Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Open to Public

Inspection

Α	For the 2	2019 calendar y	year, or tax year begin	ning	, 2019 , a	and endir	ng		, 20
В	Check if ap	oplicable:	C Name of organizationPR	OJECT PNEUMA INC				D Empl	oyer identification number
Π.	Address ch	nange	Doing business as						47-3524536
_	Name char	_		O. box if mail is not delivered to street add	ress)	Room/suit	e	E Telep	hone number
_	Initial return	_	,	TREET HASKINS CTR	,		STH FL		(410)450-4400
=		n/terminated		vince, country, and ZIP or foreign postal co	de	<u> </u>	,	G Gros	s receipts
=	Amended r		BALTIMORE, MD	, ,,	uc			\$	969,138
=				ncipal officer: DAMION COOPER			11/2) 1: 11: .		
	Application	i pending	·	·	D 01007				
	T	ot status: X 501		AVENUE, Gwynn Oak, M			• •		
	Tax-exemp		(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	<u></u> 527				st. (see instructions)
		► N/A							n number
		ganization: X Cor	rporation Trust Ass	ociation Other >	L Year of format	tion: 201	8 M :	State of leg	gal domicile: MD
Pa	rt I	Summary	the every viriation le reinsi						
		•	-	on or most significant activities:	-				LY INTO THE YOUNG
ė				NG THEM INTELLECTUAL	LY STRENGTHENI	NG THE	SM PHYS	TCALL	Y NURTURING THEM
Governance	:	EMOTIONALL:	Y AND UPLIFTING	THEM SPIRITUALLY					
err		0		11 11 11 11		050/ /:			
39			_	discontinued its operations or di	•			1	1
જ			0	,					18
Activities &			· ·	s of the governing body (Part VI,	,				0
Ϊ				calendar year 2019 (Part V, line	,				0
Act			volunteers (estimate if	**					
				Part VIII, column (C), line 12 .				. 7a	0
	b	Net unrelated but	usiness taxable income	from Form 990-T, line 39				. 7b	0
			Prior Year		Current Year				
ine	8	Contributions an	nd grants (Part VIII, line	1h)		•	150	,204	289,904
	9	Program service	e revenue (Part VIII, line	e 2g)			28	3,100	674,539
Revenue	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d)					0
æ	11	Other revenue (I	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)					4,695
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII, column (A),	line 12)		178	3,304	969,138
	13	Grants and simil	ar amounts paid (Part I	X, column (A), lines 1-3)					0
	14	Benefits paid to	or for members (Part I)	(, column (A), line 4)					0
	15	Salaries, other c	compensation, employee	benefits (Part IX, column (A), lir	nes 5-10)		38	3,815	381,500
Expenses	16a	Professional fun	draising fees (Part IX, o	column (A), line 11e)					0
ben	b ·	Total fundraising	g expenses (Part IX, col	umn (D), line 25) ►	0				
$\overline{\Sigma}$	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			89	362	319,980
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 29	5)			3,177	701,480
	1		•	18 from line 12	•			,127	267,658
- 2			•			Begin	ning of Curr		End of Year
ets c	20	Total assets (Pa	art X, line 16)					5,173	393,790
Ass	21	•	• •						959
Net Assets or	22	•	•	line 21 from line 20			125	5,173	392,831
	rt II	Signature				-		,,_,	07_700_
Und	er penalties	s of perjury, I declare	that I have examined this retu	rn, including accompanying schedules and		t of my know	ledge and be	lief, it is	
true,	correct, ar	nd complete. Declara	tion of preparer (other than offi	cer) is based on all information of which pr	eparer has any knowledge.				
	l	DAMTON	COOPER						
Sig	n 📙	Signature of						Da	ite
Her	·e li	DAMTON	COOPER, PRESID	ENT					
			name and title						
		Print/Type prepare		Preparer's signature	Date		Check	X if	PTIN
Pai	d							_	
	parer		Adams CPA	Aggogiatog CDA IIC		-	self-em	pioyed	P01551646
	parer € Only	Firm's name		Associates CPA LLC			rm's EIN ►		
US	Uilly	Firm's address		ing Road		PI	none no.	410	E02 E011
Max	the IDC	discuss this ret		LEY MD 21031				410-	583-5811
ハハコン	THE IRS	CHECKIES THIS PATE	IIII WITH THE DEADSTOR CH	OWO SDOVE / ISSE INSTRUCTIONS)					I YAC XINA

