Form 990-EZ

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the vear may use this form year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30		<u>, 2009</u>	
В	Check if applicable	Employer ı	dentification number	
	Address change   Please   PROJECT APIS M	20-8345956		
	Name change label or 1750 DAYTON ROAD	Telephone number		
	tested seture CHTCO CA 05000	530 894-5494		
	Termination See Specific	<u>530 8</u>	94-5494	
	Amended return Instruc-	Group E	xemption	
	Application pending	Vumber	<b>&gt;</b>	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting methods of the completed Schedule A (Form 990 or 990-EZ).		Cash X Accrual	
			ganization is <b>not</b> dule B (Form 990,	
-			uule D (I OIIII 550,	
	Organization type (check only one) = [A] 501(c) ( 5 ) ~ (insert no) [ 14547(a)(1) or [ 1527 ]		A a Ha a a	
	Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are nor \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		or more than	
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	►\$	209,681.	
D	Instead of Form 930-22  Int I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins			
<u>[Fd</u>	<del>                                      </del>	7 4 1	208,869.	
	1 Contributions, gifts, grants, and similar amounts received	<del></del>	200,009.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4	812.	
	5a Gross amount from sale of assets other than inventory 5a 5a	_		
	b Less cost or other basis and sales expenses 5b	_		
Ŗ	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5c		
ν	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
R E V E N U	a Gross revenue (not including \$ of contributions			
U E	reported on line 1) 6a	1		
-	b Less direct expenses other than fundraising expenses 6b	- 1		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
		80		
	7a Gross sales of inventory, less returns and allowances	-		
	b Less cost of goods sold 7b	-		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe >)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	209,681.	
	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 RECEIVED	10	257,287.	
_	11 Benefits paid to or for members	11		
EX		12		
P	13. Business and other normants to independent of the section of	13	585.	
EXPENSE	13 Professional fees and other payments to independent optimactors CT 1 3 2009	14		
Ē	14 Occupancy, Terri, uninces, and maintenance	15		
S	15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 2 OGDEN: 1.1	40	23,142.	
		► 17		
	17 Total expenses (add lines 10 through 16)	+ +	281,014.	
А	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-71,333.	
RAIS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19	105,798.	
ÖĘ	figure reported on prior year's return).		103, 130.	
≱ s	20 Other changes in net assets or fund balances (attach explanation)	20	24 465	
3	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	34,465.	
SCANNE	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 insti			
Ö	(See the instructions for Part II.)  (A) Beginning of y		(B) End of year	
$z^{22}$			102,640.	
C 23	· · · · · · · · · · · · · · · · · · ·	23		
≥ 24	· · · · · · · · · · · · · · · · · · ·	24		
<b>2</b> 5			102,640.	
<b>№</b> 26	Total liabilities (describe ► SEE STATEMENT 3 ) 47,30	5. 26	68,175.	
27	<del></del>	8 . 27	34,465.	
€BA	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form <b>990-EZ</b> (2008)	

	990-EZ (2008) PROJECT APIS M				-83 <sub>4</sub>	45956	Paqe 2
Part	III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses	
Descri descri	the organization's primary exempt purpose? SE be what was achieved in carrying out the the services provided, the number of	E STATEMENT 4 e organization's exempt purpo persons benefited, or other r	oses. In a clear and cor elevant information for	ncise manner, each	and 4947	uired for 501(c)(3 (4) organizations (a)(1) trusts, opt	and
	m title FUNDING OF SCIENTIFIC RES	SEARCH PROJECTS AND	INDUSTRY COMM	UNICATION.	for o	thers.)	
-							
-	Grants \$ ) If th	is amount includes foreign gr	ants, check here		28 a		
29 _	. <b></b>	<b>-</b>					
-							
-	Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶	<b>29</b> a		
30 _		<del></del>					
- -	Conta				20		
	Grants \$ ) If th Other program services (attach schedule	is amount includes foreign gr.	ants, check here		30 a		
		is amount includes foreign gr	ants, check here	▶ □	31 a		
	otal program service expenses (add lin		. <u> </u>	•	32		
Part	IV List of Officers, Directors			1			
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensal	is and	(e) Expense ac and other allow	count vances
	CUMMINGS DAYTON ROAD	CHAIRMAN	0.		0.		0.
	CO, CA 95928	U				į.	
	JOHNSTON	SECRETARY	0.		0.		0.
	8 FARALLON ROAD	0					
	CRA, CA						
	TRAYNOR	DIRECTOR	0.		0.		0.
	RSFIELD, CA	U					
	E_PARK	DIRECTOR	0.		0.		0.
	DESCHUTES ROAD	0					
	CEDRO, CA	DIDECTOR					
	MACILVANE 1 EAST LORDO HWY	DIRECTOR	0.		0.		0.
	ERSFIELD, CA	U					
	BRANDI	DIRECTOR	0.		0.		0.
	6 S. JOHNSON RD	0					
	BANOS, CA 93635						
	BROWNING NORTH 5TH EAST	DIRECTOR	0.		0.		0.
	NORTH 51H EAST	U					
	D MENDES	DIRECTOR	0.		0.		0.
	3 RABUN GAP DRIVE	0					
	ORT MEYERS, FL 33917						
	S HEINTZ	EXECUTIVE DIREC	18,515.		0.		0.
	W_PASEO_BOLSA N VALLEY, AZ 85614	U					
			-				
BAA			1/14/09			Form <b>990-EZ</b>	(2008)

