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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)

2010

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_		te 2016 calendar year, or tax year beginning , 2016, and ending		,	
$\Box$		applicable C Name of organization	D Employer identification number		
П	Name d	hange Apex Belltown Co-op	91-1241296		
	instal re	Number and street (or P O box, if mail is not delivered to street address)  Room/suite  E	Telephone number		
	Final retu	m/lerminated 2225 First Avenue 207-A	(206	5) 956-0275	
X	Amendo	cd return City or town, state or province, country, and ZiP or foreign postal code	Group	Exemption	
Ш	Applicat	ion pending   Seattle   WA 98121	Numbe	er	
				he organization is not	
	Webs			h Schedule B	
J	Tax-ex	empt status (check only one) — 501(c)(3) 501(c) ( 4 ) ◄(insert no.) 4947(a)(1) or 527   (Form 9	90, 990-	EZ, or 990-PF).	
K	Form	of organization: X Corporation Trust Association Other			
L	Add in	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
	assets	s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 128,829.	
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ıctions		
		Check if the organization used Schedule O to respond to any question in this Part I		X	
	1	Contributions, gifts, grants, and similar amounts received.	1		
		Program service revenue including government fees and contracts	2	2,433.	
	3	Membership dues and assessments $\dots,\dots,y$ : $y$ :	3	126,151.	
	4	Investment income Q . JAN . 2 3 2018	4	245.	
	5a	Gross amount from sale of assets other than inventory	0.		
	b	Less: cost or other basis and sales expenses	0.		
	C	Less: cost or other basis and sales expenses	5	0.	
	6	Gaming and fundraising events			
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	0.	4	
Ž	b	Gross income from fundraising events (not including \$ of contributions	1		
日と 単乙 りき		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	o. **		
	C	Less: direct expenses from gaming and fundraising events 6 c	o. 🔆		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-	<u>d</u>	
	72	Gross sales of inventory, less returns and allowances	0.	0.	
	ſ	Less: cost of goods sold	0.		
	ł .	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		c o.	
	8	Other revenue (describe in Schedule O)	8	<del></del>	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>		
	10	Grants and similar amounts paid (list in Schedule O)	10	120,020.	
	11	Benefits paid to or for members	11		
E	12	Salaries, other compensation, and employee benefits	12	_ <del>-</del>	
EXPEN	13	Professional fees and other payments to independent contractors	13	<u> </u>	
E	14	Occupancy, rent, utilities, and maintenance.	14	0,000.	
8 8 8	15	Printing, publications, postage, and shipping		00,000.	
š	16	Other expenses (describe in Schedule O)	penses 16	60,434.	
	17	Total expenses. Add lines 10 through 16			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18		
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	20,313.	
Ť	20	Other changes in net assets or fund balances (explain in Schedule O) See. 1–20. Stmt		231,350.	
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	- 2	3,033.	
D^	<u></u>	r Paperwork Reduction Act Notice, see the separate instructions.	- 2	215, 704. Form 990-EZ (2016)	
DH	M FO	i r aperwork neudction met woule, see die separate instructions.		1 01111 3304EZ (2010)	

