support test - 2020. If the organization						
-	box and stop here. The organization qualified			-			
k	33 1/3% support test - 2019. If the organiza						_
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2020	-					
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts			-	-		
	organization						_
k	0 10%-facts-and-circumstances test - 2019	-					
	15 is 10% or more, and if the organization m					-	-
	in Part VI how the organization meets the fa			-	-		
	organization						_
18	Private foundation. If the organization did r						_
	instructions						▶

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	203,813	225,779	261,705	250,608	588,530	1,530,435
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	203,813	225,779	261,705	250,608	588,530	1,530,435
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						1,530,435
_	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	203,813	225,779	261,705	250,608	588,530	1,530,435
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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
12	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.)	203,813	225,779	261,705	250,608	588,530	1,530,435
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here				•	, , ,	·
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 8, c			column (f))		15	100.00 %
	Public support percentage from 2019 Sched					16	100.00 %
_	ction D. Computation of Investment In						200.00
	Investment income percentage for 2020 (line			ne 13, column	(f))	17	0.00 %
	Investment income percentage from 2019 So					18	0.00 %
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	-	-	-	-		- =

 Schedule A (Form 990 or 990-EZ) 2020
 NEVER
 ALONE
 INC
 20-4445366
 Page

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - 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).
- Build 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.)

		Yes	No
		res	NO
	1		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990	or 990-l	EZ) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations		V	NI-
4			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ii	nstruc	tions
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
J-	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 NEVER ALONE INC 20-4445366

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 <i>(expla</i>	nin in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	ization	s must complete Section	ns A through E.
S	tion A. Adjusted Not Income		(A) Drier Voor	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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		
<u> </u>	lian D. Minimum Appat Amazunt		(A) Drien Veen	(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integr	rated Type III supporting	g organization
	(see instructions).	-		

EEA Schedule A (Form 990 or 990-EZ) 2020

and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

7	Excess distributions carryover to 2021. Add lines 3	3j
	and 4c.	

8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			

c Excess from 2018 d Excess from 2019

e Excess from 2020

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

NEVER ALONE INC 20-4445366 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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).

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
INO.	Name, address, and ZIF + 4	Total contributions	
1	HIS HANDS CHURCH P O BOX 1904	\$19,000	Person kar Payroll ☐ Noncash ☐
	WOODSTOCK GA 30188	19,000	(Complete Part II for noncash contributions.)
(-)	(1)	(-)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SMITH, KEVIN & TAMMI		Person <u>x</u> Payroll □
	P O BOX 1904	\$15,400	Noncash
	WOODSTOCK GA 30188		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FMGI INC		Person 🔣
	P O BOX 1904	\$15,000	Payroll ☐ Noncash ☐
	WOODSTOCK GA 30188		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PEREIRA, JOHN & JULIE P O BOX 1904 WOODSTOCK GA 30188	\$14,350	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5	HOWE, CHUCK P O BOX 1904 WOODSTOCK GA 30188	\$13,100	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NEW LIFE WORSHIP CHURCH OF GOD P O BOX 1904 WOODSTOCK GA 30188	\$11,450	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	Total contributions	Type of contribution
	DICKERSON, TODD		Person ☑ Payroll ☐
	P O BOX 1904	\$ 11,000	Noncash
	WOODSTOCK GA 30188		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREEN HVAC		Person 🔣
	P O BOX 1904	\$ 10,000	Payroll ☐ Noncash ☐
	WOODSTOCK GA 30188	10,000	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	CANTON UMC		Person 🗓
	P O BOX 1904	\$8,692	Payroll 🗌 Noncash 🗍
			(Complete Part II for
	WOODSTOCK GA 30188		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Ño.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
	Name, address, and ZIP + 4 GROW CHURCH	Total contributions	Type of contribution Person □ Payroll □
Ño.	Name, address, and ZIP + 4	(c) Total contributions \$8,600	Type of contribution Person
Ño.	Name, address, and ZIP + 4 GROW CHURCH	Total contributions	Type of contribution Person Payroll Noncash □
Ño.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904	Total contributions	Person Rayroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b)	\$8,600	Person Repayroll Complete Part II for noncash contributions. (d) Type of contributions.
No. 10 (a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL	\$	Person Repayroll Complete Part II for noncash contributions.) (d) Type of contributions.
No. 10 (a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904	\$ 8,600 (c) Total contributions	Person
(a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904 WOODSTOCK GA 30188	\$ 8,600 (c) Total contributions \$ 8,600	Person Roncash Complete Part II for noncash Payroll Type of contributions.) (d) Type of contribution Person Roncash Payroll Noncash Contribution (Complete Part II for noncash contributions.)
No. 10 (a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904	\$	Person
(a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904 WOODSTOCK GA 30188 (b)	\$ 8,600 (c) Total contributions \$ 8,600	Person Repayroll Complete Part II for noncash Contributions. Person (d) Type of contribution Person Repayroll Noncash Complete Part II for noncash Contributions.
(a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 BROOKSHIRE, JAMES & SHANNON	\$ 8,600 (c) Total contributions \$ 8,000 (c) Total contributions	Person
(a) No.	Name, address, and ZIP + 4 GROW CHURCH P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4 HIGGINBOTHAM, DANIEL P O BOX 1904 WOODSTOCK GA 30188 (b) Name, address, and ZIP + 4	\$ 8,600 (c) Total contributions \$ 8,600	Person

