Form 990-PF Dspartment of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For.	<u>caler</u>	dar year 2019 or tax year beginning	The state of the s	, and ending	<del></del>	· · · · · · · · · · · · · · · · · · ·
Na	me of	foundation	Christian		A Employer identificatio	n number
ч	אי	PRIME FOUNDATION			46-1389920	5
		nd street (or P O box number if mail is not delivered to street	goures 1	Room/suite	B Telephone number	<u> </u>
		0 161ST ST SE	LIVE AND THE PROPERTY OF THE PARTY OF THE PA	<b>\</b>	425-747-52	200
	or t	own state or province country and ZIP onforement	ostal ende % 1 1 1 .	1	C If exemption application is	
Dit.	y Orto	own, state or province, country, and ZIP of foreign of LEVUE, WA 98008	)GULLA	<b>=</b>	o il exemption application is	perioding, check field
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s check here
<b>u</b> (	JIICUN	Final return	Amended return	ornici public charty	1. Toroign organization	io, oriodiction
		Address change	Name change		Foreign organizations m check here and attach or	eeting the 85% test,
н (	heck	type of organization: X Section 501(c)(3) ex		14	1	
Ë			Other taxable private founda	ation 09	E If private foundation sta under section 507(b)(1	
L E			ng method: X Cash	Accrual	1	
		·   —	ther (specify)		F If the foundation is in a under section 507(b)(1	
	\$		nn (d), must be on cash bas	ils.)		(A), oncok hore
_	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
ت		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	510,000.		N/A	
	2	Check If the foundation is not required to attach Sch. 8				
<b>%</b>	3	Interest on savings and temporary cash investments	853.	853.		STATEMENT 1
7,700,7	4	Dividends and interest from securities	14,229.	14,229.		STATEMENT 2
2	5a	Gross rents	_			
<b>&gt;</b>	Ь	Net rental income or (loss)				
-	6a	Net gain or (loss) from sale of assets not on line 10	4,737.			
JAN ine	b	Gross sales price for all assets on line fla 46,172.				
JAI R∋venue	7	Capital gain net income (from Part IV, line 2)		4,737.		
Œ	8	Net short-term capital gain				1
	9	Income modifications			1,500	,
	10a	Gross sales less returns and allowances				
	Ď	Less Cost of goods sold		••••••		
	C	Gross profit or (loss)				
	11	Other income 111020				
	12	Total. Add lines 1 through 11	529,819.	19,819.	1,500	
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits	4 205		<u> </u>	
JSe		Legal fees STMT 3	4,386.	0.		0.
Expens		Accounting fees				
		Other professional fees	***	***************************************		
Ě	1	Interest	1,790.	140.	***************************************	0.
sta	18	Taxes STMT 4	1,790.	140.		<u> </u>
Administrative	19	Depreciation and depletion				
μþ	20 21	Occupancy Travel, conferences, and meetings		<del></del>		
and /	22	Printing and publications				
y ar		Other expenses STMT 5	7,550.	0.		0.
Operating	ı	Total operating and administrative	7,550.			
era	- 7	expenses. Add lines 13 through 23	13,726.	140.		0.
o	25	Contributions, gifts, grants paid	264,410.			264,410.
		Total expenses and disbursements.				
		Add lines 24 and 25	278,136.	140.		264,410.
_	27	Subtract line 26 from line 12:	2.0,130	<u> </u>		201/1101
		Excess of revenue over expenses and disbursements	251,683.			
		Net investment income (if negative, enter -0-)		19,679.		,
		Adjusted net income (if negative, enter -0-)			1,500.	
			<u> </u>		=,000.	

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955,918.