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Form	990-EZ (2016) Apex Belltown C	o-op		91-1	241296 Page.2
	t II Balance Sheets (see the inst	uctions for Part II)			
	Check if the organization used Sched	ule O to respond to any questi		) Beginning of year	<del>, , , , , , , , , , , , , , , , , , , </del>
22	Cash, savings, and investments			·	(B) End of year 118, 060.
23	Land and buildings			<del></del>	23 113,871.
24	Other assets (describe in Schedule O)	See L-24 Stm	nt.		76,503.
25	Total assets				25 308,434.
26	Total liabilities (describe in Schedule O).	\$ee L-26 \$tn	nt		26 92,730.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with line	21)		27 215,704.
Par	tall Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)		Expenses
	Check if the organization used Sche	edule O to respond to any ques	stion in this Part III		equired for section 501
What	is the organization's primary exempt purpose? See	Organization's Primary Exem	pt Purpose	(c	(3) and 501(c)(4)
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	omplishments for each of its th nanner, describe the services t	ree largest program serv provided, the number of r	ersons fo	ganizations; optional rothers.)
	fited, and other relevant information for eac	h program title			
28	The co-op provides 21 apa	rtments for occupa	ncy		
	7				.
	(Grants \$ 0.) If thi	s amount includes foreign grai	nts, check here	►     2:	3a 147,687.
29					
	70	s amount includes foreign grai			j
30	(Grants \$ ) If this	s amount includes foreign graf	nts, check here	2	9 a
30					
					ł
	(Grants S	s amount includes foreign gran			
24	Other program services (describe in Sched				Da
31		s amount includes foreign grat			1a
32	Total program service expenses (add lin				<u></u>
	TIV List of Officers, Directors,				77/100/10
	tiv. List of Officers, Directors,	TIUSICCS, and ticy Link		ii ii iiul cuiiiuciisaleu — se	C USC INSULUCIONS FOR PARTY) —
	Check if the organization used Scho	edule O to respond to any ques	stion in this Part IV.		
	Check if the organization used School	edule O to respond to any ques	(c) Reportable compensation	(d) Health benefits,	· <u>· · · · · · · · · · · · · · · · · · </u>
	Check If the organization used School	edule O to respond to any ques (b) Average hours per week devoted to position	stion in this Part IV	(d) Health benefits, contributions to employee benefit plans, and deterred	(e) Estimated amount of
	Check if the organization used Scho	edule O to respond to any ques  (b) Average hours per  week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimated amount of
Mat	Check if the organization used School (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mat Pre	Check if the organization used School (a) Name and title  t Isaac esident	edule O to respond to any ques  (b) Average hours per  week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of
Mat Pre Gre	Check if the organization used School (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mat Pre Gre	Check if the organization used School (a) Name and title  It Isaac esident egory DiGlacomo	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mat Pre Gre Auc	Check if the organization used School (a) Name and title  It Isaac esident egory DiGlacomo easurer	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mat Pre Gre Tre Auc	Check if the organization used School (a) Name and title it Isaac esident egory DiGlacomo easurer drey Carlson	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  (a) (e) Estimated amount of other compensation  (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Mate Present Tree Aug	Check if the organization used School (a) Name and title it Isaac esident egory DiGlacomo easurer lrey Carlson cretary	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  (a) (e) Estimated amount of other compensation  (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Mate Present August Sec Jon Boa Lea	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer lirey Carlson cretary i Hiesfelter ard member ah Gold	(b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  O. O. O. O. O.
Mate Present August Second Jor Boat Les	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary i Hlesfelter ard member ah Gold ce President	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  O. O.
Mate Present Aug. Sec. Jon Bos Les	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter ard member ah Gold ce President izabeth Schetzle	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.
Mate Present August Second Jor Boat Vice Flip Boat	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter ard member ah Gold ce President izabeth Schetzle ard member	(b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  O. O. O. O. O.
Mat Pre Gre Auc Sec Jor Bos Vic Eli	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter and member ah Gold ce President izabeth Schetzle ard member con Long	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Mat Pres Gre Aug Sec Jor Bos Les Vic Eli Bos Aal Bos	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter and member ah Gold ce President izabeth Schetzle ard member con Long ard member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.
Mat Pre Gre Aud Sec Jon Boa Lea Vic Eli Boa Aan Boa Bri	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter and member ah Gold ce President izabeth Schetzle ard member con Long ard member an Keith	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Matter Present August Sec. Jon Boar Vice Eli Boar Aan Boar Boar Boar Boar Boar Boar Boar Boar	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter and member ah Gold ce President izabeth Schetzle ard member con Long ard member an Keith ard member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Matter Present August Sec. Jon Boar Vice Elim Boar August Boar Boar Boar Boar Brown	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer lirey Carlson cretary in Hlesfelter and member and Gold ce President izabeth Schetzle ard member con Long ard member lan Keith ard member on Heintz	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
Matter Present August Sec. Jon Boar Vice Elim Boar Aan Boar Britan Boar Britan Boar Britan Boar Britan Boar Britan Boar Britan B	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer drey Carlson cretary in Hlesfelter and member ah Gold ce President izabeth Schetzle ard member con Long ard member an Keith ard member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
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Matter Present August Sec. Jon Boar Vice Elim Boar Aan Boar Britan Boar Britan Boar Britan Boar Britan Boar Britan Boar Britan B	Check if the organization used School  (a) Name and title  it Isaac esident egory DiGlacomo easurer lirey Carlson cretary in Hlesfelter and member and Gold ce President izabeth Schetzle ard member con Long ard member lan Keith ard member on Heintz	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1059-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
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Form 990-EZ (2016)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
		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		Х
34 Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents in	-	+ -	
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<u> </u>	Х
(such as those reported on lines 2, 6a, and 7a, among others)?			х
b If Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule	<u> </u>		<u> </u>
c 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.			
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35	:   X	
disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N	36	1	х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions   37 a	0.		
b Did the organization file Form 1120-POL for this year?	37	0	X
38 a 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?			X
b If Yes, complete Schedule L, Part II and enter the total amount involved		+	
39 Section 501(c)(7) organizations. Enter:	<del></del>		
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			i
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	]
section 4911. ► ; section 4912 ► ; section 4955 ►		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	401	ь	x
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	<del> </del>		
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	. ]
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		-	
shelter transaction? If 'Yes,' complete Form 8886-T	40	e	X
Wasnington			
42 a The organization's			
books are in care of Gregory DiGiacomo Telephone no	(206) 95	6-02	<u> 5</u>
	98121	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42		X
If Yes, enter the name of the foreign country:		<del>-</del>	<del>  ^-</del>
			. 1
	ļ	,	. 1
	,	ŀ	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ļ		<u>                                     </u>
c At any time during the calendar year, did the organization maintain an office outside the United States?	42	<u>c </u>	X
If Yes,' enter the name of the foreign country:	<del></del>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. • [	]
and enter the amount of tax-exempt Interest received or accrued during the tax year	43		, 
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	id 44		$\frac{1}{x}$
			<del>  ~</del> 7
b Did the organization operate one or more hospital facilities during the year? If Yes.' Form 990 must be completed	44		
b Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ			X
instead of Form 990-EZ			X
instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?	44	c	+
instead of Form 990-EZ	44	d	+
instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 45	d a	X
instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 	d a	X

