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Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning

, and ending

Name of foundation <b>THE PRIME FOUNDATION</b>		A Employer identification number <b>46-1389926</b>
Number and street (or P O box number if mail is not delivered to street address) <b>13301 SE 26TH STREET</b>	Room/suite	B Telephone number <b>425-747-5200</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BELLEVUE, WA 98005</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 322,232.</b> (Part I, column (d) must be on cash basis)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	320,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	180.	180.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	320,180.	180.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	1,735.	0.		0.
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 3	1.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses. Add lines 13 through 23	1,736.	0.		0.
	25 Contributions, gifts, grants paid	173,180.			173,180.
26 Total expenses and disbursements. Add lines 24 and 25	174,916.	0.		173,180.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	145,264.				
b Net investment income (if negative, enter -0-)		180.			
c Adjusted net income (if negative, enter -0-)			N/A		

925 14

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	176,968.	322,232.	322,232.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ )				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	176,968.	322,232.	322,232.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ )			
23 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	176,968.	322,232.	
30 <b>Total net assets or fund balances</b>	176,968.	322,232.		
31 <b>Total liabilities and net assets/fund balances</b>	176,968.	322,232.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	176,968.
2 Enter amount from Part I, line 27a	2	145,264.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	322,232.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	322,232.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> NONE			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	161,372.	195,028.	.827430
2014	92,351.	109,406.	.844113
2013	34,725.	32,767.	1.059755
2012	0.	0.	.000000
2011			

<b>2</b> Total of line 1, column (d)	<b>2</b>	2.731298
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.682825
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	256,504.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	175,147.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	2.
<b>7</b> Add lines 5 and 6	<b>7</b>	175,149.
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	173,180.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	4.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	4.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	4.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	2.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		2.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>WA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

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**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X
14 The books are in care of ► ERIC REICHANADTER Telephone no. ► 425-747-5200 Located at ► 13301 SE 26TH STREET, BELLEVUE, WA ZIP+4 ► 98005		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A		
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ERIC REICHANADTER 13301 SE 26TH STREET BELLEVUE, WA 98005	PRESIDENT, SENIOR DIRECTOR 1.00	0.	0.	0.
MIKE BROBERG 13301 SE 26TH STREET BELLEVUE, WA 98005	SECRETARY/TREASURER ASSOCI 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services



0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3



0.



**Part X. Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	260,410.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	260,410.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	260,410.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	3,906.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	256,504.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	12,825.

**Part XI. Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	12,825.
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	4.
<b>b</b>	Income tax for 2016. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	4.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	12,821.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	12,821.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	12,821.

**Part XII. Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	173,180.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	173,180.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	173,180.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				12,821.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				33,087.
d From 2014				86,885.
e From 2015				151,623.
f Total of lines 3a through e	271,595.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 173,180.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				12,821.
e Remaining amount distributed out of corpus	160,359.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	431,954.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	431,954.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				33,087.
c Excess from 2014				86,885.
d Excess from 2015				151,623.
e Excess from 2016				160,359.

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
<b>a Paid during the year</b>				
AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVENUE DALLAS, TX 75231		PC	HEART WALK.	7,000.
BOYS AND GIRLS CLUB OF KING COUNTY 603 STEWART ST NO 300 SEATTLE, WA 98101		PC	YOUTH HEALTH AND SOCIAL, EDUCATIONAL & CHARACTER DEVELOPMENT OF YOUTH.	2,050.
CHROHN'S & COLITIS FOUNDATION OF AMERICA INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017		PC	TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS.	1,000.
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109		PC	CANCER RESEARCH.	36,192.
GILDA'S CLUB SEATTLE 1400 BROADWAY SEATTLE, WA 98122-3809		PC	PROVIDE PROGRAMS FOR FAMILIES WITH CANCER.	5,372.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>173,180.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