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Part IV	Capital Gains a	and Losses for Tax o	<u>n Investmen</u>	t Income						<del></del>
					How a - Purd - Don	hase	(c) Date : (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a LORD	ABBETT SHO	ORT DUR INCOME	FUND CL	I			P	05/1	7/19	07/11/19
b CAPI	TAL GAINS I	DIVIDENDS								
_ C										
<u>d</u>					ļ .					
<u>e</u>					<u> </u>					<u> </u>
(e) Gro	oss sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss (f) minus	(g))
<u>a</u>	41,592.	<del></del>	-	41,43	5.		_			157.
<u>b</u>	4,580.	<u> </u>								4,580.
<u>C</u>							•			
<u>d</u>		<del></del>								<u></u>
Complete	anly for accets above	a sain in column (h) and owns	d by the foundation	on 12/21/60				D Cours (C	al (b) assa	
Complete	only for assets showing	g gain in column (h) and owne							ol. (h) gain iot less thai	
(i) FMV	as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. (	h))
<u>a</u>		<del></del>	_							157.
<u> </u>		<u> </u>								4,580.
C					-					
<u>d</u>										
е		· · · · · · · · · · · · · · · · · · ·					T			
2 Capital gain	net income or (net cap	oital loss) $ \begin{cases} If gain, also \\ If (loss), ent \end{cases} $	enter in Part I, line er -0- in Part I, line	7 7	}	2				4,737.
3 Net short-te	erm capital gain or (loss	s) as defined in sections 1222(	5) and (6):							
	enter in Part I, line 8, o	column (c).			•				/-	
If (loss), en	ter -0- in Part I, line 8	nder Section 4940(e)	for Doduces	l Tay on Not	<u> </u>	3	oont In	2000	N/A	· · · · · · · · · · · · · · · · · · ·
							Tent in	Joine		·
(For optional u	se by domestic private	foundations subject to the sec	tion 4940(a) tax or	i net investment in	come	<del>)</del> .)				
If section 4940	(d)(2) applies, leave th	is part blank.								
		on 4942 tax on the distributab		•	opor					Yes X No
		under section 4940(e). Do no			- 4					
	· · · · · · · · · · · · · · · · · · ·	ach column for each year; see	the instructions be	fore making any e						(d)
Д В	(a) Base period years	(b) Adjusted qualifyin	a dietributione	Net value of no	nchar		uca accato	.		oùtión ratio
Calendar yea	ar (or tax yéar beginnin	g in) Aujusteo qualifyiii		Net value of 110	IIUIIai				(col. (b) alv	rided by col. (c))
	2018		216,914.				0,686			.338565
	2017		190,942.				$\frac{7,182}{6,500}$			.493158 .675155
	2016	-	173,180. 161,372.			10	6,504 5,028	2		.827430
	2015		92,351.				9,406			.844113
	2014	<u> </u>	94,351.			Τ0	3,400	<del>'                                    </del>		•044113
O Takal of line	a 1 apluma (d)									3.178421
2 Total of line		-year base period - divide the t	otal on line 2 by 5	0 or by the numb	or of v	(OOFC		2		3.170421
	ion has been in existen		otal off file 2 by 5.	o, or by the number	51 01 3	ycais		3		.635684
ine iounuai	ion has been in existen	ce ii iess tilali 5 years								.033004
4 Enter the ne	et value of noncharitabl	e-use assets for 2019 from Pa	rt X, line 5					4		868,245.
5 Multiply line	e 4 by line 3							5		551,929.
6 Enter 1% o	f net investment incom	e (1% of Part I, line 27b)						6		<u> 197.</u>
7 Add lines 5	and 6							7	<del>-</del>	552,126.
8 Enter qualif	ying distributions from	Part XII, line 4						8		264,410.
If line 8 is e		line 7, check the box in Part VI	, line 1b, and comp	elete that part usin	g a 1º	% tax	rate.			

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instruct	tions)
	394.
	0.
	394.
	0.
	394.
	0.
	0.
	394.
	-
Y	'es No
1a	X
1b	X
1c	X
2	х
3	X
4a	Х
4b	
5	Х
6 2	x
$\overline{}$	Х
86 3	$\mathbf{x}$
<u>                                   </u>	=
<sub>g</sub>	x
-	x X
r	9

Pa	iit 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	:			
	-	2(b)(13)? If "Yes," attach schedule. See instructions	l	11		X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?			
		ach statement. See instructions	ا	12		Х
13	•	ndation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
		dress ► N/A	'			
14			<b>►</b> 425-74	7-5	200	
• •		▶13301 SE 26TH STREET, BELLEVUE, WA	ZIP+4 ▶98		-	
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>	
		, , , ,	15	N	/A	
16		e during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	-	or other financial account in a foreign country?	!	16		Х
		tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign cou		ĺ			
Pa	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
		4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		year, did the foundation (either directly or indirectly):	ĺ		1	
	-		es 🗶 No			
	.,	w money from, lend money to, or otherwise extend credit to (or accept it from)				
	• •		es X No			
	•		es X No		1	
			es X No			
	• •	er any income or assets to a disqualified person (or make any of either available			ì	
		benefit or use of a disqualified person)?	es 🗶 No		ŀ	
		to pay money or property to a government official? (Exception. Check "No"				
		oundation agreed to make a grant to or to employ the official for a period after				
			es X No			
h		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
U	-	4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
		ons relying on a current notice regarding disaster assistance, check here	<b>▶</b>			
^	-	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
·		first day of the tax year beginning in 2019?		1c	i	Х
2		allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
4		section 4942(j)(3) or 4942(j)(5)):				
		of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
a		for tax year(s) beginning before 2019?	es X No			
		the years > ,,,	3 (22) 110			
<b>.</b>		ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
U		f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
		see instructions.)	N/A	2b		
		sions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	247.22			
·	II tile provi	Sions of Scotloff 4342(a)(2) are being applied to any of the years noted in 24, not the years note.			!	
2.	Did the four	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
Jd	during the		es X No			
	-	it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons aft				
U		in thave excess business holdings in 2019 as a result of (1) any purchase by the foundation of disqualined persons an 169; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d				
		eacquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	Sp030			
		to determine if the foundation had excess business holdings in 2019.)	N/A	3ь		
4-		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	AI/A	4a		X
		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that	70	<del></del>	
U		en removed from jeopardy before the first day of the tax year beginning in 2019?	uiut	4b	ļ	X
		an compared with populary policies and motional or the tax your pogniting in 2010		TU		

