Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

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.

Open to Public Inspection

Form 990 (2018)

<u>A</u>	For th	e 2018 calend	lar year, or tax year beg	jinning	, 2018, and ending							
В	Check if	applicable:	C Name of organization PRO	DJECT PNEUMA INC			, 20 D Employer identification no.					
Ц	Address	change	47-3524536									
	Name ch	nange	Number and street (or P.O.	box if mail is not delivered to street ac	dress)	Room/suite	E Telephone number					
	Initial ret	urn	6TH FL									
	Final ret	urn/terminated	25 W FAYETTE City or town, state or proving	code	OIII EII	(443) 992-7123						
	Amende	d return	BALTIMORE, MD		3000		G Gross receipts					
	Applicati	on pending	F Name and address of princi		OFD.	T	\$ 178,304					
_		return for subordinates? Yes No										
ı	Tax-exer	dinates included? Yes No										
	Website	ttach a list. (see instructions)										
	Form of o	nption number										
	rt I	of legal domicile: MD										
	1	Summary Briefly descri										
	1.			sion or most significant activi		LIFE HOLISTIC	ALLY INTO THE					
ce	YOUNG MEN WE CEDVE DY CHAILENGING MURIC TAMBLE CONTROL											
Activities & Governance		NURTURING	G THEM EMOTIONAL	LY AND UPLIFTING T	HEM SPIRITUALLY							
Je II		01 1 111 1	П									
9	2	Check this bo	ox ► ☐ if the organization	on discontinued its operations	or disposed of more than 25%	of its net assets.						
ංජ	3	Number of vo	oting members of the gov	erning body (Part VI, line 1a)	$\cdots $		3 18					
ies	4	Number of in	dependent voting membe	ers of the governing body (Pa	rt VI, line 1b)		4 0					
Ĭ.	5	Total number	of individuals employed	in calendar year 2018 (Part \	/, line 2a)	.)	5 0					
Aci	6	lotal number	of volunteers (estimate i	f necessary)			6					
	7a	l otal unrelate	ed business revenue from	n Part VIII, column (C), line 12		A	7a 0					
	b	Net unrelated	business taxable incom	e from Form 990-T, line 38		M.	7b 0					
				A		Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line	e 1h)		159,						
nue	9	Program serv	ice revenue (Part VIII, lin	ne 2g)			28,100					
Revenue	10	Investment in	estment income (Part VIII, column (A), lines 3, 4, and 7d)									
ď	11	Other revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11	e)		0					
	12	Total revenue	- add lines 8 through 11	ines 8 through 11 (must equal Part VIII, column (A), line 12)			172 178,304					
	13	Grants and si	milar amounts paid (Part	IX. column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	133,	178,304					
	14	Benefits paid	to or for members (Part I	X. column (A), line 4)			0					
10	15				A), lines 5-10)		39 91 5					
Expenses	16a	Professional f	fundraising fees (Part IX,	column (A), line 11e)			38,815					
ber	b	Total fundrais	ing expenses (Part IX, co	Jumps (D) line OE) b	0		0					
Ж	17	Other expense	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)	• • • • • • • • • • • • • • • • • • • •	84,	126 90 362					
	18	Total expense	s. Add lines 13-17 (mus	f equal Part IX column (A) lir	ne 25)	84,						
	19	Revenue less	expenses. Subtract line	10 from line 10		75,						
Ses				TO MONTHING 12								
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)			Beginning of Current Y						
Ass	21	Total liabilities			<u></u>	75,	046 125,173					
Fun	1			line 21 from line 20			0					
Par	t II	Signature	e Block	inie z i nominie zv	• • • • • • • • • • • • • • • • • • • •	75,	046 125,173					
Under	penaltie	s of perjury, I decla	are that I have examined this retu	rn including accompanying scheduler	and statements, and to the best of my k	roudedee and halief it is						
true, c	orrect, a	nd complete. Decla	aration of preparer (other than off	icer) is based on all information of whi	ch preparer has any knowledge.	thowledge and belief, it is						
	h	DAMTO	N COOPER									
Sign		Signature										
Here	, ,						Date					
11010			N COOPER, EXECUT int name and title	IVE DIRECTOR								
		1										
Paid		Print/Type prepa		Preparer's signature	Date	Check X	if PTIN					
Prep			D Adams CPA			self-employed	P01551646					
				Associates CPA LLC		Firm's EIN ▶						
OSE	Only	Firm's address		ing Road		Phone no.						
Maria	100	طالع من ال		LEY MD 21031		410	-583-5811					
				own above? (see instructions)		🛚 Yes 🗌 No					
For Pa	aperwo	ork Reduction	Act Notice, see the se	parate instructions.			Form 990 (2018)					

