Α	For the	2022 calend	lar year, or tax year begi	nning	, 2022, a	and endi	ending , 20				
в	Check if a	pplicable:	C Name of organization N	EVER ALONE INC				D Emp	loyer identification n	umber	
	Address c	hange	Doing business as						20-444536	6	
	Name cha	nge	Number and street (or P.O. b	ox if mail is not delivered to street address)	Room/su	ite	E Telep	ohone number		
	Initial retur	'n	P O BOX 1904						(770)363-	5272	
	Final retur	n/terminated		e, country, and ZIP or foreign postal code		•		G Gros	ss receipts		
П	Amended		WOODSTOCK, GA					\$	•	13,496	
П	Application		F Name and address of princip				H(a) Is this a d			es X No	
	, application	, ponung					H(b) Are all s			/es No	
	Tax-exem	nt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527				ist. See instructions		
<u>.</u>	Website:		V.NEVERALONE.ORG				H(c) Group e				
<u>,</u> к				ssociation Other	L Year of formati	an: 200			gal domicile: GA		
	rt I	Summar				011. 200	70 W 3		gai domicile. GA		
	_			sion or most significant activities:	DROWTDING AG	CT CT A		אדאא	TEC WITHOIH		
			-	•	PROVIDING AS						
e		ABILITY	TO PAY FOR FOOD,	HOUSING, UTILITIES,	TRANSPORTATION	NEEDS	, AND ME	DICA	L ASSISTANC	в.	
Activities & Governance											
/erı		Chask this h		discontinued its energtions or dis	need of more than OF)/ of ito m	at agasta				
õ				discontinued its operations or dis	•				I		
త				5)(, ,				3		4	
ies				rs of the governing body (Part VI				4		4	
ivit				n calendar year 2022 (Part V, line				5		0	
Act			r of volunteers (estimate if	J /				6			
								7a		0	
	b	Net unrelate	d business taxable income	e from Form 990-T, Part I, line 11		<u></u>		7b		0	
							Prior Year		Current Y		
			s and grants (Part VIII, line				491	,395	5	13,496	
Revenue		-		e 2g)						0	
Ne l	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d) • • • •						0	
å	11	Other revenue	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)						0	
	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII, column (A)	, line 12) • • • • •	_	491	,395	5	13,496	
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)						0	
	14	Benefits paid	d to or for members (Part I				0				
ú	15	Salaries, oth	er compensation, employe	ee benefits (Part IX, column (A), l	ines 5-10) • • • • •		73,503			78,024	
Ise	16a	Professional	fundraising fees (Part IX,				0				
Expenses	b	Total fundrai	sing expenses (Part IX, co	lumn (D), line 25)	0						
Ă	17	Other expen	ses (Part IX, column (A), I	ines 11a-11d, 11f-24e)			361	,784	4	17,626	
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line 2	5)		435	,287	4	95,650	
	19	Revenue les	s expenses. Subtract line	18 from line 12			56	,108		17,846	
ŗ	Sec					Begi	nning of Curre		End of Ye	ar	
Net Assets or	20	Total assets	(Part X, line 16)				230	,948	2	48,794	
Ass	21	Total liabilitie	es (Part X, line 26)							0	
Net	22	Net assets o	r fund balances. Subtract	line 21 from line 20			230	,948	2	48,794	
Pa	rt II	Signatu	ire Block								
				urn, including accompanying schedules an		of my know	ledge and belie	f, it is			
true	, correct, a	ind complete. De	claration of preparer (other than o	fficer) is based on all information of which p	oreparer has any knowledge.						
		LAMA	R GREEN								
Sig	in [Signature of office	cer					Da	ate		
Не	re	LAMA	R GREEN, PRESIDE	T							
	Γ	Type or print nar	me and title								
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN		
Ра	d	ADEBAME	SO SONAIKE CPA	ADEBAMBO SONAIKE CPA	01-21-20	23	self-emp	bloyed	xxxxxxxx	х	
Pre	parer			ONAIKE CPA LLC	P= == = •		irm's EIN				
	e Only			TLOCK AVE SUITE B-21			hone no.				
	,			a GA 30064		'		770-956-6455			
May	the IRS	discuss this		nown above? See instructions					X Yes	No	
			on Act Notice, see the se							990 (2022)	
EEA									1 01111		