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

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Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none	e, enter "NONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
_		
T-A-Laumber of others recovered over \$50,000 for explanation approach		<b>&gt;</b> 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releva	nt statistical information such as the	,
number of organizations and other beneficiaries served, conferences convened, research pap		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		
·	· · · · · · · · · · · · · · · · · · ·	

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	443,532.
b	Average of monthly cash balances	1b	443,532. 437,935.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	881,467.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	881,467.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,222.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	868,245.
6	Minimum investment return. Enter 5% of line 5	6	43,412.
Р	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here  and do not complete this part.)	id certain	
1	Mınımum investment return from Part X, line 6	1	43,412.
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	394.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,018.
4	Recoveries of amounts treated as qualifying distributions	4	1,500.
5	Add lines 3 and 4	5	44,518.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	44,518.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	264,410.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	264,410.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	264,410.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for th	ne section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

				<del></del>
	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,	00.500			
line 7				44,518.
2 Undistributed income, if any, as of the end of 2019			_	1
a Enter amount for 2018 only			0.	,
b Total for prior years:				
g rotal for prior yours.		0.		l i
3 Excess distributions carryover, if any, to 2019:				
a From 2014 86,885.				'
b From 2015 151,623.				'
c From 2016 160,359.				ι
d From 2017 171,589.				
e From 2018 184,900.				'
f Total of lines 3a through e	755,356.	-		
4 Qualifying distributions for 2019 from	, , , , , , , , , , , , , , , , , , , ,			
Part XII, line 4: ►\$ 264,410.				
a Applied to 2018, but not more than line 2a			0.	i i
<b>b</b> Applied to undistributed income of prior	~			1
years (Election required - see instructions)		0.		١
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			i !
d Applied to 2019 distributable amount			-	44,518.
e Remaining amount distributed out of corpus	219,892.			
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			
6 Enter the net total of each column as indicated below:				!
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	975,248.		<u>-</u> _	
<b>b</b> Prior years' undistributed income. Subtract		_		e s
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				1
amount - see instructions		0.		!
e Undistributed income for 2018. Subtract line		-		·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				Į.
corpus to satisfy requirements imposed by				'
section 170(b)(1)(F) or 4942(g)(3) (Election				<b>†</b>
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				ı
not applied on line 5 or line 7	86,885.			
9 Excess distributions carryover to 2020.				1
Subtract lines 7 and 8 from line 6a	888,363.			
10 Analysis of line 9:				_;
a Excess from 2015 151,623.				
<b>b</b> Excess from 2016 160,359.				
c Excess from 2017 171,589.				1
d Excess from 2018 184,900.			! 	1
e Excess from 2019 219,892.				
				000 DE

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1 a If the foundation has received a ruling of			<del></del>	N/A	
foundation, and the ruling is effective fo			▶		
<b>b</b> Check box to indicate whether the found				4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon.  a "Assets" alternative test - enter:		/			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:	· <del>-</del>				
(1) Total support other than gross		1			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	/				
(4) Gross investment income	7				
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			itributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	more than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large porte	on of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	St.			
NONE					
2 Information Regarding Contribut					
Check here  if the foundation of the foundation makes gifts, grants, etc.,					uests for tunds. If
a The name, address, and telephone num	iber or email address of t	ne person to whom appl	cations should be addres	sed:	
ERIC REICHANADTER, 4					
3460 161ST AVE SE, B					
b The form in which applications should to	oe submitted and informa	tion and materials they s	should include:		
SEE ATTACHED STATEM	ENT.				
c Any submission deadlines:					
NONE			. Jundo of modulistics		··
${f d}$ Any restrictions or limitations on award ${f NONE}$ .	s, such as by geographic	ai areas, charitable fields	i, kinas of institutions, or (	Diner factors:	
T10T1T •					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ACE MENTOR PROGRAM OF WASHINGTON ÞС MENTORING AND COLLEGE 1301 FIFTH AVENUE SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS 1,500. SEATTLE, WA 98101 ALL STARS PROJECT INC PС TRANSFORMING THE LIVES OF YOUTH & POOR 870 MARKET STREET SUITE 832 COMMUNITIES USING THE SAN FRANCISCO, CA 94102 DEVELOPMENTAL POWER OF PERFORMANCE 4,600, PC ELIMINATE ALZHEIMER'S ALZHEIMER'S DISEASE & RELATED DISEASE THROUGH **DISORDERS** ADVANCEMENT OF 225 N MICHIGAN AVE 17TH FLOOR RESEARCH, PROVIDE CARE CHICAGO, IL 60601 SUPPORT FOR ALL 5,000. AMERICAN CANCER SOCIETY PC GENERAL SUPPORT 4535 CALIFORNIA AVE SW 1,000. SEATTLE, WA 98116 PC GENERAL SUPPORT AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVENUE 15,000, DALLAS TX 75231 SEE CONTINUATION SHEET(S) ► <u>3a</u> Total 264 410. **b** Approved for future payment NONE Total