## THE PRIME FOUNDATION

46-1389926

**Part XV** Supplementary Information

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
GROUP HEALTH FOUNDATION 320 WESTLAKE AVE N SUITE 100 SEATTLE, WA 98109		PC	GOBLIN GALLOP, GIFT OF HEALTH GALA, FUNDRAISING, CHILD IMMUNIZATION.	13,000.
HERITAGE CHRISTIAN ACADEMY PARENT TEACHER FELLOWSHIP 19527 104TH AVENUE NE BOTHELL, WA 98011		PC	EDUCATION	300.
JDRF INTERNATIONAL 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004		PC	RESEARCH FOR A CURE TO TYPE I DIABETES.	21,300.
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE N SUITE 400 SEATTLE, WA 98109		PC	EDUCATE AND INSPIRE YOUNG PEOPLE TO VALUE FREE ENTERPRISE, BUSINESS AND ECONOMICS AND TO USE THEM TO	1,500.
KIDSQUEST CHILDREN'S MUSEUM 4091 FACTORIA BLVD SE BELLEVUE, WA 98006		PC	CREATE LEARNING THROUGH THE POWER OF PLAY AND EXPLORATION.	1,650.
KING COUNTY LIBRARY SYSTEM FOUNDATION 960 NEWPORT WAY NW ISSAQUAH, WA 98027		PC	PROVIDE SUPPORT FOR THE KNG COUNTY LIBRARY SYSTEM.	2,500.
LAKE STEVENS JUNIOR ATHLETIC ASSOCIATION PO BOX 640 LAKE STEVENS, WA 98258		PC	PROMOTE YOUTH PARTICIPATION IN TEAM SPORTS.	250.
LAKE WASHINGTON COLLEGE FOUNDATION 11605 132ND AVENUE NE NO W205C KIRKLAND, WA 98034		PC	EDUCATION	1,000.
MUSEUM OF FLIGHT FOUNDATION 9404 EAST MARGINAL WAY SOUTH SEATTLE, WA 98108		PC	PRESERVE AVIATION AND SPACE HISTORY.	5,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON STREET NO 100 SEATTLE, WA 98109		PC	RESEARCH TO DISCOVER A CURE FOR MULTIPLE SCLEROSIS AND SUPPORT OF PEOPLE LIVING WITH MS.	500.
<b>Total from continuation sheets</b>				<b>121,566.</b>

## THE PRIME FOUNDATION

46-1389926

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SEATTLE ARCHITECTURE FOUNDATION 1333 FIFTH AVENUE SEATTLE, WA 98101		PC	EDUCATE THE PUBLIC TO BUILD APPRECIATION OF SEATTLE'S BUILT ENVIRONMENT.	1,000.
SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 MS RC-507 SEATTLE, WA 98145		PC	PREVENT, TREAT AND ELIMINATE PEDIATRIC DISEASE.	20,000.
SHELTER, INC OF CONTRA COSTA COUNTY 1815 ARNOLD DRIVE MARTINEZ, CA 94553		PC	PREVENTING HOMELESSNESS.	250.
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SEATTLE 909 FOURTH AVENUE SEATTLE, WA 98104		PC	YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.	300.
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104		PC	COMMUNITY SUPPORT.	1,000.
WASHINGTON WOMEN IN NEED 700 108TH AVENUE NE BELLEVUE, WA 98004		PC	TO PROVIDE HEALTH AND EDUCATION GRANTS TO LOW-INCOME WOMEN IN WASHINGTON TO HELP THEM IMPROVE THEIR	1,500.
WESTSOUND YOUTH FOUNDATION PO BOX 706 PORT ORCHARD, WA 98366		PC	PROVIDE AN OPPORTUNITY FOR YOUNG PEOPLE TO IMPROVE THEIR BASKETBALL SKILLS.	7,900.
MILL CREED MAYHEM FASTPITCH SB CLUB PO BOX 12101 MILL CREEK, WA 98082		PC	YOUTH SPORTS.	500.
THE BELLEVUE POLICE FOUNDATION 450 110TH AVE NE BELLEVUE, WA 98004		PC	SUPPORT THE BELLEVUE POLICE DEPARTMENT.	2,500.
SHWACHMAN-DIAMOND SYNDROME FOUNDATION 2334 ROLLING RIDGE DR PO BOX 40 AVON, NY 14414		PC	SUPPORT AWARENESS OF RARE DISEASE AND RESEARCH FOR A CURE.	1,000.
Total from continuation sheets				