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

Inspection

2022

Form	n 990 (2022) NEVER ALONE INC	20-4445366	Page 2
Pa	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	PROVIDING ASSISTANCE TO FAMILIES WITHOUT THE ABILITY TO PAY FOR FOOD, HOUSING,	UTILITIES,	
	TRANSPORTATION NEEDS, AND MEDICAL ASSISTANCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 351,475 including grants of \$) (Revenue	\$)
14	PROVIDING ASSISTANCE TO FAMILIES WITHOUT THE ABILITY TO PAY FOR FOOD, HOUSING,		/
	TRANSPORTATION NEEDS, AND MEDICAL ASSISTANCE.	0111111111	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 351,475		

	1 990 (2022) NEVER ALONE INC 20-4	445366	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	<u> </u>
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			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	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,			<u> </u>
Ũ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
а	complete Schedule D, Part VI	11a		v
b				x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е				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		_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	· · 14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		<u>'</u>	x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		x
20 a				x
b		· · 20b		──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	990 (2022) NEVER ALONE INC 20-4445	366	F	age 4
Pa	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		_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			
0.4-	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? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	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			
	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 the Schedule L,			
а	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? 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, or IV, and Part V, line 1			
250		34		<u>x</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	000		
	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			
	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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2022) NEVER ALONE INC 20-44453	66	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
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 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		x
b	If "Yes," enter the name of the foreign country	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a ⊾	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		X
C Ca		50		├───
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	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		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		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			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
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:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
N	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
b 12		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L				
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	-		
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			İ
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the 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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

-	m 990 (2022) NEVER ALONE INC 20-44453		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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, 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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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 on 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 on 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		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on 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			
<u></u>	organization's exempt status with respect to such arrangements?	16b		х
	ction 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 X Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	LAMAR GREEN (770)363-5272, P O BOX 1904, WOODSTOCK, GA 30188			

Form 990 (202	2) NEVER ALONE INC	20-4445366 Page	7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated Employees, and	Γ
	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 Comp	ensated Employees	_
1a Complete t	nis table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the	_
organization's	ax vear.		

• 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles	Pos eck m is per	son is	an one a both ar (trustee) (trustee) employee	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	~	ustee		æ	bensated				
(1) LAMAR GREEN PRESIDENT	40.00	x			x			44,054	0	0
(2) HOPE_BOWLING					~			44,054	0	0
BOARD MEMBER	·	x						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>										
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form 9	VII Section A. Officers, Directors, T	rustoos	Kov	m		100	<u>e an</u>	d	lighost Comp	20 ansatod	0-4445	366		age 8
rait	VII Section A. Onicers, Directors, T	Tusiees,				(C)	5, an	uı	Ingriest comp	ensateu		Jyees	(conti	nuea,
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss per	sition nore ti rson is	han one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	rtable Estimated nsation of ot elated compen		of other	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MI 1099-NE	ISC/	orgar	organiz	
<u>(15)</u>														
(16)														
<u>(17)</u>														
(18)														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
(25)														
1b c d	Subtotal Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)	ion A .	· · · · · · ·			· · · ·	 	•	44,054		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization													
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>		• •	-		-		•	ensated			3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater that individual	n \$150,000?	If "Yes	s," cc	ompl							4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"	compensatio	on from	any	unre		•		ation or individual			5		x
<u>Secti</u>	on B. Independent Contractors Complete this table for your five highest compensation	ated indepen	dent cr	ontra	otor	e tha	at recei	ivod	more than \$100.00	0 of				
•	compensation from the organization. Report comp										x year.			
	(A) Name and business addres	s							(B) Description of servic	es		(C) Compensa	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		hose	e liste	ed a	bove)	who						