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ided by section 512, 513, or 514	(e)	
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	, who die		
a			ļ			
b			<u> </u>			
C			<u> </u>			
d				<u> </u>		
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	853.		
4 Dividends and interest from securities			14			
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income			<u> </u>			
			<u> </u>			
8 Gain or (loss) from sales of assets other			18	4,737.		
than inventory			10	4,137		
9 Net income or (loss) from special events			<del>                                     </del>			
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>			
11 Other revenue:			1			
a			<del> </del>	·	- <del></del> -	
b	_		├			
c						
d						
e			-	10 010		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	19,819.		
13 Total. Add line 12, columns (b), (d), and (e)				13	19,819.	
(See worksheet in line 13 instructions to verify calculations.)		···-				
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	(emp	t Purposes		
Line No Explain below how each activity for which incom	ne is reported	in column (e) of Part XVI-A	contrib	outed importantly to the accord	inlishment of	
the foundation's exempt purposes (other than b			COMM	sated importantly to the accom	iphomionic or	
<b>V</b>	<u>,                                    </u>	, , , , , , , , , , , , , , , , , , ,			<del></del>	
		<del></del>		·-		
				<del></del>		
		<del></del>		·		
		<del></del>	_	<del></del>	<del></del>	
				<del></del>	<del></del>	
				·	<del></del>	
				<del></del>		
					<u>.                                    </u>	

Parl		RIME FOUNDATION egarding Transfers to and Transactions a izations		389926 haritable		
1 D	<del></del>	rectly engage in any of the following with any other organization	on described in section 501(c)		Yes	No
	•	nizations) or in section 527, relating to political organizations?	. ,			
a T	ransfers from the reporting found	ation to a noncharitable exempt organization of:				
(	) Cash			1a(1)		X
(2	) Other assets			1a(2)		<u>X</u>
<b>b</b> 0	ther transactions:					
	) Sales of assets to a noncharital			1b(1)		<u>X</u>
•	Purchases of assets from a no	. •		1b(2)		<u>X</u>
•	) Rental of facilities, equipment,	or other assets		1b(3)		X
•	Reimbursement arrangements			1b(4)		X
•	) Loans or loan guarantees	and continuous front and an analysis for an		1b(5)		X
•	•	mbership or fundraising solicitations		1b(6) 1c		X
		iling lists, other assets, or paid employees "Yes," complete the following schedule. Column (b) should alv	wave chow the fair market value of the go	استنسا	ote	
0	services given by the reporting fo	oundation. If the foundation received less than fair market valu other assets, or services received.	-		·	
(a)Line	no (b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions	, and sharing arr	angemer	nts
		N/A				
	_		<u>-</u>			
		·				
		<u> </u>				
2a  s	the foundation directly or indirect	ly affiliated with, or related to, one or more tax-exempt organi	zations described			

	in section 501(c) (other than section 501(c)(3)) or in section 527?			Yes	X No
b	If "Yes," complete the following schedule.				
	(a) Name of organization	(b) Type of organization	(c) Description of relation	nship	
	N/A				
-	·				
	Under penalties of perjury, I declare that I have examined this return, including			May the IRS dis	cuss this

lere	M15Bln		PRESI	DENT	shown below? See instr  X Yes No
Sigi	nature of officer or trustee	Date	Title		<u> </u>
Paid	Print/Type preparer's name  T.M. FRIEDRICHSEN	Preparer's signature	Date   18 - 30 - 30 - 30 - 30 - 30 - 30 - 30 - 3	self- employed	PTIN P00339213
Preparer Jse Only	Firm's name ► AMICUS LAW  Firm's address ► 1325 FOIRT	·		Firm's EIN ► 91	-2147434

SEATTLE, WA 98101-2509

Phone no. 206-624-9410
Form **990-PF** (2019)