## THE PRIME FOUNDATION

46-1389926

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROVIDENCE HEALTH & SERVICES - WASHINGTON 1801 LIND AVENUE SW NO 9016 RENTON, WA 98057		PC	HEALTHCARE WITH SPECIAL CONCERN FOR THE POOR AND VULNERABLE IN WA & AK.	5,000.
ACE MENTOR PROGRAM OF WASHINGTON 1301 FIFTH AVENUE SEATTLE, WA 98101		PC	MENTORING AND COLLEGE SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS.	1,500.
BOYS AND GIRLS CLUBS OF SNOHOMISH COUNTY 9502 19TH AVENUE SE NO F EVERETT, WA 98208		PC	HELPING TO DEVELOP THE FULL POTENTIAL OF YOUTH THROUGH RECREATIONAL AND EDUCATIONAL	1,000.
RAINIER SCHOLARS 2100 - 24TH AVE S SEATTLE, WA 98144		PC	ACADEMIC AND LEADERSHIP ENRICHMENT PROGRAMS.	6,600.
NORTHSHORE YOUTH SOCCER ASSOCIATION 12810 NE 178TH ST NO 202 WOODINVILLE, WA 98072		PC	SKILLS TRAINING FOR YOUTH PLAYERS.	251.
FRIENDS OF REDMOND HUB 12708 197TH PL NE WOODINVILLE, WA 98077		PC	DAY PROGRAM FOR YOUNG ADULTS WITH DISABILITIES.	2,500.
RECOVERY CAFE 2022 BOREN AVENUE SEATTLE, WA 98121		PC	RECOVERY SUPPORT SERVICES.	500.
SNOQUALMIE VALLEY PRESERVATION ALLIANCE PO BOX 1148 CARNATION, WA 98014		PC	PUBLIC EDUCATION ABOUT ISSUES PERTAINING TO THE RURAL AND NATURAL ENVIRONMENT OF THE SNOQUALMIE VALLEY.	1,000.
EAST BAY CHILDREN'S BOOK PROJECT 3612 WEBSTER ST OAKLAND, CA 94609		PC	IMPROVE LITERACY BY PROVIDING CHILDREN WITH FREE BOOKS.	265.
VIRGINIA MASON HEALTH SYSTEM 1100 NINTH AVENUE SEATTLE, WA 98101		PC	ADVANCE AND SUPPORT THE HEALTHCARE AND RESEARCH MISSIONS OF VIRGINIA MASON MEDICAL CENTER AND BENAROYA	15,000.
Total from continuation sheets				

46-1389926

### 3 Grants and Contributions Paid During the Year (Continuation)

**Total from continuation sheets**



**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - JUNIOR ACHIEVEMENT OF WASHINGTON

EDUCATE AND INSPIRE YOUNG PEOPLE TO VALUE FREE ENTERPRISE, BUSINESS AND  
ECONOMICS AND TO USE THEM TO IMPROVE THE QUALITY OF THEIR LIVES.

NAME OF RECIPIENT - WASHINGTON WOMEN IN NEED

TO PROVIDE HEALTH AND EDUCATION GRANTS TO LOW-INCOME WOMEN IN  
WASHINGTON TO HELP THEM IMPROVE THEIR LIVES.

NAME OF RECIPIENT - BOYS AND GIRLS CLUBS OF SNOHOMISH COUNTY

HELPING TO DEVELOP THE FULL POTENTIAL OF YOUTH THROUGH RECREATIONAL AND  
EDUCATIONAL ACTIVITIES.

NAME OF RECIPIENT - VIRGINIA MASON HEALTH SYSTEM

ADVANCE AND SUPPORT THE HEALTHCARE AND RESEARCH MISSIONS OF VIRGINIA  
MASON MEDICAL CENTER AND BENAROYA RESEARCH INSTITUTE.