Form 99		22) NEVER	AL	ONE INC					20-44453	66 Page S
Part V	VIII	Statement of Rev	enu	le						_
		Check if Schedule O co	ntair	ns a response	or no	te to any line in this	An Content of the second secon	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
សូស	1a b	Federated campaigns • • • • • •		F	1a 1b					sections 512–514
fts, Gran Amount	c d	Fundraising events Related organizations . Government grants (contr	• •		1c 1d 1e					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f				513,496				
aŭ Co	h	Total. Add lines 1a-1f		L	-		513,496			
ervice le	2a b					Business Code				
Program Service Revenue	c d e									
Pro		All other program service r Total. Add lines 2a-2f								
		Investment income (includi other similar amounts)	•••		• •					
		Income from investment of Royalties				t i i i i i i i i i i i i i i i i i i i				
	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c							
	7a	Net rental income or (loss) Gross amount from	[(i) Securities		(ii) Other				
		sales of assets other than inventory Less: cost or other basis	7a							
evenue		and sales expenses Gain or (loss) Net gain or (loss)								
Other Revenu	8a	Gross income from fundrai events (not including \$	sing n line	9						
		1c). See Part IV, line 18 Less: direct expenses • Net income or (loss) from f	•••		8a 8b					
	9a	Gross income from gaming activities, See Part IV, line	l 19		9a					
	с	Less: direct expenses . Net income or (loss) from g Gross sales of inventory, le	jami		9b					
	b	returns and allowances • Less: cost of goods sold	•••		10a 10b					
SU	с 11а	Net income or (loss) from s		-		Business Code				
Miscellanous Revenue	b c d	All other revenue								
Σ	e	Total. Add lines 11a-11d Total revenue. See instruc					513,496	0	0	0

22) NEVER ALONE INC Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns. All other organiza			_
	Check if Schedule O contains a response or note to a	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	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		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	78,024		78,024	
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	2,323		2,323	
15	Royalties				
16	Occupancy	2,400		2,400	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 24					
21 22	Payments to affiliates				
22 23	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered	7,698		7,698	
24	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.)				
2		E 66E		E 66E	
a b	PROFESSIONAL FEES	5,665		5,665	
b C	OFFICE SUPPLIES REPAIRS AND MAINTENANCE	12,080 7,698		12,080 7,698	
d	PROGRAM EXPENSES		351,475	7,090	
u e	All other expenses	351,475 28,287	331,4/3	28,287	
25	Total functional expenses. Add lines 1 through 24e	495,650	351,475	144,175	0
26	Joint costs. Complete this line only if the		JJT111	111,17	0
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	- , , ,				

Par	t 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	230,948	1	248,794
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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)	230,948	16	248,794
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	22	controlled entity or family member of any of these persons		22 23	
	23	Unsecured notes and loans payable to unrelated third parties		23	
	24			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
	20	Organizations that follow FASB ASC 958, check here	0	20	0
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	230,948	27	248,794
alaı	28	Net assets with donor restrictions	230,940	28	210,791
a B		Organizations that do not follow FASB ASC 958, check here		20	
, Ľ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	230,948	32	248,794
ž	33	Total liabilities and net assets/fund balances	230,948	33	248,794
			230,540		210,191

EEA

Form 990 (2022)

NEVER ALONE INC

Form 990 (2022)

20-4445366

Page 11

Form	990 (2022) NEVER ALONE INC	20-444536	6	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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		513,	496
2	Total expenses (must equal Part IX, column (A), line 25)	2		495,	650
3	Revenue less expenses. Subtract line 2 from line 1	3		17,	846
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		230,	948
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		248,	794
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 Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		X
	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		20		
	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.				
20	Scriedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
3 d	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		v
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		X
b			3b		

Form 990 (2022)

SCHEDULE	Α
(Form 990)	

