			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
Forr	9 "	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (d	2021	
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public Inspection
-		enue Service	► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	Inspection
Bc	heck if	C Name of	organization	D Employer identifica	tion number
v	Addre	ess Draci	ast Inia M 2 0 Tha		
	Name		ect Apis M 2.0 Inc usiness as Bee & Butterfly Habitat Fund	81-483903	٨
	chang Initial	U	ISINESS AS BEE & BUTTETTY HADITAT Fund and street (or P.O. box if mail is not delivered to street address) Room/su		4
	_returr Final	3270	86th Ave SE	800-407-5	337
	⊥returr termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	349,271.
	Amer returr		stown, ND 58401-9651	H(a) Is this a group retu	•
	Appli dtion		nd address of principal officer: Zac Browning	for subordinates?	
	pendi		as C above	H(b) Are all subordinates inclu	····· = =
		empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or		st. See instructions
			ndbutterflyfund.org	H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ▶ L Y	ear of formation: 2017 M	State of legal domicile: ${ m ND}$
Pa	nrt I	Summary			-
¢	1	Briefly describ	e the organization's mission or most significant activities: Establis	<u>hing high qual</u> :	ity
anc.			tor habitat to ensure pollinator popul		
erná			if the organization discontinued its operations or disposed of m		
Ň			ing members of the governing body (Part VI, line 1a)		10
ن ه	4		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)		10
Activities & Governance			2 12		
ti			of volunteers (estimate if necessary)		0.
Ac			I business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	336,348.	349,271.
anu	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue		•	ome (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,348.	349,271.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
ş	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	13,112.	62,437.
Expenses	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	130.	0.
, ad x	b		ng expenses (Part IX, column (D), line 25)		
ш	11		s (Part IX, column (A), lines 11a-11d, 11f-24e)	286,313.	345,057.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	299,555. 36,793.	407,494. -58,223.
	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Total assats /	last V lina 16)	Beginning of Current Year 329,891.	End of Year 272,097.
Asse Bala	20 21	Total assets (F		13,359.	13,788.
Net /	21		(Part X, line 26) und balances. Subtract line 21 from line 20	316,532.	258,309.
	rt II	Signature			
		-	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		- /
<u>.</u>		Signature	of officer	Date	

▶ Signature of officer Date										
Zac Browning, Board Chair										
Type or print name and title										
Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Christopher Winsley, CPA (
Firm's name 🕨 Eide Bailly LLP		Firm's EIN 4 5-0250958								
Firm's address 🔈 5 Triad Center, S	Ste. 600									
Salt Lake City, U	JT 84180-1106	Phone no. 801-532-2200								
Aay the IRS discuss this return with the preparer shown above? See instructions										
LHA For Paperwork Reduction Act Notice	e, see the separate instructions.	Form 990 (2021)								
	Type or print name and title Print/Type preparer's name Christopher Winsley, CPA Firm's name Eide Bailly LLP Firm's address 5 Triad Center, S Salt Lake City, T Start S discuss this return with the preparer shown above	Zac Browning, Board Chair Type or print name and title Print/Type preparer's name Preparer's signature Christopher Winsley, CPA Christopher Winsley, 05/15, Firm's name Eide Bailly LLP Firm's address 5 Triad Center, Ste. 600 Salt Lake City, UT 84180-1106 RS discuss this return with the preparer shown above? See instructions								