Pa	rt III Sta	atement of Program Ser	vice Accomplishments		_						
	Che	eck if Schedule O contains a resp	oonse or note to any line in this Part III		<u>x</u>						
1	Briefly descril	be the organization's mission:									
	TO BREATH NEW LIFE HOLISTICALLY INTO THE YOUNG MEN WE SERVE BY CHALLENGING THEM INTELLECTUALLY										
	STRENGTHE	ENING THEM PHYSICALLY	! NURTURING THEM EMOTIONALL	Y AND UPLIFTING THEM SPIRITUAL	LY						
2	Did the organ	nization undertake any significant	t program services during the year which v	were not listed on the							
_	•	, ,			s 🗌 No						
	If "Yes," desc	ribe these new services on Scho	edule O.								
3	_	_	ake significant changes in how it conducts,		_						
	services?										
		ribe these changes on Schedule									
4			accomplishments for each of its three large								
	•	ection 501(c)(3) and 501(c)(4) or enses, and revenue, if any, for ea	rganizations are required to report the amo	bunt of grants and allocations to others,							
	trie total expe	anses, and revenue, it any, for ear	on program service reported.								
4a	(Code:) (Expenses \$	345,819 including grants of \$) (Revenue \$	953,271)						
	WE KNEW 1			SOCIAL AND EMOTIONAL LEARNING	AND THE						
	FACT THAT	THEY WON THE 90000	GRANT FROM PERMANENTE. WE	CAN NOW GO FULL TIME WITH PROJ	ECT PNEUMA						
	NOW ABLE	TO GO FROM 100 BOYS	TO 450 BOYS. THE ONLY ORGAN	NIZATION THAT WAS CHOSEN OUT C	F BALTIMORE						
	ALL OTHER	RS ARE NATIONAL.									
	-										
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
		· · · ·									
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other program	m services (Describe on Schedu	ıle O.)								
	(Expenses \$) (Revenue \$							
4e	Total progran	n service expenses 🕨	345,819								

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		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? If "Yes," complete Schedule D, Part II	7		Х
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		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
	the organization's separate of consolidated infancial statements for the tax year include a roomote 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? <i>If</i> "Yes," <i>complete</i>			Λ
	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		x
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	4.0		
17	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 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	.,		
	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	The state of the s	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 or-	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	25-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Х
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Λ
	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		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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	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	27		
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 19? Note: All Form 990 filers are required to complete Schedule O.	38	v	
Par		30	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	onesk ii oshoddio o somains a response oi note to any iine in tilis r art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	х	
	, 5 5 (5 % 5)			ь

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 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 <i>e-file</i> (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 in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5c		
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			
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			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see instructions and file Form 4720, Schedule N.	4.6		
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.			

Page 6

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

response to line 8a, 8b, or 10b below, describ	pe the circumstances, processes, or changes in Schedule O. See instructions.
0	

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
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		x
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

DAMION COOPER (410)450-4400, 5109 GWYNN OAK AVENUE, Gwynn Oak, MD 21207

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.