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
2022
Open to Public

			J	······································		() · · · ·		
	tment of the Treasury					Open to Public		
	al Revenue Service	Go to www.iis.gov/coninsections and the latest mormation.				Inspection		
Name	e of the organization Employer identification number					n number		
	ER ALONE INC	fee Dublic Obe			4	4 - 4 - 1	20-44453	
Par			,	I organizations mus	· · ·		an.) See instruct	ions.
	<u> </u>	•		es 1 through 12, check or	•	,		
1		nvention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	—	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).)						
3 4								
4	_	e, city, and state:		on with a hospital describe	eu in secu)(a)01170		
5		-	nefit of a college or	university owned or oper	ated by a c	novernmen	tal unit described in	
•		(1)(A)(iv). (Complete	-			governmen		
6	`		,	unit described in section	170(b)(1)(A	A)(v).		
7	—	-	-	irt of its support from a go			m the general public	
		ection 170(b)(1)(A)(v						
8	_			, i). (Complete Part II.)				
9				ion 170(b)(1)(A)(ix) oper	ated in con	junction w	ith a land-grant college	Э
		-		(see instructions). Enter th		•		
	university:	-				-	-	
10	receipts from a support from g acquired by the	ctivities related to its ross investment inco e organization after J	exempt functions, s me and unrelated b une 30, 1975. See s	33 1/3% of its support fror subject to certain exception usiness taxable income (section 509(a)(2). (Comp	ons; and (2 less sectio plete Part II) no more i n 511 tax) i l.)	than 33 1/3% of its	s
11	- ·	•	•	test for public safety. See				
12		•	-	r the benefit of, to perform				
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.					Check		
		-	• •			•	-	_
а		be I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the						
		,			nty of the d	inectors or	liustees of the	
h	supporting organization. You must complete Part IV, Sections A and B.							
D	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having					d		
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.					u		
c	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,							
•	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.				,			
d					(s)			
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
			-	e Part IV, Sections A an		•		
е				n determination from the			Type II, Type III	
	functionall	y integrated, or Type	III non-functionally	integrated supporting org	anization.			
f	Enter the number	r of supported organi	zations					
g	Provide the follow	wing information about	ut the supported org	ganization(s).				
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the ou listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

 Total
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Describe (Complete only if you checked the box on line 5, Part III. If the organization fails to qualify under the Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018	7, or 8 of I	Part I or if the	organization ase complete	failed to qual	
Part III. If the organization fails to qualify under the Section A. Public Support	ne tests lis	ted below, ple	ease complete		ify under
Section A. Public Support				e Part III.)	
	(b) 2019	(c) 2020			
Calendar year (or fiscal year beginning in) (a) 2018	(b) 2019	(c) 2020			
			(d) 2021	(e) 2022	(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					
furnished by a governmental unit to the					
organization without charge					
4 Total. Add lines 1 through 3					
5 The portion of total contributions by					
each person (other than a					
governmental unit or publicly					
supported organization) included on					
line 1 that exceeds 2% of the amount					
shown on line 11, column (f)					
6 Public support. Subtract line 5 from line 4					
Section B. Total Support					
Calendar year (or fiscal year beginning in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.)					
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)				12	
13 First 5 years. If the Form 990 is for the organization's first,					(3)
organization, check this box and stop here					
Section C. Computation of Public Support Percentage					
14 Public support percentage for 2022 (line 6, column (f), divide	ed by line 1 [°]	l, column (f))		14	%
15 Public support percentage from 2021 Schedule A, Part II, lir				15	%
16a 33 1/3% support test - 2022. If the organization did not che	ck the box of	on line 13, and	line 14 is 33 1/	'3% or more, cl	neck this
box and stop here. The organization qualifies as a publicly		•			
b 33 1/3% support test - 2021. If the organization did not che	ck a box on	line 13 or 16a	and line 15 is	33 1/3% or mo	re, check
this box and stop here . The organization qualifies as a publ					
17a 10%-facts-and-circumstances test - 2022. If the organizat	ion did not o	check a box on	line 13, 16a, c	or 16b, and line	14 is
10% or more, and if the organization meets the facts-and-ci				-	
Part VI how the organization meets the facts-and-circumsta	nces test. T	he organizatio	n qualifies as a	publicly suppo	orted
organization					[
b 10%-facts-and-circumstances test - 2021. If the organizat	ion did not o	heck a box on	line 13, 16a, 1	6b, or 17a, and	l line
15 is 10% or more, and if the organization meets the facts-a	nd-circums	ances test, che	eck this box an	d stop here. E	xplain
in Part VI how the organization meets the facts-and-circums				•	•
organization		-	-		· _
18 Private foundation. If the organization did not check a box					
instructions	<u></u> .				[