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
<u></u>			```
	that BBHF seed mixes create a greater flower abundance than all comparable programs and habitats.	L OLHE	L
	value and benefit to pollinator health and populations. Results		
	projects that are evaluating the BBHF pollinator seed mixes for	<u>thei</u>	r
	The Bee & Butterfly Habitat Fund staff participated in several		
	high-quality pollinator habitat.		
	and 615+ acres were planted through the Seed A Legacy program		
	corporations, beekeeping groups, and universities. In 2021, 85		
	private landowners, public land managers, solar power farm deve		s,
	the design, establishment, and management of pollinator habitat		
4a	(Code:) (Expenses \$357,798. including grants of \$) (Revenue \$) The Bee & Butterfly Habitat Fund staff provided technical guida	ance o) n
	revenue, if any, for each program service reported. (Code:) (Expenses \$357,798. including grants of \$) (Revenue \$)		```
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, a	nd
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	If "Yes," describe these changes on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
	prior Form 990 or 990-EZ?	Yes	XNo
2	Did the organization undertake any significant program services during the year which were not listed on the		
	scientists, and beekeepers to design and build healthy and sus	<u>aina</u> b	le
	populations thrive. We work with landowners, conservationists,		
	establishing high quality pollinator habitat to ensure pollinat	cor	
•	The Bee & Butterfly Habitat Fund is a nonprofit dedicated to		
1	Check if Schedule O contains a response or note to any line in this Part III		[A]
Fa			X
Form	rt III Statement of Program Service Accomplishments	39034	Page 2
	Ducies t = Ducies M = 0 Tree	0001	•

Form	aan	(2021)
1 01111	330	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X 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 X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
IZd		12a		x
h	Schedule D, Parts XI and XII	120		- 23
D.		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the survey institute and interim a filler survey is a survey of the little distance of the survey of the surve	14a		X
b		<u>.</u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) Project Apis M 2.0 Inc 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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		x
h	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	5 71 1 7 1 71 1	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
~	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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	1
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners?

Form	990 (2021) Project Apis M 2.0 Inc	81-4839	034	P	age 5
Par					ugo
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	IS			77
			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a farcian equation (such as a back account account ac other financial)		1		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		4a		Δ
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
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 th				
		5	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
~	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:		-		
 а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c			
			14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
		t i	4.5		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		16		X
16 17	Is the organization an educational institution subject to the section 4968 excise tax on net investment	any	16		X

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Project Apis M 2.0 Inc

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Part VI	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2										
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on 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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MN, KS, AL, AR, CA, GA, KY, MI, NC	, NH ,	NH,	NM						
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)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial							
	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									
	Lindsey Huber - 800-407-5337									
	3270 86th Ave SE, Jamestown, ND 58401-9651, UT 84126									

See Schedule O for full list of states

Form 990 (2021)	Project Apis M 2.0 Inc	81-4839034 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees
1a Complete this table	for all persons required to be listed. Report compensation for the calen	dar year ending with or within the organization's tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or o	rganizations), 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average Position (do not check more than one					l than d	ne	Reportable	Reportable	Estimated
	hours per	box	increases and a director/trustee)			s both	ı an	compensation	compensation	amount of
	week		cer an	ia a a	recio	ector/trustee)		from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			-
(1) Mary Patten	0.10									
Operating Director	40.00			Х				26,185.	0.	0.
(2) Peter Berthelsen	0.10									
Partnership Director	40.00			Х				10,000.	0.	0.
(3) Zac Browning	1.00									
Board Chair	1.00	Х		Х				0.	0.	0.
(4) George Hansen	1.00									
Vice-Chair	1.00	Х		Х				0.	0.	0.
(5) John Miller	0.50									
Treasurer/Secretary	0.50	Х		Х				0.	0.	0.
(6) Brent Barkman	0.50									
Past Chair	0.50	Х						0.	0.	0.
(7) Gordon Wardell	0.30									
Director	0.30	Х						0.	0.	0.
(8) David Mendes	0.30									
Director	0.30	Х						0.	0.	0.
(9) Gary Shilling	0.30									_
Director	0.30	Х						0.	0.	0.
(10) Tammy Horn Potter	0.50									-
Director	0.50	Х						0.	0.	0.
(11) Mike Andree	0.30									-
Director	0.30	Х						0.	0.	0.
(12) Christine Gemperle	0.30									_
Director	0.30	х						0.	0.	0.
		<u> </u>								
		•								
										— 000 (200 ()