THE PRIME FOUNDATION

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)	<u> </u>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
APPLE PHYSICAL THERAPY FOUNDATION		PC	GENERAL SUPPORT	
13618 116TH STREET CT E				
PUYALLUP WA 983/4				1,330.
BELLEVUE BOYS & GIRLS CLUBS INC		PC	SUPPORTING YOUNG	
209 100TH AVENUE NE			PEOPLE	
BELLEVUE WA 98004				3,000,
		_		
DOLLEGE DOLLGE DOLDEN STON		₽C	SUPPORT THE BELLEVUE	
BELLEVUE POLICE FOUNDATION			POLICE DEPARTMENT	
PO BOX 1543 BELLEVUE WA 98009			EOUTCE DELYKINEMI	1,000,
BELLEVOE, WA 90009				1,000
		no.	MENMOD THE AND	
BREAKFAST GROUP		PC	MENTORING AND PROVIDING SCHOLARSHIPS	
PO BOX 18334			FOR THE YOUTH	750
SEATTLE, WA 98118		1	FOR THE TOOTH	750,
BROADVIEW THOMSON K-8 PUBLIC SCHOOL		PC	EDUCATION	
13052 GREENWOOD AVE N				5.60
SEATTLE, WA 98133				560.
CALIFORNIA POLYTECHNIC STATE		PC	SUPPORT ACTIVITIES OF	
UNIVERSITY FOUNDATION			THE CONSTRUCTION	
ONE GRAND AVENUE BLDG 117 NO 208			MANAGEMENT PROGRAM.	
SAN LUIS OBISPO CA 93407-0443				3,500.
CAMP KOREY		PC PC	EMPOWERS CHILDREN WITH	
19031 33RD AVE WEST SUITE 211			SERIOUS MEDICAL	
LYNNWOOD, WA 98036			CONDITIONS THROUGH	
			LIFE-CHANGING	500
		<del> </del>	EXPERIENCES.	500,
CLASSICAL 98.1		PC	TO ACTIVELY GROW,	
10 HARRISON STREET SUTITE 100			DIVERSIFY, AND ENRICH	
SEATTLE, WA 98109			THE LOVE OF CLASSICAL	
			MUSIC	20,000.
COMMUNITY FOUNDATION OF NORTH CENTRAL		PC	AWARD COLLEGE	-
WASHINGTON			SCHOLARSHIPS TO	
9 S WENATCHEE AVE			STUDENTS IN CHELAN,	
WENATCHEE, WA 98801			DOUGLAS AND OKANOGAN	
			COUNTIES IN	500_
COMMUNITY HOMES		₽C	PROVIDE RESIDENTIAL	
PO BOX 1240			CARE SERVICES FOR	
BOTHELL WA 98041	<u> </u>	<u> </u>	DISABLED ADULTS.	1,500.
Total from continuation sheets				237,310.

THE PRIME FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the N			<del> </del>	
3 Grants and Contributions Paid During the 1 Recipient	If recipient is an individual,	1		
_ <u>_</u>	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CROHN'S & COLITIS FOUNDATION INC		PC	TO CURE CROHN'S	
733 THIRD AVENUE SUITE 510			DISEASE AND ULCERATIVE	
NEW YORK, NY 1001/			COLITIS.	3,000
FACING HOMELESSNESS		PC	BUILDING A NEW	
4001 9TH AVENUE NE			AWARENESS ABOUT	
SEATTLE, WA 98105		-	HOMELESSNESS	1,500
FAMILIES FOR EFFECTIVE AUTISM		PC	AUTISM ADVOCACY,	
TREATMENT OF WASHINGTON			EDUCATION AND SUPPORT	
14434 NE 8TH ST #2				
BELLEVUE, WA 98007				5,000
EDDD WWW.GUTYGOV GAYGED BEGENDAU		PC	CANCER RESEARCH	
FRED HUTCHINSON CANCER RESEARCH CENTER		FC	CANCER RESEARCH	
1100 FAIRVIEW AVENUE NORTH				
SEATTLE, WA 98109		<u> </u>		34,240
		PC	FINANCIAL ASSISTANCE	
FREEDOM HAS A FACE 21215 N YALE RD		FC	TO FAMILIES OF	
COLBERT, WA 99005			MILITARY'S FALLEN	
COBBERT, WA 33003			HEROS	50 <u>0</u>
FRIENDS OF REDMOND HUB		₽C	GENERAL SUPPORT	
12708 197TH PLACE NE				
WOODINVILLE, WA 98077		<del> </del>		5,000
HABITAT FOR HUMANITY SEATTLE-KING		PC	BRINGS PEOPLE TOGETHER	
COUNTY			TO BUILD HOMES AND	
560 NACHES AVE SW NO 110			COMMUNITIES.	
RENTON, WA 98057				27,500
HIGHLINE SCHOOLS FOUNDATION FOR		PC	COMMUNITY SUPPORT FOR	
EXCELLENCE			INNOVATICE EQUITABLE	
15675 AMBAUM BLVD SW			LEARNING ACROSS	
BURIEN, WA 98166			HIGHLINE PUBLIC	
			SCHOOLS	2,000
HILLCREST ELEMENTARY SCHOOL (LAKE		PC	EDUCATION	
STEVENS PUBLIC SCHOOL DISTRICT)				
9315 4TH STREET SE				
LAKE STEVENS, WA 98258				180
TWACTUR HOUSTING		PC	DEVELOP PERMANENT	
IMAGINE HOUSING	1		AFFORDABLE RENTAL	
10604 NE 38TH PL SUITE 215			HOUSING AND PROVIDING	
KIRKLAND, WA 98033			SUPPORTIVE SERVICES	500
Total from continuation sheets				<u></u>