	n 990 (2018) PROJECT PNEUMA INC 47-3524536 Page 2
Pa	rt 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:
	TO BREATH NEW LIFE HOLISTICALLY INTO THE YOUNG MEN WE SERVE BY CHALLENGING THEM
	INTELLECTUALLY STRENGTHENING THEM PHYSICALLY NURTURING THEM EMOTIONALLY AND UPLIFTING THEM
	SPIRITUALLY
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and total expenses, and revenue, it any, for each program service reported.
4a	(Code:) (Expenses \$ 87,161 including grants of \$) (Revenue \$ 178,304)
	WE KNEW THAT WE WERE SELECTED FOR THE FEDERAL GRANT FOR SOCIAL AND EMOTIONAL LEARNING AND THE
	FACT THAT THEY WON THE 90000 GRANT FROM PERMANENTE. WE CAN NOW GO FULL TIME WITH PROJECT
	PNEUMA NOW ABLE TO GO FROM 100 BOYS TO 450 BOYS. THE ONLY ORGANIZATION THAT WAS CHOSEN OUT OF
	BALTIMORE, ALL OTHERS ARE NATIONAL.
46	(Code)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
· ***	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 87,161

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?........ 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 X 5 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 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," 8 Χ 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 Χ 13 Χ 13 14a X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?...... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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 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 23 X 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 X 37 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No d c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part V

Yes 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country: b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b C 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? h 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Χ If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q Χ 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? X 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b X 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а h 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 other sources (Do not net amounts due or paid to other sources 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 12b b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O.

No

Form 990 (2018) PROJECT PNEUMA INC 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		21
	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-23
C	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		X
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
	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	4209-070-10-32.70	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			- 2 3
	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	STATE CONTROL	

Section 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
19	Describe in Schedule O whether (and if so how) the organization made its governing documents, conflict of interest action, 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:

-			
-orm	990	(2018)	

PROJECT PNEUMA INC

47-3524536

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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.

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

Check this box if neither the organization nor any relat	ed organizatio	n com	pens	ated a	anv current	officer, director, or to	rustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do	not che c, unles cer and	Positi eck mor is perso d a direc	on re than one on is both an otor/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GRANVILLE TEMPLETON III		il.		-				
BOARD CHAIRMAN (2) ALAINA BEVERLY		X		_		0	0	0
BOARD MEMBER		X						200
(3) JOHN T BULLOCK		Λ	ERST	+		0	0	0
BOARD MEMBER	- 7-7-	X					0	•
(4) ROBERT FERGUSON		21		_		U	0	0
BOARD MEMBER		Χ				٥	0	0
(5) EDWARD GILLESPIE						Ĭ	0	
BOARD MEMBER	[Х				o	0	0
(6) GEORGE JAMES, DR								
BOARD MEMBER		Χ				o	0	0
(7) DIONNE JOYNER WEEMS	L							
BOARD MEMBER		X				o	0	0
(8) DAMION COOPER	40.00							
EXECUTIVE DIRECTOR				X		110,000	0	0
(9) LADAMIEN MYERS	40.00							
CHIEF OPERATING OFFICER (10)				X		0	0	0
(10)						0.1		
(11)		-	-	+				
2.9								
<u>(12)</u>								
<u>(13)</u>				+				
<u>(14)</u>			-					-