Forn	1 990-EZ (2008) PROJECT APIS M	20-8345950	5	P	age <b>3</b>
Par		uction V.)			
	· ·	1		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a each activity	a detailed description of	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conforme	ed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu	it <b>no</b> t reported on Form 990-T.			
-	attach a statement explaining your reason for not reporting the income on Form 990-T	,			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice	e, reporting, and	25 -		v
	proxy tax requirements? o If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	ì	35 a 35 b		<u>X</u>
	ŕ				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
3 <b>7</b> a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.			
Ŀ	Did the organization file Form 1120-POL for this year?		37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key er any such loans made in a prior year and still unpaid at the start of the period covered by this re	mployee <b>or</b> were eturn?	38 a		Х
t	of 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	:		
39	501(c)(7) organizations. Enter	36B N/A	:		
		39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities.	39b N/A	-		
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unde	l l	1		
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955				
t	•501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	t transaction during the	40 Ь		
c	Enter amount of tax imposed on organization managers or disqualified persons during the				
	year under sections 4912, 4955, and 4958	0.			
	Enter amount of tax on line 40c reimbursed by the organization	▶0.	:		
€	All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	tax	40 e		X
41	List the states with which a copy of this return is filed CA				
<b>42</b> a	The books are in care of F DAN CUMMINGS	Telephone no ► 530 89	4-5	494	
	Located at ► 1750 DAYTON ROAD CHICO CA	ZIP + 4 ► 95928			
			Г	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fina		42b	163	X
	If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Finance	rial Accounte		-	
c	At any time during the calendar year, did the organization maintain an office outside of the U S	· · · · · · · · · · · · · · · · · · ·	42c		Х
	If 'Yes,' enter the name of the foreign country.				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Checi	k hara		<b>-</b> □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A
				ĭ	
		Г		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed of Form 990-EZ	ınstead	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section	512/h)/13\2 If 'Vee '			<u> </u>
	Form 990 must be completed instead of Form 990-EZ		45		X
BAA	TEEA0812L 01/14/09	For	m <b>990</b>	-EZ (	2008)

Form	990.F7	(2008)	PROJECT	APTS	М
rorm.	99U-E-C	(ZUUO)	LUCCI	WL TO	1.1

20-8345956

N/A

895-1209 ►|X| Yes | No

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Phone no

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Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 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 46 46 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization(s) a section 527 organization? 49 h 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (b) Title and average (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 devoted to position Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, carrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Chairman Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid WROGHT 8/28/09 MICHAEL E. CPA employed N/A Pre-Firm's name (or yours if self employed), address, and ZIP + 4 HARRISON-DAILEY-WRIGHT ACCTY. CORP parer's

590 VALLOMBROSA AVENUE

CHICO, CA 95926

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

BAA

2008 ·	FEDERAL STATEMENTS		PAGE 1
	PROJECT APIS M		20-8345956
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	'S PAID	,	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	RESEARCH GRANT CHRISTI HEINTZ 615 W PASEO BOLSA GREEN VALLEY, AZ 85614	\$	59,287.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	RESEARCH GRANT BVS INC 795 PORTER HILL RD STEVENSVILLE, MT 59870	\$	3,600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	RESEARCH GRANT BEE ALERT TECHNOLOGY INC 1620 RODGERS ST, SUITE 1 MISSOULA, MT 59802	\$	36,000.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY:	RESEARCH GRANT PENNSYLVANIA STATE UNIVERSITY UNIVERSITY PARK, PA 16802 RESEARCH GRANT	\$	14,475.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN: CLASS OF ACTIVITY:	CONNECTICUT AGRICULTURAL EXPERIMENT 123 HUNTINGTON ST NEW HAVEN, CT 06504 RESEARCH GRANT	nt \$	11,700.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	UNIVERSITY OF CALIFORNIA REGENTS 900 UNIVERSITY AVE RIVERSIDE, CA 92521	\$	132,225.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
COMMUNICATION EXPENSES CONTRACT SERVICES TRAVEL	T	\$ OTAL <u>\$</u>	4,243. 18,515. 384. 23,142.

2008

## **FEDERAL STATEMENTS**

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**PROJECT APIS M** 

20-8345956

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

GRANTS PAYABLE

	B	<u>EGINNING</u>	ENDING
TOTAL	\$	47,305.	\$ 68,175
	\$	47,305.	\$ 68,175

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION WAS ESTABLISHED TO FUND HONEY BEE RESEARCH ON MANAGED COLONIES WITH THE GOAL TO FUND AND DIRECT RESEARCH TO IMPROVE THE HEALTH AND VITALITY OF HONEY BEE COLONIES WHILE IMPROVING CROP PRODUCTION. FUNDING IS TO BE RECEIVED FROM VOLUNTARY INDUSTRY CONTRIBUTIONS, SUPPORT FROM OTHER BUSINESS GROUPS ASSOCIATED WITH THE HONEY BEE INDUSTRY AND GOVERNMENTAL GRANTS.