 MEVER ALONE INC

 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	261,705	250,608	588,530	491,395	513,496	2,105,734
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	261,705	250,608	588,530	491,395	513,496	2,105,734
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.)						2,105,734
Secti	on B. Total Support						_/_00//01
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	261,705	250,608	588,530	491,395	513,496	2,105,734
10a	Gross income from interest, dividends,	2027700	2307000		191,000	515,150	2/200//01
	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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)	0.61 805	050 600		401 005	F10 40 C	0 105 504
14	First 5 years. If the Form 990 is for the or	261,705	250,608	588,530	491,395	513,496	2,105,734
14	organization, check this box and stop her	•			•	• •	
Secti	on C. Computation of Public Suppor						···· Ц
15	Public support percentage for 2022 (line 8	-		2 column (f))		15	100 00 %
	Public support percentage for 2022 (line of Public support percentage from 2021 Sch					16	100.00 %
16 Socti					<u></u>	10	100.00 %
	on D. Computation of Investment Inc			lino 12 colum	ap (f))	17	0.00.0/
17 ₄∘	Investment income percentage for 2022 (i					17	0.00 %
18 10a	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the organ						_
Ŀ	17 is not more than 33 1/3%, check this be		-	-			nization <u>x</u>
b	33 1/3% support tests - 2021. If the organization						-
20	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	
20	Private foundation. If the organization die	a not check a b	ox on line 14,	19a, or 19b, ch	ieck this box ar	na see instructi	ions 📋

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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
1		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
40		
4c		
5.		
5a		
5b		
5c		
6		
7		
7		
8		
-		
9a		
9b		
9c		
10a		
10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	-		
•	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
	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		
Sectio	on 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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instri	iction	(2)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			<i></i>
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	c)		
	Activities Test. Answer lines 2a and 2b below.	3).	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
	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	2-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's compared organization (a) would have been engaged in 2. If			
	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	c :		
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