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	THIGPEN, BRUCE & PHYLLIS P O BOX 1904 WOODSTOCK GA 30188	\$	Person
(-)	(I-X	(5)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BRADFORD, LORI P O BOX 1904	\$6,200	Person 🔣 Payroll 📋 Noncash 🗍
	WOODSTOCK GA 30188		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	HORNEY, CAROL P O BOX 1904 WOODSTOCK GA 30188	\$5,500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	FRITZ, MARK & BETTY P O BOX 1904 WOODSTOCK GA 30188	\$5,444	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	WOODSTOCK UMC P O BOX 1904 WOODSTOCK GA 30188	\$5,250	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	FELLOWSHIP BIBLE CHURCH P O BOX 1904 WOODSTOCK GA 30188	\$5,000	Person

(0)	/h)	(0)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19	J THOMPSON ROSS INVESTMENTS P O BOX 1904 WOODSTOCK GA 30188	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20	MADDEN, RICK & SHERRI P O BOX 1904 WOODSTOCK GA 30188	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	MINGLEDORFF'S P O BOX 1904 WOODSTOCK GA 30188	\$5,000	Person Rayroll Dayroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization 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.
33. 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

50m 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning , and ending

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

2020

588,530

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

NEVER ALONE INC

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

Taxpayer identification number 20-4445366

Name and title of officer or person subject to tax

Name of exempt organization or person subject to tax

LAMAR	GREEN,	PRESIDENT
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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, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 Fo	rm 990 check here 🕨 🗓 b	То	tal revenue, if any (Form 990, Part VIII, column (A)	, line 12) • • • • •	1b
2a Fo	rm 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a Fo	rm 1120-POL check here		b Total tax (Form 1120-POL, line 22)		3b
4a Fo	rm 990-PF check here	b	Tax based on investment income (Form 990-PI	F, Part VI, line 5)	4b
5a Fo	rm 8868 check here 🕨 🗌	b	Balance due (Form 8868, line 3c)		5b
6a Fo	rm 990-T check here▶ 🗌	b	Total tax (Form 990-T, Part III, line 4)		6b
7a Fo	rm 4720 check here ▶ 🗌	b	Total tax (Form 4720, Part III, line 1)		7b
Part	II Declaration and Signature	gn	ature Authorization of Officer or Pers	on Subject to T	ax
Under	penalties of perjury, I declare tha	at	I am an officer of the above organization or	I am a person sub	ject to tax with respect t
(name	of organization)		, (EIN)	and that I have	e examined a copy
of the 2	2020 electronic return and accom	npa	nying schedules and statements, and, to the best of		
true, co	orrect, and complete. I further de	cla	re that the amount in Part I above is the amount sh	own on the copy of th	e electronic return.
I conse	ent to allow my intermediate servi	ice	provider, transmitter, or electronic return originator	(ERO) to send the re-	turn to the IRS and
to rece	ive from the IRS (a) an acknowle	edg	ement of receipt or reason for rejection of the trans	mission, (b) the reaso	n for any delay in
proces	sing the return or refund, and (c)	the	e date of any refund. If applicable, I authorize the U.	S. Treasury and its de	esignated Financial
Agent 1	to initiate an electronic funds with	ndra	awal (direct debit) entry to the financial institution a	ccount indicated in the	e tax preparation
softwa	re for payment of the federal taxe	es c	owed on this return, and the financial institution to d	ebit the entry to this a	ccount. To revoke
	. ,		ry Financial Agent at 1-888-353-4537 no later than	•	
	•		ncial institutions involved in the processing of the el	, ,	
`	,		er inquiries and resolve issues related to the paym		
	•		e for the electronic return and, if applicable, the cor		•
idontini	oadon nambor (r my ac my oigna	a.co.			do minaraman.
PIN: cl	neck one box only				
П	I authorize		to enter my PIN		as my signature
	-	E	RO firm name	Enter five numbers, but	, , , , , , , , , , , , , , , , , , , ,
				do not enter all zeros	
		•	filed return. If I have indicated within this return the ies as part of the IRS Fed/State program, I also au		<u> </u>
	PIN on the return's disclosure of	con	sent screen.		•
x	electronically filed return. If I ha	ave	ax with respect to the organization, I will enter my indicated within this return that a copy of the return RS Fed/State program. I will enter my PIN on the r	is being filed with a s	tate agency(ies)