Form 990-E	Z(2016) Apex Belltown Co-op	)		91-124	1296	P	age 4
						Yes	No
46 Did th	e organization engage, directly or indirectly	/, in political campaign a	ctivities on behalf of or i	n opposition to		<u> </u>	
	dates for public office? If 'Yes,' complete So			· · · · · · · · · · · · · · · · · · ·	46	<u> </u>	X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	52, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. 🗇
		o to toopotta to ally que	onor pranor are or a			Yes	No
47 Did th	e organization engage in lobbying activities lete Schedule C, Part II	s or have a section 501 (i	n) election in effect durin	ng the tax year? If Yes,'	47		X
48 Is the	organization a school as described in secti	ion 170(b)(1)(A)(ii)? If Y	es,' complete Schedule	E	48		X
49 a Did th	e organization make any transfers to an ex	empt non-charitable refa	ated organization?		49a		X
	s,' was the related organization a section 52						
50 Comp	lete this table for the organization's five hig	hest compensated emp	loyees (other than office	rs, directors, trustees and	key		
emplo	yees) who each received more than \$100,	000 of compensation fro	m the organization. If th	ere is none, enter 'None '			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
				·			
				}			
f Total	number of other employees paid over \$100	2,000	<u></u>				
	plete this table for the organization's five hig		nondent contractors who	— a aach racaivad mara than	\$400.000 A	of	
comp	ensation from the organization. If there is n	ione, enter 'None '	pendent contractors with	o each feceived more man	. \$100,000 C	,,	
	(a) Name and business address of each independent cor	ntractor	(b) Type	of service	(c) Comp	nensatio	
			(-7.7)		(0) 00,		<del></del>
					ì		
			-				
			-	i			
			<u> </u>				
				:	i		
				<del></del>			
			-				
d Total	number of other independent contractors e	each receiving over \$100	0.000				
52 Did th	ne organization complete Schedule A? Note	e: All section 501(c)(3) o	rganizations must attacl		. ► ∏Yes	s [	XNo
Under penalties	of periury. I declare that I have examined this return, in	duding accompanying schedule	s and statements, and to the be-	st of my knowledge and belief, it is	<del></del>		=
true, correct, ar	nd complete, Declaration of preparer (other than officer)	is based on all information of wh	ich preparer has any knowledge				<del></del>
٠.	Signature Cofficer Date						
Sign Here	Here Gregory DiGiacomo			Treasurer			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	——————————————————————————————————————	TIN		
				Check K if			
Paid	Carmelle Marescot	Carmelle Mares	scot   01/12/	18 self-employed p	0189097	8	
Preparer	Firm's name ► George Stewart,		<del></del>				
Use Only	Firm's address ➤ 316 - 17th Aven	ue South		Firm's EIN	91-1512		
	Seattle		WA 98144	Phone no (20			4
May the IR	S discuss this return with the preparer show	wn above? See instruction	ons		. ► X Ye	5	No
		<del></del>		<del></del>	Form 99	0-EZ	(2016)