Part XV Supplementary Information

3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JDRF INTERNATIONAL		PC	RESEARCH FOR A CURE TO	
26 BROADWAY 15TH FLOOR			TYPE I DIABETES	1
NEW YORK, NY 10004  JUNIR ACHIEVEMENT OF WASHINGTON		PC	EDUCATE YOUNG PEOPLE	1,660
1700 WESTLAKE AVENUE NO 100			TO VALUE FREE	
SEATTLE, WA 98109			ENTERPRISE AND	
			ECONOMICS AND CREATE WORKFORCE READY	1,500
KIKAHA O KE KAI OUTRIGGRE CANOE CLUB		PC	MAINTAIN AND	1,300
PO BOX 25586			PERPETUATE HAWAIIAN	
FEDERAL WAY, WA 98093			CULTURE THROUGH THE	
			PROMOTION OF WATER	105
<del></del>			SPORTS.	195
WING COUNTY LIDDARY GYGTEN BOIDINGTON		PC	PROVIDE SUPPORT FOR	
KING COUNTY LIBRARY SYSTEM FOUNDATION 960 NEWPORT WAY NW		PC	THE KING COUNTY	
ISSAQUAH, WA 98027			LIBRARY STYSTEM,	4,600
LAKE STEVENS HOOPSTERS		PC	GENERAL SUPPORT	
4702 128TH AVE NE				
LAKE STEVENS, WA 98258				250
LAKE STEVENS JUNIOR ATHLETIC		PC	GENERAL SUPPORT	
ASSOCIATION				
PO BOX 322				
LAKE STEVENS, WA 98258				250
LAKE WASHINGTON COLLEGE FOUNDATION 11605 132ND AVENUE NE NO W205C		PC	GENERAL SUPPORT	
KIRKLAND, WA 98034				2,500
LEAP ARTS IN EDUCATION		₽C	PROMOTE ARTS AND	
2601 MISSION STREET SUITE 603			ARCHITECTURE IN K-8	
SAN FRANCISCO CA 94110			CLASSES	1,000
MARYSVILLE YOUTH FOOTBALL		₽C	GENERAL SUPPORT	
PO BOX 839 MARYSVILLE, WA 98270				300
MUSEM OF FLIGHT		PC	PRESERVE AND EXHIBIT	
9404 EAST MARGINAL WAY SOUTH			HISTORICALLY	
SEATTLE, WA 98108			SIGNIFICANT AIR AND	
			SPACE ARTIFACTS AND	
Total from continuation sheets		1	PROVIDE LIFELONG	1,150

Part.XV Supplementary Information

Part.XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
NATIONAL MS SOCIETY		PC	HELP PEOPLE AFFECTED	
192 NICKERSON STREET SUITE 100			BY MULTIPLE SCLEROSIS	
SEATTLE, WA 98109				1,000.
NORMAGNORE GRATOR GENTLER		PC	PROMOTE THE EMOTIONAL,	
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DR		FC	SOCIAL AND PHYSICAL	
BOTHELL, WA 98011			WELL-BEING OF OLDER	
BOINELL, WA 90011			ADULTS.	1,000.
NORTHWEST CENTER		PC	PROMOTE THE RIGHTS AND	
PO BOX 80827			INDEPENDENCE OF	
SEATTLE, WA 98108		İ	INDIVIDUALS WITH	
		ļ	DEVELOPMENTAL	
			DISABILITIES	1,500.
PACIFIC CREST MONTESSORI		₽C	CREATE A LEARNING	
600 NW BRIGHT STREET			ENVIRONMENT THAT	
SEATTLE, WA 98107			SUPPORTS CHILDREN IN	
			THE DEVELOPMENT OF	
		-	INDEPENDENCE, SELF	1,500.
PANCREATIC CANCER ACTION NETWORK		PC	ADVANCE RESEARCH,	
1500 ROSECRANS AVE SUITE 200			SUPPORT PATIENTS, AND	
MANHATTAN BEACH, CA 90266			CREATE HOPE FOR PEOPLE	
			WHO HAVE PANCREATIC	2 500
			CANCER	2,500.
PLYMOUTH HOUSING GROUP		PC	DEVELOP AFFORDABLE	
2113 3RD AVENUE			HOUSING FOR HOMELESS	
SEATTLE , WA 98121			AND LOW INCOME	
			INDIVIDUALS	3,000.
		:		
RAINIER SCHOLARS		PC	ACADEMIC AND	
2100 24TH AVE S			LEADERSHIP ENRIGHMENT	
SEATTLE, WA 98144			PROGRAMS	3,170.
REBUILDING TOGETHER SEATTLE		PC	REPAIR	
500 AURORA AVE N. NO 305		1	HOMES, REVITALIZING	
SEATTLE, WA 98109			COMMUNITIES.	250.
SEATTLE ARCHITECTURE FOUNDATION		PC	EDUCATE THE PUBLIC TO	
1010 WESTERN AVENUE			BUILD APPRECIATION OF	
SEATTLE, WA 98104			SEATTLE'S BUILT ENVIRONMENT.	1.250.
SEATTLE CHILDREN'S HOSPITAL (JAQUISH		PC	PREVENT, TREAT AND	
DUKELOW MEMORIAL CANCER RESEARCH			ELIMINATE PEDIATRIC	
GUILD			DISEASE	
PO BOX 5371 MS RC-507			1	
SEATTLE, WA 98145-5005				5,000.
Total from continuation sheets				