45366

Signature of officer or person subject to tax

Date ▶ 01-12-2021

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 2020 electronically filed return 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

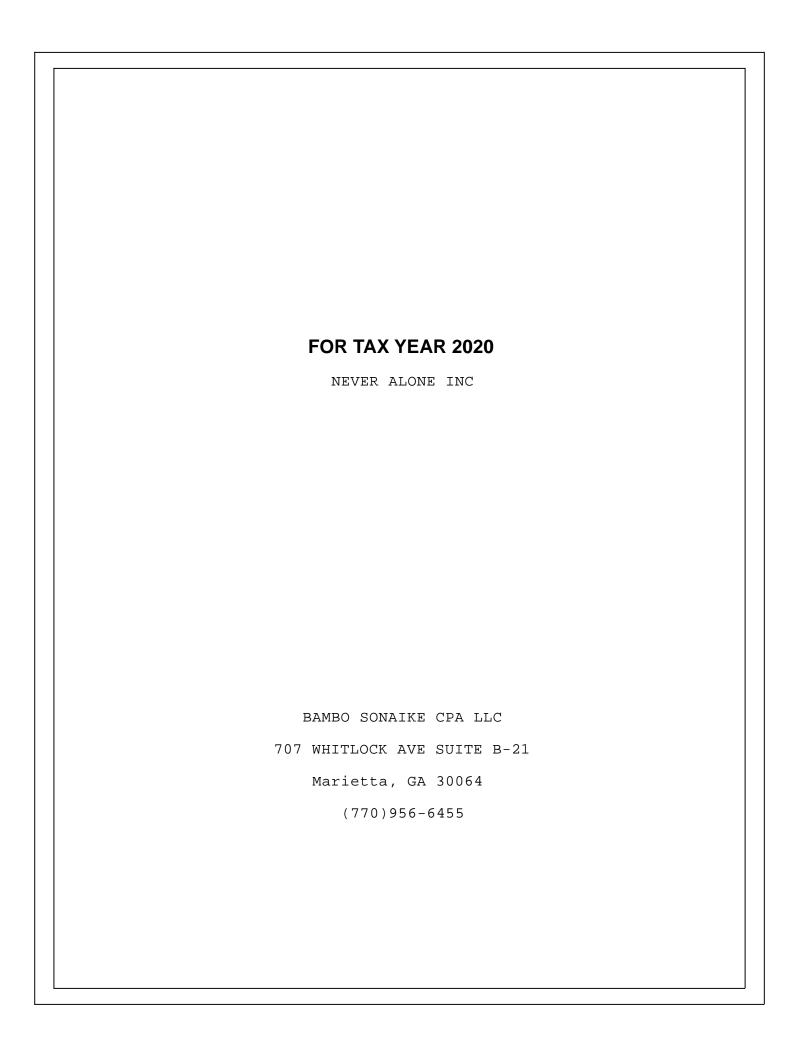
__ Date **▶** <u>01-13-2021</u>

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

990 Overflow Statement	2020 Page 1
Name(s) as shown on return	FEIN
NEVER ALONE INC	20-4445366

GENERAL AND ADMIN EXPENSES

Description	Amount
SMALL TOOLS AND EQUIPMENT	\$ <u>11,521</u>
UTILITIES	9,839
DUES AND SUBSCRIPTION	2,023
OFFICE SUPPLIES	6,097
POSTAGE AND DELIVERY	6,219
PRINITNG	<u>961</u>
GARBAGE	3,224
PROFESSIONAL FEES	3,250
Total:	\$ 43,134



2020 Filing Instructions NEVER ALONE INC Tax year ending 12-31-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-E0 has been received by this office. Do not mail the return to the IRS.

Due date:

05-17-2021

The return reflects neither a refund nor a balance due.