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

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

(A) (B) (C) Periodic (G) (G) (G) or Check more hand on bours per week bours per week (B) and (B)		ieu organizai	1011 601	npei	isati	c u a	ily Cull	CIII	officer, director, or	irusiee.	
(do not check more than one bounds A were person is that one of comparison of the provest (list any person is that one officer and a director/trailise) of comparison from the origination of comparison in the origination of the originatio					((C)					
Name and title	(A)	(B)							(D)	(E)	(F)
Dours Dours Compensation Com			,								
Companies for the pour store related organizations (W-21099-MISC) Companies for the related organizations (W-21099-MISC) Companies for related organizations of relat	· · · · · · · · · · · · · · · · · · ·	_									
Company Comp											· ·
(1) GRANVILLE TEMPLETON III			or -	ns	g	Ke	Hig	6-J	organization (W-2/1099-MISC)		
(1) GRANVILLE TEMPLETON III			direc	tt	icer	y em	jhes iploy	rmer	(** 2 1000 Mileo)	,	
(1) GRANVILLE TEMPLETON III			tor to	ona		Soldt	t cor	Ì			
(1) GRANVILLE TEMPLETON III		-	uste	trus		ee	nper				
(1) GRANVILLE TEMPLETON III		dotted line)	Ф	tee			nsate				
BOARD CHAIRMAN							ă				
BOARD CHAIRMAN											
C ALAINA BEVERLY BOARD MEMBER	(1) GRANVILLE TEMPLETON III										
BOARD MEMBER	-		х						0	0	0
3 John T Bullock	(2) ALAINA BEVERLY										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
(4) ROBERT FERGUSON 0	(3) JOHN T BULLOCK										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
SECTION SECT	(4) ROBERT FERGUSON										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
GEORGE JAMES, DR	(5) EDWARD GILLESPIE	L									
BOARD MEMBER	BOARD MEMBER		х						0	0	0
TOTAL COLUMN CO	(6) GEORGE JAMES, DR										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
(8) DAVID FAKUNLE, DOCTOR X 0 0 0 DIRECTOR X 0 0 0 (10) LEON PINKETT X 0 0 0 DIRECTOR X 0 0 0 (11) TEDDY PRIOLEAU X 0 0 0 TREASURER X 0 0 0 (12) LAMMAN RUCKER X 0 0 0 DIRECTOR X 0 0 0 (13) TRABIAN SORTERS X 0 0 0 (14) STACEY ULLRICH X 0 0 0	(7) DIONNE JOYNER WEEMS										
DIRECTOR	BOARD MEMBER		х						0	0	0
(9) FRANKLIN LANCE, REVEREND	(8) DAVID FAKUNLE, DOCTOR										
DIRECTOR	DIRECTOR		х						0	0	0
(10) LEON PINKETT	(9) FRANKLIN LANCE, REVEREND										
DIRECTOR	DIRECTOR		х						0	0	0
(11)TEDDY PRIOLEAU X 0 0 0 TREASURER X 0 0 0 (12)LAMMAN RUCKER X 0 0 0 DIRECTOR X 0 0 0 (13)TRABIAN SORTERS 0 0 0 0 DIRECTOR X 0 0 0 (14)STACEY ULLRICH 0 0 0 0	(10)LEON_PINKETT										
TREASURER X 0 0 0 (12)LAMMAN RUCKER X 0 0 0 DIRECTOR X 0 0 0 (13)TRABIAN SORTERS X 0 0 0 DIRECTOR X 0 0 0 (14)STACEY ULLRICH X 0 0 0	DIRECTOR		х						0	0	0
(12)LAMMAN RUCKER X 0 0 0 DIRECTOR X 0 0 0 (13)TRABIAN SORTERS 0 0 0 0 DIRECTOR X 0 0 0 (14)STACEY ULLRICH 0 0 0 0	(11)TEDDY PRIOLEAU										
DIRECTOR X 0 0 0 (13)TRABIAN SORTERS X 0 0 0 DIRECTOR X 0 0 0 (14)STACEY ULLRICH X 0 0 0	TREASURER		х						0	0	0
(13)TRABIAN SORTERS DIRECTOR X 0 0 0 (14)STACEY ULLRICH	(12)LAMMAN RUCKER										
DIRECTOR X 0 0 0 (14)STACEY ULLRICH	DIRECTOR		х						0	0	0
(14)STACEY_ULLRICH	(13)TRABIAN SORTERS										
	DIRECTOR		x						0	0	0
DIRECTOR X 0 0	(14)STACEY ULLRICH										
	DIRECTOR		х						0	0	0