THE PRIME FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	· · -	<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	-	
SEATTLE CHILDREN'S HOSPITAL		₽C	PREVENT, TREAT AND	
PO BOX 5371 MS RC-507			ELIMINATE PEDIATRIC DISEASE	53,000
SEATTLE, WA 98145-5005			DISEASE	
ST. JUDE'S CHILDRENS RESEARCH		₽C	ADVANCE CURES AND	
HOSPITAL			PREVENTION FOR	
262 DANNY THOMAS PLACE			PEDIATRIC CATASTROPHIC	
MEMPHIS, TN 38105			DISEASES.	5,000
CHIM ACDOCC AMEDICA		PC	AWARENESS FOR CANCER	
SWIM ACROSS AMERICA 6917 93RD AVENUE SE		F C	RESEARCH, PREVENTION	
MERCER ISLAND, WA 98040			AND TREATMENT	5,000
MARCHINE TOURS, WILLIAM TOURS				
THE FIRST TEE OF GREATER SEATTLE		PC	INCREASE ACCESS TO	
(SEATTLE JR. GOLF FOUNDATION)		1	GOLF FOR YOUTH	
PO BOX 31020				
SEATTLE, WA 98103		<u> </u>		1,500
AMARINA TAMBARAN TAY KAO		DC.	DROWING BROWSCHIVE	
VESTED INTEREST IN K9S PO BOX 98426		PC	PROVIDE PROTECTIVE VESTS AND ASSISTANCE	
EAST TAUNTON, MA 02718			FOR K9S OF LAW	
			ENFORCEMENT	975
		į		
VIRGINIA MASON FOUNDATION		PC	GENERAL SUPPORT	
1218 TERRY AVENUE			GENERAL SUFFORT	
SEATTLE WA 98111				20,000
WESTSOUND YOUTH FOUNDATION		P.C	PROVIDE AN OPPORTUNITY	
РО ВОХ 706			FOR YOUNG PEOPLE TO	
PORT ORCHARD, WA 98366			IMPROVE THEIR	6 200
			BASKETBALL SKILLS	6,200
Total from continuation sheets				
TOTAL HOLL CONTINUATION SHEETS	····			

Part XV Supplementary Information
. 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - ALZHEIMER'S DISEASE & RELATED DISORDERS
ELIMINATE ALZHEIMER'S DISEASE THROUGH ADVANCEMENT OF RESEARCH, PROVIDE
CARE & SUPPORT FOR ALL AFFECTED & PROMOTION OF BRAIN HEALTH.
NAME OF RECIPIENT - COMMUNITY FOUNDATION OF NORTH CENTRAL WASHINGTON
AWARD COLLEGE SCHOLARSHIPS TO STUDENTS IN CHELAN, DOUGLAS AND OKANOGAN
COUNTIES IN WASHINGTON.
NAME OF RECIPIENT - JUNIR ACHIEVEMENT OF WASHINGTON
EDUCATE YOUNG PEOPLE TO VALUE FREE ENTERPRISE AND ECONOMICS AND CREATE
WORKFORCE READY ADULTS.
NAME OF RECIPIENT - MUSEM OF FLIGHT
PRESERVE AND EXHIBIT HISTORICALLY SIGNIFICANT AIR AND SPACE ARTIFACTS
AND PROVIDE LIFELONG LEARING PROGRAMS THAT INSPIRE INTEREST IN SCIENCE
AND TECHNOLOGY.
NAME OF RECIPIENT - PACIFIC CREST MONTESSORI
CREATE A LEARNING ENVIRONMENT THAT SUPPORTS CHILDREN IN THE DEVELOPMENT
OF INDEPENDENCE, SELF DISCIPLINE.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

OMB No 1545 0047

46-1389926 THE PRIME FOUNDATION 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 X 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** X 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.

