

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Apex Belltown Co-op

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
2225 First Avenue

City or town, state or province, country, and ZIP or foreign postal code
Seattle, WA 98121

D Employer identification number
91-1241296

E Telephone number
(206) 956-0275

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ www.apexcoop.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 132,832

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

Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	132,735	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	426
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less: cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	172,061
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	172,487
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,655
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	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	233,968
c	Less: direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	194,313
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	97				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	132,832				

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

Table with 3 columns: Question, Yes, No. Rows include 33-36, 37a-37b, 38a, 39, 40a-40e, 41.

42a The organization's books are in care of Gregory DiGiacomo Telephone no. (206) 956-0275
Located at 2225 First Avenue 207-A Seattle, WA ZIP + 4 98121

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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 amount of other compensation
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2021-02-17 Date
Gregory DiGiacomo Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Marian Harvin	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01956873
	Firm's name ▶ Marian Harvin	Firm's EIN ▶ 47-5085842			
	Firm's address ▶ 2307 Wheatley Drive Apt 204 Gwynn Oak, MD 21207	Phone no. (410) 205-5221			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007222

Software Version: 2018v3.1

EIN: 91-1241296

Name: Apex Belltown Co-op

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 See Schedule O (Grants \$ 172,487) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization
Apex Belltown Co-op

Employer identification number

91-1241296

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.1	\$97

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Depreciaton \$85649

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	Utilities \$28289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	Contingency activities \$17922

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	Property taxes \$11743

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	Supplies \$6884

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	Condominium association \$6560

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	Professional fees \$5597

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	Insurance \$2829

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	Member training \$2778

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.10	Bed bug remediation \$2553

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.11	Repairs & maintenance \$1185

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.12	License and permits \$72

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1	- Beginning \$76558 - Ending \$59523

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	- Beginning \$5456 - Ending \$0