Form 990 (2019) PROJECT PNEUMA IN									7-3524	536	Р	age 8
Part VII Section A. Officers, Directors, Trustee	s, Key Emp	loyees	s, and	High	est Co	mpe	ensated Employe	es (contin	ued)			
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	able ation		(F) nated am of other mpensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-I		orga	rom the nization d organiz	
(15)CHRIS WILSON												
DIRECTOR		х					0		0			0
(16)NATALIE JONESDIRECTOR		x					0		0			0
(47) (3 D 3 II II II II II II II												
DIRECTOR		х					0		0			0
(18)DAMION COOPER	40.00											
EXECUTIVE DIRECTOR			;	x			121,404		0			0
(19)LADAMIEN MYERS CHIEF OPERATING OFFICER	40.00			x			110,576		0			0
(20)DENZEL WALKER PROGRAM MANAGER				x			52,654		0			0
(21)				^			32,034		- 0			
(22)												
(23)												
(24)												
(25)												
1b Subtotal						٠ •						
c Total from continuation sheets to Part VII, Sect	ion A .	• • •				٠ •						
d Total (add lines 1b and 1c)						_	284,634		0			0
2 Total number of individuals (including but not limit reportable compensation from the organization		isted al	bove)	who r	eceive	d mo	ore than \$100,000	of				2
											Yes	No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu.					-		•			3		x
4 For any individual listed on line 1a, is the sum of re												
organization and related organizations greater th	an \$150,000	? If "Y	es," c	omple	te Sch	edule	e J for such					
individual									• • • •	4		Х
for services rendered to the organization? If "Yes	s," complete	Sched	ule J t	or su	ch pers	on				5		х
Section B. Independent Contractors	•											
Complete this table for your five highest compensa compensation from the organization. Report comp									ay vear			
	ciisauoii ioi l	ıı ı c Calı	ciiual	year	-nullig	vvilii		nzauUIIS l	an year.	(2)		
(A) Name and business addres	ss						(B) Description of service	es		(C) Compens	ation	
							,					

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	•	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Page 9

Form 990 (2019) Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	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 sections 512–514
	1a	Federated campaigns 1a					
ν ₁₀	b	Membership dues 1b					
ant	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
inii Tiili	f	All other contributions, gifts, grants,					
itio er S		and similar amounts not included above 1f	289,904				
ig #	g	Noncash contributions included in					
on d		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f	. ▶	289,904			
			Business Code				
ø	2a	FEE FOR SERVICE	624100	674,539	674,539		
Program Service Revenue	b						
Sun	С						
am	d						
g R	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		674,539			
	3	Investment income (including dividends, interest,					
		other similar amounts)					
	4	Income from investment of tax-exempt bond produced	i i				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		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					
40	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eve	1	Gain or (loss)					
5	1	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
Othe	ва	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line	_				
	L .	1c). See Part IV, line 18					
	1		- 1				
		Gross income from gaming	· · · · · · · · · · · · · · · · · · ·				
	Ja	activities, See Part IV, line 19 9					
	h	Less: direct expenses					
	iua	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
<u>s</u>	11a	REFUNDS	624100	4,695	4,695		
Miscellanous Revenue	b			•	•		
selk ever	С						
Alisc Re	d	All other revenue					
	е	Total. Add lines 11a-11d	 	4,695			
	12	Total revenue. See instructions		969.138	679.234	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 231,981 284,635 52,654 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 96,865 82,052 14,813 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b 12,250 12,250 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 37,634 17,308 20,326 12 13 1,303 1,303 14 15 16 17 6,575 6,575 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 338 338 20 300 300 21 22 Depreciation, depletion, and amortization 3,619 3,619 23 13,360 13,360 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.) CONTRACTORS 86,195 769 85,426 DUES AND SUBSCRIPTIONS 429 429 C MEALS AND ENTERTAINMENT 2,113 1,565 548 d EMPLOYER TAXES 31,665 12,000 19,665 124,199 е All other expenses 94,476 29,723 Total functional expenses. Add lines 1 through 24e. . 25 701,480 345,819 355,661 0 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