NEVER ALONE INC

pe III Non-Functionally Integrated 509(a)(3) Supporting Or here if the organization satisfied the Integral Part Test as a qualifying ctions. All other Type III non-functionally integrated supporting organi djusted Net Income rt-term capital gain ries of prior-year distributions oss income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) expenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): e monthly value of securities e monthly cash balances	g trust o	on Nov. 20, 1970 <i>(expl</i>	-
ctions. All other Type III non-functionally integrated supporting organi djusted Net Income rt-term capital gain ries of prior-year distributions ross income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) expenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	1 2 3 4 5 6 7 8	s must complete Section (A) Prior Year	ons A through E. (B) Current Yea (optional)
djusted Net Income rt-term capital gain ries of prior-year distributions ross income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of r held for production of income (see instructions) xpenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): e monthly value of securities	1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Yea (optional)
rt-term capital gain ries of prior-year distributions ross income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) repenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	2 3 4 5 6 7 8		(optional)
ries of prior-year distributions ross income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) repenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	2 3 4 5 6 7 8	(A) Prior Year	(B) Current Yea
ries of prior-year distributions ross income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) repenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	2 3 4 5 6 7 8	(A) Prior Year	
oss income (see instructions) s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) (penses (see instruction	3 4 5 6 7 8	(A) Prior Year	
s 1 through 3. ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) (spenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): e monthly value of securities	4 5 6 7 8	(A) Prior Year	. ,
ation and depletion of operating expenses paid or incurred for production or collection income or for management, conservation, or maintenance of held for production of income (see instructions) cpenses (see instructions) d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): e monthly value of securities	5 6 7 8	(A) Prior Year	. ,
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income or for management, conservation, or maintenance of held for production of income (see instructions) (penses (see instructions) (d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	7 8	(A) Prior Year	
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d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): monthly value of securities	8	(A) Prior Year	
inimum Asset Amount ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): a monthly value of securities		(A) Prior Year	
ate fair market value of all non-exempt-use assets (see ons for short tax year or assets held for part of year): e monthly value of securities	1a	(A) Prior Year	
ons for short tax year or assets held for part of year): monthly value of securities	1a		
monthly value of securities	1a		
•	1a		
monthly cash balances			
•	1b		
ket value of other non-exempt-use assets	1c		
dd lines 1a, 1b, and 1c)	1d		
nt claimed for blockage or other factors			
in detail in Part VI):			
ion indebtedness applicable to non-exempt-use assets	2		
t line 2 from line 1d.	3		
emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ructions).	4		
e of non-exempt-use assets (subtract line 4 from line 3)	5		
line 5 by 0.035.	6		
ries of prior-year distributions	7		
m Asset Amount (add line 7 to line 6)	8		
stributable Amount			Current Year
d net income for prior year (from Section A, line 8, column A)	1		
85 of line 1.	2		
n asset amount for prior year (from Section B, line 8, column A)	3		
eater of line 2 or line 3.	4		
	5		
tax imposed in prior year			
table Amount. Subtract line 5 from line 4, unless subject to			
table Amount. Subtract line 5 from line 4, unless subject to ncy temporary reduction (see instructions).	6		ting organization
m is d 8	Asset Amount (add line 7 to line 6) tributable Amount net income for prior year (from Section A, line 8, column A) 5 of line 1. asset amount for prior year (from Section B, line 8, column A) ater of line 2 or line 3. ix imposed in prior year	Asset Amount (add line 7 to line 6)8tributable Amount1net income for prior year (from Section A, line 8, column A)15 of line 1.2asset amount for prior year (from Section B, line 8, column A)3ater of line 2 or line 3.4ix imposed in prior year5able Amount. Subtract line 5 from line 4, unless subject to	Asset Amount (add line 7 to line 6) 8 tributable Amount 1 net income for prior year (from Section A, line 8, column A) 1 5 of line 1. 2 asset amount for prior year (from Section B, line 8, column A) 3 ater of line 2 or line 3. 4 ix imposed in prior year 5 able Amount. Subtract line 5 from line 4, unless subject to 1

Schedule A (Form 990) 2022

Schedul	● A (Form 990) 2022 NEVER ALONE INC V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	20-444	15366 Page 7
	on D - Distributions	o Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen			
-	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi		
4	Amounts paid to acquire exempt-use assets	ieee er eupperteu ergan	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		
6	Other distributions (describe in Part VI). See instructions.	provide detaile in i dit	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
Ŭ	(provide details in Part VI). See instructions.	the organization is resp	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
			(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Employer identification number

20-4445366

Department of the Treasury
Internal Revenue Service
Name of the organization

	-	
NEVED	ALONE	TNC

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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), 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), 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).