	990 (2021) Project A	pis M 2	.0	I	nc					81-48	339()34	P	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		. ,	<u> </u>			
	(A) Name and title	(B) Average hours per week	box	not c unles	ss per	ition more rson is	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr orga and	pensa om th anizat d relat inizati	e ion ed
				IL	0	×	Ξe	4						
с	Subtotal Total from continuation sheets to Part VII	, Section A							36,185. 0. 36,185.		0.0.			0.0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re	•	000 of reportable				0
_											r		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,	,	,			,		, , ,	5		3		X
4	For any individual listed on line 1a, is the sur	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
_	rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ıch r	bers	on .	<u></u>			<u></u>	5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t	•	•							•		(C		
	Name and business	address	NC	ONE	2				Description of s	ervices	Co	omper		n
_														
2	Total number of independent contractors (in \$100.000 of compensation from the organiz	•	ot lin	nited	tot	thos C		ted	above) who received mo	ore than				

	1 990 ((2021) Pro	ject Api	s M 2.0 Ind	2		81-4839	034 Page 9
Pa	rt VII							_
		Check if Schedule O o	contains a respo	nse or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Foderated compaigns	4.					3001013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	та	Federated campaigns						
Dor Gree	а 0							
fts,	с А	Fundraising events						
, Gi Jilai	u e	- · · · · ·						
Sin	f	All other contributions, gifts,						
utic	•	similar amounts not included		349,271.				
trib Otl	а	Noncash contributions included in						
Son	9 h	Total. Add lines 1a-1f			349,271.			
0.0				Business Code	0197171			
6	2 a							
vice	b							
Ser	c							
m Sver	d							
Program Service Revenue	e							
Pro	f	All other program service	revenue					
	a	Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)						
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss))					
	7 a	Gross amount from sales of	(i) Securiti	ies (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
en		and sales expenses	7b					
venue	С	Gain or (loss)	7c					
Re	d	Net gain or (loss)		·····				
Other Re	8 a	Gross income from fundraisi	•					
ō		including \$						
		contributions reported on	,					
		Part IV, line 18		8a				
		Less: direct expenses		8b				
		Net income or (loss) from						
	9 a	Gross income from gamin						
	h.	Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from						
	iu a	Gross sales of inventory, I		10a				
	h	and allowances Less: cost of goods sold		10b				
				·				
	C	Net income or (loss) from	Sales of inventor	Business Code				
sņ	11 a			Duccoo coue				
neo Nue	b			_				
Miscellaneous Revenue	c							
isce	d	All other revenue		-				
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instruction			349,271.	0.	0.	0.

Doı	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	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,	58,000.	29,341.	17,605.	11,054.
6	trustees, and key employees Compensation not included above to disqualified	50,000.	29,341.	17,005.	11,054.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,437.	2,263.	1,331.	843.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
с	Accounting				
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 Sch 0.)	147,199. 1,813.	136,162.	11,037.	
12	Advertising and promotion	1,813.	1,813.		
13	Office expenses	15,834.	9,137.	6,697.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,720.	3,720.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 4 1	F 4 1		
19	Conferences, conventions, and meetings	541.	541.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) Seed Purchases (Supplie	169,264.	169,264.		
a h	Dues and Licenses	3,929.	3,929.		
c	Credit Card & Bank Fees	1,038.		1,038.	
d		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e	All other expenses	1,719.	1,628.		91.
25	Total functional expenses. Add lines 1 through 24e	407,494.	357,798.	37,708.	11,988.
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 Figure if following SOP 98-2 (ASC 958-720)				

Project Apis M 2.0 Inc Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2021)

33

Total liabilities and net assets/fund balances

ect	Apis	М	2.0	Inc	
-----	------	---	-----	-----	--

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		329,891.	1	272,097.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Description of the second state for the state of the second			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		329,891.	16	272,097.
	17	Accounts payable and accrued expenses	·····	13,359.	17	13,788.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to any current or form				
III		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
-	23	Secured mortgages and notes payable to unrelation	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		10 050	25	10 000
	26	Total liabilities. Add lines 17 through 25		13,359.	26	13,788.
ŝ		Organizations that follow FASB ASC 958, chee	ck here 🕨 🛄			
če		and complete lines 27, 28, 32, and 33.				
alar	27				27	
Ä	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 95	58, check here 🕨 👗			
ř		and complete lines 29 through 33.		^		^
ţ	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
ťΑ	31	Retained earnings, endowment, accumulated inc		316,532.	31	258,309.
Nei	32	Total net assets or fund balances	316,532.	32	258,309.	