if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

PROJECT PNEUMA INC 47-3524536 Page **11**

		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			50,085	1	95,008
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			8,100	4	232,764
	5	Loans and other receivables from any current or former of	officer,	director,			
		trustee, key employee, creator or founder, substantial co	or, or 35%				
		controlled entity or family member of any of these person			5		
	6	Loans and other receivables from other disqualified pers	ons (as	s defined			
		under section 4958(f)(1)), and persons described in sect	ion 49	58(c)(3)(B)		6	
' 0	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	74,775			
	b	Less: accumulated depreciation			66,988	10c	66,018
	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 3	33) .		125,173	16	393,790
	17	Accounts payable and accrued expenses			-	17	959
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV o		21			
S	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
iabi		controlled entity or family member of any of these person				22	
_	23	Secured mortgages and notes payable to unrelated thir		es		23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables t		F			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	959
		Organizations that follow FASB ASC 958, check here) •				
Ś		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions				27	
ala	28	Net assets with donor restrictions				28	
B		Organizations that do not follow FASB ASC 958, che	ck he	e ▶ 🗓			
Ε̈́		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or	other	funds	125,173	31	392,831
Net Assets or Fund Balances	32	Total net assets or fund balances			125,173	32	392,831
~	33	Total liabilities and net assets/fund balances			125,173	33	393,790

Form **990** (2019) EEA

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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses		1 2 3 4 5 6	• • •	9 7 2	69,3 01,4 67,0	480 658
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities 		1 2 3 4 5	• • • •	9 7 2	01,4 67,6	480 658
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities		2 3 4 5		7	01,4 67,6	480 658
Revenue less expenses. Subtract line 2 from line 1		3 4 5		2	67,6	658
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 		4 5				
 Net unrealized gains (losses) on investments Donated services and use of facilities 		5		1	25,3	
6 Donated services and use of facilities						173
		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		3	92,8	831
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						
				,	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain ir	n					
Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2	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?			2	2b		x
If "Yes," check a box below to indicate whether the financial statements for the year were audited or	na					
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 over	ersight of					
the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?		2	2c		
If the organization changed either its oversight process or selection process during the tax year, exp	plain on					
Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the					
Single Audit Act and OMB Circular A-133?			;	За		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		;	3b		

Form **990** (2019)

EEA

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

PROJECT PNEUMA INC 47-3524536 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial			•
Closely-he	eld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
art viii	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	. ▶	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line
	·		
	(a) Description		(b) Book value
(1)	(a) Description		(b) Book value
	(a) Description		(b) Book value
(2)	(a) Description		(b) Book value
(2)	(a) Description		(b) Book value
(2) (3)	(a) Description		(b) Book value
(2) (3) (4) (5)	(a) Description		(b) Book value
(2) (3) (4) (5) (6)	(a) Description		(b) Book value
(2) (3) (4) (5) (6) (7)	(a) Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8)	(a) Description		(b) Book value
(5) (6) (7) (8) (9) otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal i	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal in (2) (3)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal i (2) (3) (4)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability (b)	n Form 990, Part IV, line 1	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PROJECT PNEUMA INC 47-3524536 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 AND IS REVIEWED BY THE EXECUTIVE DIRECTOR AND COPIES MADE AVAILABLE FOR THE BOARD OF DIRECTORS REVIEW FORM 990 IS REVIEWED BY THE BOARD FOR APPOVAL BEFORE IT IS FILED 02. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION OF TOP MANAGEMENT OFFICIALS IS APPROVED BY THE BOARD OF DIRECTORS 03. Other officer or key employee compensation (Part VI, line 15b OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS BASED UPON THE MARKET RATE FOR THE POSITION HELD. EXECUTIVE DIRECTOR HAS THE AUTHORITY TO APPROVE THE SALARIES OF THESE POSITIONS 04. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS AVAILABLE UPON REQUEST 05. Significant program services not listed on prior year return (Part III, line 2) PROJECT PNEUMA INC WAS AWARDED A CONTRACT THROUGH BALTIMORE CITY SCHOOLS ON JANUARY 22 2019 THE CONTRACT WAS IN THE AMOUNT OF 952000 PER YEAR THE LIFE OF THE CONTRACT IS FROM JANUARY 2019 THROUGH JUNE 2022 06. List of other fees for services expenses (Part IX, line 11g) CONSULTANTS 07. List of other expenses (Part IX, line 24e) VARIOUS EXPENSES NOT OTHERWISE IDENTIED SEE SCHEDULE ATTACHED