1 6	Section A. Officers, Directors, Trustees	, Key Empl	oyees	, an	d Hi	ighe	st Co	mpei	nsated Employee	s (continued)			
	444					(C)					T		
(A) Name and title			(B) Position (do not check more than one box, unless person is both an						(D)	(E)		(F)
									Reportable	Reportable		Estima	ated
		hours per officer and a director/trustee))	compensation	compensation from		amoun	
		hours for	9 8	a 8	ns c	9	en	1 2	from the	related organizations		othe	
		related	or director	Individual trustee		Officer	employee Kev employee	Former	organization	(W-2/1099-MISC)	0	ompens from t	
		organizations	ğ	10 10	OD S		/ee	3	(W-2/1099-MISC)		,	organiza	
		below dotted line)		uste u	3		vee Tipe				1	and rela	
	8		1	5	100		100				0	organiza	itions
							e d						
(15)				-	-	\vdash	-						
(16)			-	-	-	-	-						
7.5/													
(17)						_							
7,7)													
(18)													
(10)													
(40)													
<u>(19)</u> _													
(0.0)													
(20)_													
						-41575	1						
<u>(21)</u> _													
<u>(22)</u>				4			A				+		
						16							
(23)_						Willy	1				-		
		1					A I	ALTERNATION OF THE PERSON OF T					
(24)						À		-+					
		- (7						
(25)		1		\dashv	+			+					
				b.									
1b	Sub-total							-					
С	Total from continuation sheets to Part VII, Section	,	A	• •	• •	• •	• • • •	-					
d	- CONTRACTOR A VOICE AND A VOI	WILLIAM .	A.	٠.		٠.	• • •	-					
2		• • • • • •	· · ·	• •	•••	• •	• • •	-	110,000	0			0
_	Total number of individuals (including but not limited to reportable compensation from the organization	o those liste	d abov	ve) w	vho	rece	ived m	ore t	than \$100,000 of				
	reportable compensation from the organization									1			
3	Did the organization list and former			15								Yes	No
•	Did the organization list any former officer, director, or	or trustee, k	ey em	ploy	ee,	or h	ighest	com	pensated				
4	employee on line 1a? If "Yes," complete Schedule J i	for such ind	ividuai					• •			3		X
7	For any individual listed on line 1a, is the sum of report	table compe	ensatio	n an	d ot	ner o	comper	nsatio	on from the		- 1		
	organization and related organizations greater than \$	150,000? <i>If</i>	f "Yes,	" cor	mple	ete S	Schedu	le J	for such				
-	individual			٠.		٠.					4		X
5	Did any person listed on line 1a receive or accrue com	pensation fr	om an	y uni	relat	ted o	organiz	ation	or individual				
24!	for services rendered to the organization? If "Yes," co	mplete Sch	edule	J for	r suc	ch p	erson				5		X
	on B. Independent Contractors												
1	Complete this table for your five highest compensated in	ndependent	contra	ctor	s tha	at re	ceived	more	e than \$100,000 of	f			
	compensation from the organization. Report compensa	tion for the	calend	lar ye	ear e	endi	ng with	or w	ithin the organizat	ion's tax			
	year.								,•				
	(A)								(B)			C)	
	Name and business address								Description of ser	vices		ensation	1
											Compe	, Jadol	·
								+					
								\dashv					
								\dashv				-	
2	Total number of independent contractors (including but	not limited	to thos	se lie	sted :	aho	ve) wh						
	received more than \$100,000 of compensation from the	organizatio	on 🕨		.54		. 0/ 1111						

47-3524536 Page 9 Form 990 (2018) PROJECT PNEUMA INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (A) Unrelated Revenue excluded from tax Total revenue exempt husiness under sections 512-514 revenue 1a Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts Membership dues 1b c Fundraising events 1c d Related organizations 1d 150,204 e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 150,204 Total. Add lines 1a-1f **Business Code** Program Service Revenue 28,100 28,100 2a FEE FOR SERVICE 624100 f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a

Business Code

28,100

178,304

11a b

b Less: cost of goods sold b

Miscellaneous Revenue

c Net income or (loss) from sales of inventory

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co		nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total Oxpolioos	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		0		
	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	(4)			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,815	38,815		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	_			
а	Management				
b	Legal			1 -00	
C	Accounting	1,500		1,500	
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.)	15 610	Agen.	15,618	
12	Advertising and promotion	15,618	10 200	8,100	
13	Office expenses	18,409	10,309	8,100	
14	Information technology				
15	Royalties				
16	Occupancy	1,761		1,761	
17	Travel	1,761		1,701	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	5,138		5,138	
23	Insurance	8,899		8,899	
24	Other expenses. Itemize expenses not covered				
4	above (List miscellaneous expenses in line 24e. If		1		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACTORS	30,387	30,387		
b	DUES AND SUBSCRIPTIONS	3,800	3,800		
c	MEALS AND ENTERTAINMENT	2,775	2,775		
d	SPECIAL EVENTS	1,075	1,075		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	128,177	87,161	41,016	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here		1		
	following SOP 98-2 (ASC 958-720)				F 000 (2019)

Form 990 (2018)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 50,085 1 5,046 1 2 2 3 3 4 8,100 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 7 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10c 66,988 70,000 5,138 Less: accumulated depreciation 10b b 11 11 12 12 13 13 14 14 15 15 125,173 75,046 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 26 Organizations that follow SFAS 117 (ASC 958), check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here $\quad \blacktriangleright \ \boxed{\boxtimes} \ \ \$ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 75,046 32 125,173 Retained earnings, endowment, accumulated income, or other funds 32 125,173 33 75,046 33 34 125,173 75,046 34 Form 990 (2018)

Form 9	990 (2018) PROJECT PNEUMA INC 4	7-352453	6	Pa	ge 12
Parl	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	78,3	
	Total expenses (must equal Part IX, column (A), line 25)	2	1	28,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		50,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75,0	46
	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10]	.25,:	.73
Par	t XII Financial Statements and Reporting				П
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	Yes	No
				res	NO
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		2a	Χ	BE OTHER WAR
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		20	23	
	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				
	Li Coparato Datos		. 2b		Х
b	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both: Separate basis				
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
٥-	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				West X Months Williams
3a	the Single Audit Act and OMB Circular A-133?		. 3a		X
1-	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
a	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
	required addition addition, explain why in Schedule of and describe dry stope taxon to an angle of the stope taxon to an analysis of the stope taxon		Form	990 ((2018)
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.