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |          |  | Yes   | No |
|----------|--|-------|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |    |
|          | (1) Cash   | 1a(1) | X  |
|          | (2) Other assets   | 1a(2) | X  |
| <b>b</b> | Other transactions:  |       |    |
|          | (1) Sales of assets to a noncharitable exempt organization   | 1b(1) | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization   | 1b(2) | X  |
|          | (3) Rental of facilities, equipment, or other assets   | 1b(3) | X  |
|          | (4) Reimbursement arrangements   | 1b(4) | X  |
|          | (5) Loans or loan guarantees   | 1b(5) | X  |
|          | (6) Performance of services or membership or fundraising solicitations   | 1b(6) | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date 8/21/17

**PRESIDENT**  
Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

T.M. FRIEDRICHSEN

Preparer's signature

Preparer's signature  
Tim Trilind

Date \_\_\_\_\_

8.14.17

Check ☐ self-employed

PTIN

P00339213

Firm's name ► **AMICUS LAW GROUP, PC**

Firm's EIN ► 91-2147434

Firm's address ► 1325 FOURTH AVE., #940  
SEATTLE, WA 98101-2509

Phone no. 206-624-9410

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Name of the organization

Employer identification number

**THE PRIME FOUNDATION**

**46-1389926**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (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**

☐ 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

**THE PRIME FOUNDATION****46-1389926****Part I Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRIME ELECTRIC, INC. 13301 SE 26TH ST BELLEVUE, WA BELLEVUE, WA 98005	\$ 320,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK INTEREST	180.	180.	
TOTAL TO PART I, LINE 3	180.	180.	

## FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,735.	0.		0.
TO FM 990-PF, PG 1, LN 16A	1,735.	0.		0.

## FORM 990-PF TAXES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX ON INVESTMENT INCOME	1.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1.	0.		0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 4

NAME OF CONTRIBUTOR

ADDRESS

PRIME ELECTRIC, INC.

13301 SE 26TH STREET  
BELLEVUE, WA 98005

**THE PRIME FOUNDATION  
FORM 990-PF  
PAGE 10, PART XV, LINE 2B**

**46-1389926**

The following information is required of all grant applicants:

**1. Cover Summary Page:**

- Name of organization, individual, or project
- Contact information: name, address, phone, fax, e-mail
- Total amount of grant request
- Brief description of the request
- Qualifications under which application is being made (see item 8)

**2. Grant Proposal:**

- Maximum length, two pages double-spaced, 12-point type.
- If more space is needed, include succinct additional material in an appendix.
- If request is for more than one project or program — prioritize needs.

**3. Background Information:**

A brief characterization of the proposed initiative or organization, along with a description of the mission statement, activities, and schedules. Also must provide clear presentation of overall funding needs.

**4. Relevancy:**

Describe how the proposed initiative relates to addressing issues of concern to the general public.

**5. Budget (The following information is requested where applicable):**

- A budget for the project(s), program(s), or work for which intended by this proposal
- Current year's and next year's operating budget where appropriate
- Describe income sources, giving constituency, and any funds received or promised for this endeavor

**6. Performance Report:**

Applicants are requested to submit a report on the grant activities to the Foundation within a year of receipt of the award. If a previous grant(s) has been received, a grant report must accompany this proposal. Report must be clearly identified as such and be on a separate page or pages. The report helps us not only understand what was accomplished, but also to help us learn from the grantee perspective about the effectiveness of our granting process. Attach extra pages or other materials that are relevant to reporting on the grant.

**Project Name:**

**Organization or Individual Name:**

1. Report on how you expended the grant money to accomplish your proposed project or implement your program.



**THE PRIME FOUNDATION**  
**FORM 990-PF**  
**PAGE 10, PART XV, LINE 2B CONTINUED**

**46-1389926**

2. How did receiving the grant change or improve your organization or project? Please include in this response any insights, inspirations or hindrances you encountered.
3. In fulfilling your grant activity, what kinds of mutual support were fostered among your peers or peer organizations, and how were you able to work with other kinds of initiatives or corporations?
4. Please include with your report visual documentation (such as photographs, artwork, or charts, etc.) of your project or program that will show us what you did and that may also be used for purposes of publicity.

Submitted by:

Signed:

Date:

**7. Future Development:**

Indicate plan for enabling the continued viability of proposed work. This could include plans for expanding funding base support and other sources of current and future funding

**8. Qualifications:**

Provide documentation as appropriate to individual or organizational status. Please send a list of officers and directors, your Federal Employer Identification Number (FEIN), a current brochure, and if tax exempt, include IRS Section 501(c)(3) letter of determination. If there is an IRS determination other than Section 501(c)(3), please indicate this on cover summary.