NEVER A	LONE INC		20-4445366
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HIS HANDS CHURCH	\$17,000	Person Payroll Noncash (Complete Part II for
(a)	WOODSTOCK GA 30189		noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PEREIRA, JOHN & JULIE 2058 BROWNING ROAD ROCKMART GA 30153	\$9,600	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GREGORY & JOANNE EVANS BOX 86 LEBANON GA 30146	\$5,300	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GROW CHURCH 2510 EAST CHEROKEE DRIVE WOODSTOCK GA 30188	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HORNEY, CAROL 120 MYRTLE DRIVE WOODSTOCK GA 30189	\$6,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FISHER FAMILY FOUNDATION P.O. BOX 17160 FT MITCHELL KY 41017	\$ <u>75,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page **2**

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	AMICALOLA ELECTRIC MEMBERSHIP CORP		Person 🖳 Payroll 🗌			
	544 SR-515S JASPER GA 30143	\$ <u>10,000</u>	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	NEW LIFE WORSHIP CHURCH OF GOD		Person <u>x</u> Payroll			
	154 LAKESIDE DRIVE	\$16,550	Noncash (Complete Part II for			
(a)	<u>CANTON GA 30114</u> (b)	(c)	noncash contributions.) (d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
9	BRUCE THIGPEN 2106 LAUREL HILL DRIVE	\$7,200	Person x Payroll Image: Complete Part II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution			
_10	UPS FOUNDATION 55 GLENLAKE PKWY, N.E. ATLANTA GA 30328	\$10,000	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_11	RECE AND LEIGH DAVIS 11 PARKER ROAD AVON CT 06001	\$7,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	SCHWAB CHARITABLE		Person 🗽 Payroll 🗌			
	P.O. BOX 628298	\$9,400	Noncash (Complete Part II for			
	ORLANDO FL 32862		noncash contributions.)			

20-4445366

Schedule B (Form 990) (2022)

Name of organization

NEVER ALONE INC

	rganization		Employer identification number
	ALONE INC		20-4445366
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
_13	FIDELITY CHARITABLE SEAPORT BLVD STE 7 BOSTON MA 02210	\$5	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2022)

SCHEDULE O (Form 990)

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

OMB No. 1545-0047 20

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Form 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

for a lax Exempt Enti For calendar year 2022, or fiscal year beginning , 20

ning , 2022, and ending

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

2022

, 20

20-4445366

Department of the Treasury Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

NEVER ALONE INC

Name and title of officer or person subject to tax

LAMAR GREEN, PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** 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**, **7b**, **8b**, **9b**, or **10b**, 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 513**, **496**

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 V, line 5) 4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4) 6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19) ••••••••••••••••••••••••••••••••••••	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b	
Part	II Declaration and Signatu	ire /	Authorization of Officer or Person Subject to Tax	
Under p	penalties of perjury, I declare that	<u> </u>	am an officer of the above entity or 🛛 🗌 I am a person subject to tax with respect to (name	
of entity	()		, (EIN) and that I have examined a copy of the	
2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.				
	eck one box only			

I authorize		to enter r	ny PIN	as my signature
	ERO firm name			Enter five numbers, but do not enter all zeros
agency(ies	year 2022 electronically filed return. If I have indicated within t s) regulating charities as part of the IRS Fed/State program, I a sclosure consent screen.			3
filed return	er or person subject to tax with respect to the entity, I will enten. If I have indicated within this return that a copy of the return Fed/State program, I will enter my PIN on the return's disclose	s being filed with a sta	ure on the te agency	tax year 2022 electronically (ies) regulating charities as part
	45633			
Signature of officer	or person subject to tax			Date 01-21-2023
Part III C	ertification and Authentication			
	I. Enter your six-digit electronic filing identification ollowed by your five-digit self-selected PIN.	671519	44444	
		D	o not enter	all zeros
	above numeric entry is my PIN, which is my signature on the 2 is return in accordance with the requirements of Pub. 4163, M siness Returns.			
ERO's signature	ADEBAMBO SONAIKE CPA		Date	01-21-2023
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				

OVERFLOW.LD

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Overflow Statement

(This page is not filed with the return. It is for your records only.)

2022 Page 1

Name(s) as shown on return NEVER ALONE INC

20-4445366

GENERAL AND ADMIN EXPENSES

Description		Amount
UTILITIES	:	\$ 8,402
DUES AND SUBSCRIPTION		2,931
POSTAGE AND DELIVERY		11,153
GARBAGE		5,801
	Total: \$	28,287

FEIN