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(6)

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer Identification number Apex Belltown Co-op 91-1241296 Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities') Volunteer hours for political campaign activities (see instructions).................. Part I-B Complete if the organization is exempt under section 501(c)(3). 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . . . . . .►\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . No b If 'Yes,' describe in Part IV. Part i-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3). Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if (e) Amount of political contributions received and promptly and dractly delivered to a separate political organization If none, enter -0none enter-0-(1) (2) (3)(4)(5)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 20	<sup>016</sup> Apex Bellto	m Co-op		91	L-1241296 Page 2
Part II-A Complete if section 501	the organization	is exempt under se	ection 501(c	)(3) and filed Form 5	768 (election under
	<del>```</del>	s to an affiliated group (an	d list in Dart IV	each affiliated group memb	
1 1		hare of excess lobbying e		each aimateu group meint	ers name,
		ed box A and 'limited contri		nnly	
		ns amounts paid or incui	· · · · · · · · · · · · · · · · · · ·	(a) Filing organization's to	(b) Aff.liated tals group totals
1 a Total lobbying expenditu					
<b>b</b> Total lobbying expenditu					
c Total lobbying expenditu	•	•			
d Other exempt purpose e	•				
e Total exempt purpose ex	xpenditures (add lines	1c and 1d)		• • • •	
f Lobbying nontaxable am both columns	nount. Enter the amou	nt from the following table	in 		
If the amount on line 1e, col	lumn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000.		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a				L	
h Subtract line 1g from line				<del></del>	
i Subtract line 1f from line	1c. If zero or less, en	ter -0			
j If there is an amount oth section 4911 tax for this	er than zero on either year?	line 1h or line 1i, did the o	rganization file	Form 4720 reporting	Yes No
(Son	ne organizations that	-Year Averaging Period   made a section 501(h) e ow. See the separate ins	lection do not	have to complete all of the	ne five
		ing Expenditures During			
Calendar year (or fiscal year beginning in) (a) 2013		<b>(b)</b> 2014	(c) 20	015 <b>(d)</b> 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					**************************************
f Grassroots lobbying expenditures					
BAA				Schedule	C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016Apex Belltown Co-op 91-1241296

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		)	(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					Ì
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					1
c Media advertisements?			·		1
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u></u>			1
b If Yes,' enter the amount of any tax incurred under section 4912			·····		
c If Yes, enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					[:
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye					X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501				11(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	ill-A,	line 3, is	, I ( <del>u</del> )	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2 b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information		·			
Provide the descriptions required for Part LA line 1: Part LB line 4: Part LC line 5: Part II-A (affiliated group list): P	art II-/	A lines	1 and		

2 (see instructions); and Part II-8, line 1. Also, complete this part for any additional information.

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047,

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Apex Belltown Co-op

91-1241296