272,097. Form **990** (2021)

329,891. 33

Proj Part X | Balance Sheet

Form	990	(2021)

Form	1990 (2021) Project Apis M 2.0 Inc	81-483	9034	Pag	_{ge} 12
Pa	rt XI 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		9,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	316	5,5	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	258	3,3	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	T		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

-

Nan		ne organization		0 0 -									
Do	rt I	Proj Recent for Public (ect Apis M	2.0 Inc				8	1-4839034				
		Reason for Public (ee instructions	i.					
The	organ	ization is not a private found											
1		A church, convention of ch				n 170(b)(1	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
	X	An organization that norma						e general r	public described in				
•		section 170(b)(1)(A)(vi). (C			on a gore			general					
8		A community trust describe		1)(A)(vi) (Complete Par	ни)								
9	\square	An agricultural research org				ad in coniu	unction with a l	andarant	college				
3		or university or a non-land-g											
			grant college of agrici			lame, city	, and state of t	ne college					
40		university:	II										
10		An organization that norma											
		activities related to its exem											
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	itter June 30, 1975.				
		See section 509(a)(2). (Con											
11		An organization organized a		•	•								
12		An organization organized a											
		more publicly supported or							Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	ctors or trustee	s of the su	ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	ation(s)				
		that is not functionally int						-					
		requirement (see instructi			•		-						
е		Check this box if the orga						Type III					
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .) 0 1					
f	Ente	er the number of supported of			0 0								
q		vide the following information	•										
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	No	support (see ins	structions)	support (see instructions)				
				above (see instructions))	100								
Tota	al												

Sch	edule A (Form 990) 2021 P	roject Ap	is M 2.0 1	Inc		81-483	9034 Page 2
Pa	art II Support Schedule for	Organizations	Described in	Sections 170(o)(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatior	n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	267,612.	244,066.	249,614.	336,348.	349,271.	1446911.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	267,612.	244,066.	249,614.	336,348.	349,271.	1446911.
5	The portion of total contributions						
	by 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)						870,195.
6	Public support. Subtract line 5 from line 4.						576,716.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	267,612.	244,066.	249,614.	336,348.	349,271.	1446911.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						1446911.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						····· >
Se	ction C. Computation of Publi	c Support Per	centage				
14						14	39.86 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2021. If the o	0		,		,	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2020. If the o	•					
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te						
	o 10% -facts-and-circumstances test	- 2020 If the ord	anization did not c	heck a box on line	13 16a 16b or 1	7a and line 15 is	10% or

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

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Project Apis M 2.0 Inc Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	<u> </u>					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· · · · ·					·
14 First 5 years. If the Form 990 is for th	-			-		
check this box and stop here Section C. Computation of Publi						
					45	0/
15 Public support percentage for 2021 (li					15	%
16 Public support percentage from 2020 Section D. Computation of Inves					16	%
· · · · · · · · · · · · · · · · · · ·						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2						<u>%</u>
19a 33 1/3% support tests - 2021. If the	-					ine 17 is not
more than 33 1/3%, check this box an						▶∟
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	<u>a, or 19b, check tl</u>	his box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Project Apis M 2.0 Inc

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990) 2021

Yes

No

	(Form 990) 2021	Project		Μ	2.0	Inc
Part IV	Supporting Orga	anizations _{(contir}	nued)			

Yes

1

No

ľ				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
	or management of the supporting organization was vested in the same persons that controlled or managed
	the supported organization(s).