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number PROJECT PNEUMA INC FORM 990 - 1 47-3524536 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1......... 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 3,619 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 3,619 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

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

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

	Section A -	Depreciation a	and Other I	nforma	tion (C	aution	: See th	ne instr	uctions f	or limits	for pa	ssenge	er autor	nobiles.)
248							Yes	☐ No			•			Yes	
1	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	(d) r other bas		usiness/inv	estment/	(f) Recovery period	Meth	nod/	Depred	ciation	(i Elected se	ection 179
25	Special depreciati	ion allowance for	qualified liste	d proper	ty place	d in serv	ice durir	ng		•					
	the tax year and u	sed more than 50	0% in a qualit	fied busi	ness use	e. See ir	struction	ıs			25				
26	-														-
st	atement #567		%										3,619		
		Date placed by a proper place of the place o			-										
			%												-
27	Property used 50	% or less in a qu	alified busine	ss use:											
			%							S/L-					
			%							S/L-					
			%							S/L-					
28	Add amounts in c	olumn (h), lines 2	5 through 27	. Enter h	ere and	on line 2	1, page	1			28		3,619		
29	Add amounts in c	olumn (i), line 26.	Enter here a	nd on lin	e 7, pag	e1							29		
Со	mplete this section	for vehicles used	by a sole pr	oprietor,	partner,	or other	"more t	han 5%	owner," o	r related	person.	If you p	rovided	vehicles	
to	your employees, firs	st answer the que	stions in Sec	tion C to	see if ye	ou meet	an exce	ption to	completin	g this se	ction for	those v	ehicles.		
				(a	1)	(b)	((c)	(d)	(e)	(f	i)
30	Total business/inv	estment miles dr	iven during	Vehic	le 1	Vehic	cle 2	Vehi	cle 3	Vehicl	e 4	Vehic	cle 5	Vehic	le 6
	the year (don't in	clude commuting	g miles) .												
31	Total commuting i	miles driven durir	ng the year												
32	Total other persor	nal (noncommutin	g)												
	miles driven														
33	Total miles driven	during the year.	Add												
	lines 30 through 3	2													
34	Was the vehicle a	vailable for perso	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-dut	y hours?													
35	Was the vehicle u	ised primarily by	a more												
	than 5% owner or	related person?													
36	Is another vehicle	available for per	sonal use?												
		Section C - Q	uestions f	or Emp	loyers	Who P	rovide	Vehicl	es for U	se by 7	Their E	mploy	ees		
An	swer these ques	tions to determ	nine if you n	neet an	except	ion to c	ompleti	ng Sec	tion B fo	r vehicl	es use	d by en	nployee	s who a	aren't
mo	ore than 5% own	ers or related p	ersons. Se	e instru	ctions.										
37	Do you maintain a	written policy sta	atement that p	orohibits	all perso	onal use	of vehic	les, inclu	uding com	muting,	by			Yes	No
	your employees?														
38	Do you maintain a	written policy sta	atement that p	orohibits	persona	ıl use of	vehicles	, except	commuti	ng, by yo	our				
	employees? See t	the instructions fo	r vehicles us	ed by co	rporate	officers,	directors	s, or 1%	or more	owners.					
39	Do you treat all us	se of vehicles by	employees a	s person	al use?										
40	Do you provide m	ore than five vehi	icles to your e	employee	s, obtair	n informa	ation fror	n your ei	mployees	about th	е				
	use of the vehicle	s, and retain the	information re	eceived?											
41	Do you meet the r	equirements con	cerning qualif	ied auto	mobile d	lemonstr	ation use	e? See ii	nstructions	s					
	Note: If your answ	wer to 37, 38, 39	, 40, or 41 is	"Yes," d	on't com	nplete S	ection B	for the o	covered v	ehicles.					
P	art VI Amor	tization													
	(a) Description o		Date amo	rtization						tion	Amortiza period	ation or	Amortiza	(f) ion for this	year
42	Amortization of co	osts that begins d	uring your 20	19 tax ye	ar (see	instructio	ons):	1							
	-			,			,								
43	Amortization of co	osts that began be	efore your 20	19 tax ye	ar							43			
44	Total. Add amou	nts in column (f).	See the inst	ructions	for wher	e to rep	art	<u></u>	<u></u>	<u> </u>		44			

