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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Activate change BEE CAUSE PROJECT INC Training and street address) Floorn/suite Floor	A 1	FOI LITE	ZU14 Calenda	ar year, or tax year beginning , 2014, and end	ıng			, 20			
Initiat return Ini		-		C Name of organization BEE CAUSE PROJECT INC							
Post submembrated City or fown, state or province, country, and ZIP or foreign postal code SAVANNAH, GA 31410		Name chai	Number and street (or P.O. box, if mail is not delivered to street address) Roor				ohone r	number			
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Website:					1						
Tax-exempt status (check only one)			-					-			
K Form of organization:						-					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If aross receipts are \$200,000 or more, or if total assets [Part I] Cyclumn (8) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					7]	(Form 9	90, 99	0-EZ, or 990-Pr).			
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For Panaguark Paduction Act Notice, see the congrete instructions		ZI Net assets		or fund balances at end of year. Combine lines 18 through 20	<u>: ·</u>	. •	21	7,651			

Cat. No. 10642I

Pai	ш	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments			2,140	22	7,651
23		d and buildings		[23	
24	Othe	er assets (describe in Schedule O)				24	
25	Tota	al assets		[1	2,140	25	7651
26	Tota	al liabilities (describe in Schedule O)		[26)
27		assets or fund balances (line 27 of colum			2,140	27	7651
Par		Statement of Program Service Accord	•		•		
		Check if the organization used Schedul			Part III 🗌	m	Expenses
What	is the	organization's primary exempt purpose?	Educating our yout	about honey bees			ulred for section c)(3) and 501(c)(4)
as m	easure ns bei	ne organization's program service accomp ed by expenses. In a clear and concise r nefited, and other relevant information for e	nanner, describe th ach program title.	e services provided	rogram services, , the number of	orga	nizations; optional for rs.)
28		Program is dedicated to installing education					
		schools to raise awareness amongst our you	ith of the importance	of			
		y bee preservation.					00.040
	(Grant	ts \$ 35,673) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	28a	33,813
29							
	/Cront	\	t includes foreign gra	nto chook boro		29a	
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00					••••••		
	(Grant	s \$) If this amoun	t includes foreign gra	ints, check here	• 🗇	30a	1
31		program services (describe in Schedule O)					
	(Grant		t includes foreign gra			31a	1
20							
32	lotal	program service expenses (add lines 28a					33,813
32 Pari		List of Officers, Directors, Trustees, and Ke	y Employees (list eac	n one even if not com	pensated-see the in	struc	tions for Part IV)
			y Employees (list eac	n one even if not com ny question in this	pensated—see the in	struc	tions for Part IV)
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Part	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	,	
20	Did the appealmention appear to any design at the state of the state o		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	J		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	
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 tax year covered by this return?	38a		×
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	ļ	}
39	Section 501(c)(7) organizations. Enter:	1]	
a b	Initiation fees and capital contributions included on line 9	┪		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0 ; section 4955 ▶ 0			1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			1
0	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		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Mark Haney, CPA Telephone no. ► 912-	503-2	965	
_	Located at ► 211 Johnny Mercer Blvd ZIP + 4 ► 3141	0	1	1
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)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: ► See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	,	,	1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗓
	Listen and the second	·	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	explanation in Schedule O	44d	L.,	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45h		

Form 99	10-EZ (2	014)							Page 4		
:	Distri	ha annonfortion annon altrophic or b	adirectly be solitical a	ampaign activities	an baball	of ar in annual	tion .	Yes			
46		he organization engage, directly or in ndidates for public office? If "Yes," o						• 10)	X		
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only	<u></u>				or lin	. 		
		Check if the organization used Sc	hedule O to respond	to any question i	n this Par	t VI	· · · ·		. 🗆		
41=								Yes	No		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec			tax . 47		×		
48		organization a school as described i					. 48		X		
49a		Did the organization make any transfers to an exempt non-charitable related organization?									
D D							. 49b	00.05	l kov		
50	com	plete this table for the organization's oyees) who each received more thar	s tive nignest compen s \$100 000 of compe	isated employees (reation from the or	oiner inan nanization	i Officers, direct	ors, truste e enter "N	lone †	iu key		
		Name and title of each employee	(b) Average (c) Reportable compensation contribute c			lealth benefits, itions to employee plans, and deferred empensation	(e) Estimate	Estimated amount of other compensation			
								· • • • • • • • • • • • • • • • • • • •			
									··· · · · · · · · · · · · · · · · · ·		
51	Com	number of other employees pald ov plete this table for the organization ,000 of compensation from the orga	's five highest compo	ensated Independe	nt contra	 ctors who each	ı recelved	more	than		
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	service	(c)	Compensati	on			
			······								

					-			· · · · · · · · · · · · · · · · · · ·			
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶ 0						
52	Dld	the organization complete Scheduleted Schedule A			ganization	s must attach	a .▶∏ Yes		No		
	enalties	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than					nowledge and	i bellef,	, it is		
	I tamana to emagnite										
Sign Here		Signature of officer +71/0/41/01 V 0/0	right exe	r directo	Date 5/13/2015						
		Type or print name and title	THE TAKE				1				
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	if PTIN				
Prep		Firm's name		\		Firm's EIN ▶					
	_	Firm's address ►				Phone no.					
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions			Yes		No		