Section D.	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a government	al entity (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Project Ap	is M	2.0) INC
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	(Form 990) 2021
Part V	Type III Non-Fund

Par	i v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	Project	Apis	M 2.0	Inc		81-4839034 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 30, 30, 40, 40 lines 2 and 3; Pa	c, 5a, 6, 9a rt IV, Secti	, 9b, 9c, 11 on E, lines ⁻	a, 11b, and 1c, 2a, 2b, 3	a, and 3b; Part V, line 1; F	Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

81-4	83	9034
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ame of the organization									
	Project	Apis	м	2.0	Inc				

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Project Apis M 2.0 Inc

81-4839034

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> 1</u>		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 40,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Sector Sector Sector \$ 33,300. Person X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6_		\$\$ \$ 50,000. Complete Part II for noncash contributions.)

Name of organization

Project Apis M 2.0 Inc

Employer identification number

81-4839034

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Name of organization

Project Apis M 2.0 Inc

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II Nonc	cash Property (see instructions). Use duplicate copies of P	art II IT additional space is needed.	<u>.</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

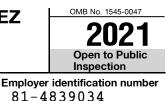
81-4839034

Employer identification number

Name of o	rganization		Employer identification number					
Proied	ct Apis M 2.0 Inc		81-4839034					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations					
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) 🕨 \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-			[
	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) F di pose or gitt	(c) Use of gift						
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	-	(e) Transfer of gi						
-	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gi						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE O (Form 990)

Name of the organization



Project Apis M 2.0 Inc

Form 990, Part III, Line 1, Description of Organization Mission:

pollinator habitat.

Form 990, Part VI, Section A, line 8b:

There are no committees with the authority to act on behalf of the full

board.

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 will be provided to the board of directors for their

review and comment prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Any director, principal officer, or member of a committee is an interested

person and is required to disclose any actual or possible conflict of

interest to the board of directors. After disclosure of all material facts

the interested person shall leave the governing board meeting while the

determination of a conflict of interest is discussed on voted upon. The

remaining board members shall decide if a conflict of interest exists.

Form 990, Part VI, Section B, Line 15a:

The Board of Directors reviews and determines management compensation.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

MN, KS, AL, AR, CA, GA, KY, MI, NC, NH, NH, NM, OR, RI, SC, TN, UT, VA, WI

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
Project Apis M 2.0 Inc	81-4839034
The organization makes its governing documents, conflict	of interest
policy, and financial statements available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Independent Contractors:	
Program service expenses	120,450.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	120,450.
Other Fees:	
Program service expenses	15,712.
Management and general expenses	11,037.
Fundraising expenses	0.
Total expenses	26,749.
Total Other Fees on Form 990, Part IX, line 11g, Col A	147,199.

SCHEDULE R (Form 990) Department of the Tree Internal Revenue Servi	asurv	omplete if the organization answered At	Related Organizations and Unrelated Partnerships lete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the orga	anization Project Apis					E	Employer iden 81-483		umber
Part I Ident	tification of Disregarded Entities. Con		s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco		(e) End-of-year asset		(f) entity	
Part II Ident organ	tification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one	or mo	re related tax-e	xempt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	cont en	(g) 512(b)(13) htrolled htity?
Project Apis	m., Inc 20-8345956				301(0)(0))			Yes	No
4700 1st Ave						-	ect Apis m.		
Orland, CA 9	95963	Fund honey bee research	California	501(c)(5)		2.0,	Inc.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, income excluded from tax under		Share of total income	Share of total income	Share of total income									Share of total Share income end-of-	Predominant income Share of total (related, unrelated, income cluded from tax under)	Predominant income Share of total (related, unrelated, income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ing ownership r?				
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10																			
	1																													
	1																													
	-																													
	-																													
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	-																													
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	-																													
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	4																													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	Primary activity Legal dor (state				(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) b)(13) rolled tity?
		country)			400010		Yes	No		
	1									
	1									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g		1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 Project Apis M 2.0 Inc

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 Proj Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.