FOR YOUR RECORDS ONLY Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Tax ID Number
PROJECT PNEUMA INC	47-3524536

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other

Description of Investment	<pre>Cost/basis (Investment)</pre>	Cost/basis (Other)	Depr	Book Value
VEHICLE	0	70,000	8,150	61,850
FURNITURE	0	2,126	342	1,784
COMPUTERS	0	2,649	265	2,384
Total	0	74,775	8,757	66,018

		Fed	eral Supp	orting Stat	eme	ents				2019 _{PG01}
Name(s) as shown on return										Tax ID Number
PROJECT PNEUMA INC										47-3524536
Form 4562 - Line 26										
Description	Date	%Bus	Cost	Depr Basis	RP	Meth	nod	Deduction	179 Ded	
VAN	12-31-2017	100	70,000	70,000	7	SL	MQ	3,050		
FURNITURE	03-18-2018	100	2,126	2,126	7	SL	HY	304		
	01-03-2019	100	1,821	1,821	5	SL	HY	182		
COMPUTERS	01 03 2013		-,	, -						

____3,619

Total

990 Overflow Statement	2019 Page 1
Name(s) as shown on return	FEIN
PROJECT PNEUMA INC	47-3524536

PROGRAMS

Description	Aı	mount
RENT AND LEASE	\$	209
PROGRAM SUPPLIES		6,493
TRANSPORTATION EXPENSES		53,419
MISCELLANEOUS		300
_ HEALTH INSURANCE		504
FOOD		1,035
CAMP		10,000
ACTIVITIES		995
_ EQUIPMENT EXPENSE		9,041
DONATIONS AND GIFTS		3,675
CLOTHING		2,090
REPAIRS		220
PARKING		742
GAS		680
UNIFORMS		5,073
Total:	\$	94,476

MANAGEMENT AND GENERAL

Description		Amount
RENT AND LEASE	\$\$	13,220
POSTAGE AND DELIVERY		301
PAYROLL PROCESSING EXPENSES		675
OFFICE SUPPLIES AND SOFTWARE		4,552
MISCELLANEOUS EXPENSE		43
HEALTH INSURANCE		3,119
INCENTIVES AND GIFTS		212
FINANCE FEES		3,498
PARKING		188
BANK CHARGES AND FEES		297
TELEPHONE		3,588
TAXES AND LICENSES		30
TAGE AND DELIVERY ROLL PROCESSING EXPENSES ICE SUPPLIES AND SOFTWARE CELLANEOUS EXPENSE LTH INSURANCE ENTIVES AND GIFTS ANCE FEES KING K CHARGES AND FEES EPHONE		29,723

Depreciation Detail Listing

Management & General

2019

PAGE 1

See "UBIA" in lower right corner.

Name(s) as shown on return

* Item is included in UBIA for Section 199A calculations.

For your records only

Social security number/EIN

1	PROJECT PNEUMA INC												47	-3524536		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	N	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	VAN	12312017	70,000		100.00			70,000	7	SL	MQ	14.286	5,100	3,050	8,150	3,050
2	FURNITURE	03182018	2,126		100.00			2,126	7	SL	HY	14.286	38	304	342	304
3	COMPUTERS	01032019	1,821		100.00			1,821	5	SL	HY	10		182	182	182
3 4	COMPUTERS	01032019	828	1	100.00			828		SL	НА	10		83	83	83
	Totals		74,775					74,775					5,138	3,619	8,757	3,619

3,619

