



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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 \$500,000 and total assets less than \$1,250,000 at the end of the 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

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
PROJECT APIS M
1750 DAYTON ROAD
CHICO, CA 95928

D Employer identification number
20-8345956

E Telephone number
530 894-5494

F Group Exemption Number

• 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 method. ☐ Cash ☒ Accrual
 Other (specify)

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.PROJECTAPISM.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (5) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 207,434.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1															1	207,056.											
	2															2												
	3															3												
	4															4	378.											
	5a															5a												
	b															5b												
	c															5c												
	6															6												
	a															6a												
	b															6b												
EXPENSES	c															6c												
	7a															7a												
	b															7b												
	c															7c												
	8															8												
	9															9	207,434.											
	10															10	47,937.											
	11															11												
	12															12	41,331.											
	13															13	522.											
ASSETS	14															14												
	15															15												
	16															16	17,275.											
	17															17	107,065.											
	18															18	100,369.											
	19															19	34,465.											
	20															20												
	21															21	134,834.											

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
 (See the instructions for Part II.)

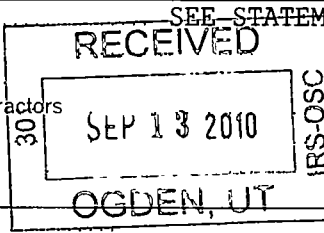
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	102,640.	191,034.
23	Land and buildings		
24	Other assets (describe <u> </u>)		
25	Total assets	102,640.	191,034.
26	Total liabilities (describe <u>SEE STATEMENT 3</u>)	68,175.	56,200.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,465.	134,834.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED SEP 30 2009



Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 FUNDING OF SCIENTIFIC RESEARCH PROJECTS AND INDUSTRY COMMUNICATION.(Grants \$) If this amount includes foreign grants, check here ☐**28a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DAN CUMMINGS 1750 DAYTON ROAD CHICO, CA 95928	CHAIRMAN 4.00	0.	0.	0.
DAVID MIKSA 13404 HONEYCOMB RD GROVELAND, FL 34736	DIRECTOR 0.25	0.	0.	0.
JOE TRAYNOR PO BOX 2144 BAKERSFIELD, CA	SECRETARY 0.25	0.	0.	0.
JOHN MILLER 5427 HIGHWAY 56 GACKLE, ND 58442	DIRECTOR 0.25	0.	0.	0.
JOE MACILVANE 33141 EAST LERDO HWY BAKERSFIELD, CA 93308	DIRECTOR 0.25	0.	0.	0.
GENE BRANDI 15346 S. JOHNSON RD LOS BANOS, CA 93635	DIRECTOR 0.25	0.	0.	0.
ZAC BROWNING 3270 86TH AVE SOUTHWEST JAMESTOWN, ND 58401	DIRECTOR 0.25	0.	0.	0.
DAVID MENDES 11253 RABUN GAP DRIVE N. FORT MEYERS, FL 33917	DIRECTOR 0.25	0.	0.	0.
CHRIS HEINTZ 615 W PASEO BOLSA GREEN VALLEY, AZ 85614	EXECUTIVE DIREC 4.50	41,331.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **DAN CUMMINGS** Telephone no **530 894-5494**
 Located at **1750 DAYTON ROAD CHICO CA** ZIP + 4 **95928**

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ **N/A**
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** **N/A**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 X		

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|----|
| 46 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 | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| 49b If 'Yes,' was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's 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'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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

d Total number of other independent contractors each 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date

Signature of officer: Arthur Daniel Cummings Date: 9/8/10

Type or print name and title: Arthur Daniel Cummings Chairman

Paid Preparer's Use Only

Preparer's signature: <u>MICHAEL E. WRIGHT, CPA</u>	Date: <u>9/02/10</u>	Check if self employed: ☐	Preparer's Identifying Number (See instructions): <u>N/A</u>
Firm's name (or yours if self employed), address, and ZIP + 4: <u>HARRISON-DAILEY-WRIGHT ACCTY. CORP.</u> <u>590 VALLOMBROSA AVENUE</u> <u>CHICO, CA 95926</u>		EIN: <u>N/A</u>	Phone no: <u>(530) 895-1209</u>

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

PROJECT APIS M

20-8345956

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	RESEARCH GRANT	
DONEE'S NAME:	CHRISTI HEINTZ	
DONEE'S ADDRESS:	615 W PASEO BOLSA GREEN VALLEY, AZ 85614	
CASH AMOUNT GIVEN:		\$ 22,937.
CLASS OF ACTIVITY:	RESEARCH GRANT	
DONEE'S NAME:	BVS INC	
DONEE'S ADDRESS:	5501 HWY 93 N, SUITE 6 FLORENCE, MT 59833	
CASH AMOUNT GIVEN:		\$ 15,000.
CLASS OF ACTIVITY:	RESEARCH GRANT	
DONEE'S NAME:	PENNSYLVANIA STATE UNIVERSITY	
DONEE'S ADDRESS:	501 AST BUILDING UNIVERSITY PARK, PA 16802	
CASH AMOUNT GIVEN:		\$ 10,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

COMMUNICATION EXPENSES	\$ 2,395.
OTHER	10.
TRAVEL	14,870.
TOTAL	\$ 17,275.

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

	<u>BEGINNING</u>	<u>ENDING</u>
GRANTS PAYABLE	\$ 68,175.	\$ 56,200.
TOTAL	\$ 68,175.	\$ 56,200.

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.