2018 Open to Public

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

OMB No. 1545-0047

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 No (A) (B) (C) (D) (E)

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	produce comprete	· are m.)	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				159,172	158,204	317,376
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities fumished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				159,172	158,204	317,376
5	The portion of total contributions by						327,370
	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			(A)			317,376
Sec	tion B. Total Support						317,370
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(-7			159,172	158,204	317,376
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					230,202	327,370
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 .			the second of the transport of the second			317,376
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first	second, third, four	rth, or fifth tax vea	r as a section 501(c)	(3)	▶ 🏻
14	tion C. Computation of Public Su						
14 15	Public support percentage for 2018 (line 6, co					14	%%
	Public support percentage from 2017 Schedu						%
16a	33 1/3% support test - 2018. If the organization						
h	box and stop here. The organization qualifi						▶ ⊔
D	33 1/3% support test - 2017. If the organization have and star have The						
170	this box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test - 2018						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "facts						
L	organization						▶ □
b	10%-facts-and-circumstances test - 2017.					ne	
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet			-			
8	supported organization						▶ ⊔
U	Private foundation. If the organization did r						
	instructions						>

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT PNEUMA INC

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 APPOVA	L 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 D	IRECTORS
O3 Other officer or her and a second of the	
O3. Other officer or key employee compensation (Part VI, line 15b) OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS BASED UPON THE MARKET RA	ATE FOR THE POSITION
HELD. EXECUTIVE DIRECTOR HAS THE AUTHORITY TO APPROVE THE SALARIES OF T	THESE POSITIONS
	
04. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS AVAILABLE UPON REQUEST	

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 179

	(a) shown on return	Dusiness of	activity to will	cit tills form relates		identifying number
PR	DJECT PNEUMA INC	FOR	M 990	- 1		47-3524536
Pa				*****************		
	Note: If you have any listed property, comple			mplete Part I.		
1	Maximum amount (see instructions)				1	
2	Total cost of section 179 property placed in service (see instr	ructions)			2	
3	Threshold cost of section 179 property before reduction in lim		ructions)		3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or le				4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero		0 If marri	ed filing		
	separately, see instructions				5	
6	(a) Description of property		ousiness use o		cted cost	
						The state of the s
7	Listed property. Enter the amount from line 29			7		
8	Total elected cost of section 179 property. Add amounts in co	olumn (c), lines	6 and 7 .		8	The part of the country of the respect to the part of the second of the
9	Tentative deduction. Enter the smaller of line 5 or line 8					
10	Carryover of disallowed deduction from line 13 of your 2017 F	form 4562 .			10	
11	Business income limitation. Enter the smaller of business income		nan zero) o	r line 5. See inst	uctions 11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't			AND THE PARTY OF T	(1000a)	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 1		8	13		
Note	: Don't use Part II or Part III below for listed property. Instead		-			
Pa			iation (Don't include	isted proper	rty. See instructions.)
14	Special depreciation allowance for qualified property (other th	AND CONTRACTOR OF THE PARTY OF	Managarian "Wangarian	High Village Manufacture and British St. (1997)	17	ĺ
	during the tax year. See instructions		. V. A		14	
15	Property subject to section 168(f)(1) election				15	
16	Other depreciation (including ACRS)	VERNOUS .	-			
Pa	rt III MACRS Depreciation (Don't include liste					
		Section A				
17	MACRS deductions for assets placed in service in tax years I	beginning befor	e 2018 .		17	
18	If you are electing to group any assets placed in service during	100A				
	asset accounts, check here	A ASSESS				
	Section B - Assets Placed in Service Duri	ng 2018 Tax	Year Usi	ng the Gener	al Deprecia	tion System
		s for depreciation s/investment use	(d) Recover	V		
		ee instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
С	7-year property					
d	10-year property					
е	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental		27.5 yrs.	MM	S/L	
	property		27.5 yrs.	MM	S/L	
i	Nonresidential real		39 yrs.	MM	S/L	
	property			MM	S/L	
	Section C - Assets Placed in Service During	2018 Tax Ye	ar Using	the Alternativ	e Deprecia	tion System
20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
	30-year		30 yrs.	MM	S/L	
	40-year		40 yrs.	MM	S/L	
	t IV Summary (See instructions.)					
21	Listed property. Enter amount from line 28				21	5,138
22	Total. Add amounts from line 12, lines 14 through 17, lines	19 and 20 in co	lumn (g), a	nd line 21. Ente		
	here and on the appropriate lines of your return. Partnerships				22	5,138
23	For assets shown above and placed in service during the curr			T		•
	portion of the basis attributable to section 263A costs		1	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	nformation (Cau	tion: See t	he instr	uctions fo	or limits	s for pa	ssenge	r autor	nobiles.)
24a Do you have evide	nce to support the	business/invest	ment use claimed?	Yes	☐ No	24b If "	Yes," is	the evid	dence wi	itten?	Yes	No
(a) Type of property (list vehicles first)			(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	very Method/		(h) Depreciation deduction		(i) Elected section 179 cost	
25 Special depreciati	on allowance for	qualified liste	d property placed in	service duri	ng			T				
			ied business use. S					25				
26 Property used mo	re than 50% in a	qualified bus	iness use:									No. No. of Contract of Contrac
VAN							7 s/L-MQ 5					
FURNITURE	URNITURE 11012018100.		2,126	2,126		7 s/L-MQ		MQ	38			
		%										
27 Property used 509	% or less in a qu	alified busine	ss use:									
		%	5					1011010 - 101101				
	%					S/L-						
		%				S/L-						
28 Add amounts in co	olumn (h), lines 2	5 through 27.	Enter here and on I	ine 21, page	1			28	5,	138		
29 Add amounts in co	olumn (i), line 26.	Enter here a	nd on line 7, page 1			🤄	.			29		
		Se	ection B - Inform	ation on L	lse of V	ehicles						
Complete this section t	for vehicles used	by a sole pro	prietor, partner, or o	other "more t	han 5%	owner," or	related	person.	If you pr	rovided	vehicles	
to your employees, firs	t answer the que	stions in Sect	ion C to see if you n	neet an exce	ption to	completing	this se	ction for	those ve	ehicles.		
			(a)	(b)	(c)	(d))	(e)	(1)
30 Total business/inv	estment miles dr	iven during	Vehicle 1	cle 3	cle 3 Vehicle 4 Vehicle 5				Vehicle 6			
the year (don't inc	clude commuting											
31 Total commuting n	niles driven durin											
32 Total other person	al (noncommutin	g)					Allen					
miles driven												- p
33 Total miles driven	during the year.	Add										
lines 30 through 33	2											
4 Was the vehicle available for personal			Yes No Y	es No	Yes	No	Yes	No	Yes	No	Yes	No
use during off-duty hours?												
35 Was the vehicle us	sed primarily by	a more										
than 5% owner or	related person?											
36 Is another vehicle												
	Section C - Q	uestions fo	or Employers Wh	no Provide	Vehicle	es for Us	se by 1	heir E	mploye	ees		
Answer these quest	tions to determ	ine if you m	eet an exception	to complet	ng Sec	tion B for	vehicle	es use	by em	ployee	s who a	ren't
more than 5% owne	ers or related p	ersons. See	instructions.	W-1000-1-1							, , , , , , , ,	
37 Do you maintain a	written policy sta	rohibits all personal	nuting, l	uting, by			Yes	No				
your employees?	your employees?											
38 Do you maintain a	written policy sta	atement that p	rohibits personal us	e of vehicles	, except	commuting	g, by yo	ur				
employees? See the	ne instructions for	vehicles use	d by corporate offic	ers, director	s, or 1%	or more ov	wners					
39 Do you treat all us	150											
40 Do you provide mo			200 (0.0)	ormation fror	n your er	nployees a	bout the	Э				
use of the vehicles												
1 Do you meet the requirements concerning qualified automobile demonstration use? See instructions												
Note: If your answ	ver to 37, 38, 39,	40, or 41 is '	'Yes," don't complet	te Section B	for the c	overed ve	hicles.					
Part VI Amor	tization											
(a) Description of	(a) Date amo			(c) tizable amount			Code section		(e) Amortization period or percentage		(f) rtization for this year	
42 Amortization of co	sts that begins du	uring your 201	8 tax year (see instr	uctions):								
43 Amortization of co	sts that began be	fore your 201	8 tax year					[43			
44 Total. Add amoun								- 1	44			
EEA										Fo	rm 4562	(2018)