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Namè of organization

Employer identification number

# THE PRIME FOUNDATION

46-1389926

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional 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	\$\$	Person X Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions)

Name of organization

Employer identification number

# THE PRIME FOUNDATION

46-1389926

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of organization

Employer identification number

IE PR	RIME FOUNDATION				46-1389926			
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ns to organizations describ	bed in section 5	01(c)(7), (8), or (10) t	that total more than \$1,000 for the			
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1	,000 or less for t	the year (Enterthis info once	e)►\$			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Use duplicate copies of Part III if additional s	pace is needed						
) No. rom	(b) Purpose of gift	(c) Use of gir	ft	(d) Desci	ription of how gift is held			
art I	(2,00,000,000	(-,		` ,				
<u> </u>								
-		/-\ T	6:64	L				
		(e) Transfe	r or girt					
	Transferee's name, address, an	4 7ID . <i>A</i>	D	elationship of trai	neferor to transferee			
F	mansieree's name, address, and	UZIF + 4	Relationship of transferor to transferee					
		·		·				
			-					
				-				
No.			-					
om art l	(b) Purpose of gift	(c) Use of git	ft	(d) Desci	ription of how gift is held			
				_				
_								
L								
	(e) Transfer of gift							
L	Transferee's name, address, an	d ZIP + 4	R	elationship of trar	nsferor to transferee			
l								
No	···		<del></del>					
No. om	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held			
art I		<u> </u>			<del></del>			
					·			
				_				
			<del>-</del>	-				
F	(e) Transfer of gift							
	(e) transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee					
				-				
No. om	(b) Purpose of gift	(c) Use of git	f+	(d) Desci	ription of how gift is held			
irt I	(b) Fulpose of gift	(0) 030 01 9		(4) 5000.				
-				[				
		(e) Transfe	r of gift					
-	Transferee's name, address, and	<u>d ZIP + 4</u>	R	elationship of trar	nsferor to transferee			
				-				
	<u> </u>			<del>-</del>				
- 1								

	<del></del>							<del></del> =	
FORM 990-PF INTER	REST ON SAVI	NGS ANI	TEMPC	RARY	CASH IN	VESTMENTS	STATE	MENT	1
SOURCE					(B) (C) IVESTMENT ADJUSTED ICOME NET INCOME				
CHARLES SCHWAB				61.		61.			
WASHINGTON TRUST			792.			792.			
TOTAL TO PART I, I	INE 3			853.		853.			
FORM 990-PF	DIVIDEND	S AND I	INTERES	T FRO	M SECUR	ITIES	STATE	MENT	2
SOURCE	GROSS AMOUNT	GZ	PITAL AINS IDENDS	RE'	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) DJUSTI T INCO	
CHARLES SCHWAB	18,809	•	4,580.	0. 14,229.		14,22	19.		
TO PART I, LINE 4	18,809	•	4,580.		14,229.	14,22	19.		
FORM 990-PF		I	LEGAL F	EES			STATE	MENT	3
DESCRIPTION		(A) EXPENS PER BO	SES N			(C) ADJUSTED NET INCOM		(D) ARITAI URPOSI	
LEGAL FEES	_	4	386.		0.				0.
TO FM 990-PF, PG 1		4 ,	386.		0.				0.
FORM 990-PF			TAXES				STATE	MENT	4
DESCRIPTION		(A) EXPENS PER BO	SES N		) VEST- NCOME	(C) ADJUSTED NET INCOM		(D) ARITAI URPOSI	
EXCISE TAX ON INVE	STMENT		20.		0.				0.
FOREIGN TAXES ON INVESTMENTS EXCISE TAX		1,	140. 630.		140.				0.
TO FORM 990-PF, PG	1, LN 18	1,	790.		140.				0.
	_								

FORM 990-PF	OTHER E	OTHER EXPENSES			STATEMENT	5 
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
SCHOLARSHIP GRANTS REGISTRATION FEES	7,500.		0.			0.
TO FORM 990-PF, PG 1, LN 23	7,550.				0.	
FORM 990-PF	OTHER INV	ESTMENTS		<del></del>	STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE	
BOND FUNDS (SEE ATTACHED SCHE EQUITY FUNDS (SEE ATTACHED SCHEDULE) EXCHANGE TRADED FUNDS (SEE AT SCHEDULE)		COST COST		84,322. 203,458. 369,670.	84,53 219,23 397,70	2.
TOTAL TO FORM 990-PF, PART II	I, LINE 13	=		657,450.	701,46	
- ·	F SUBSTANTIA PART VII-A,		JTORS	;	STATEMENT	7
NAME OF CONTRIBUTOR	ADDR	ESS				
PRIME ELECTRIC, INC.		161ST AVE EVUE, WA 9		}		

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### GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PAGE 10, PART XV, LINE 2B - GRANT APPLICATION PROCESS

#### **EXPLANATION:**

THE FOLLOWING INFORMATION IS REQUIRED OF ALL GRANT APPLICANTS:

- 1.COVER SUMMARY PAGE:
- O NAME OF ORGANIZATION, INDIVIDUAL, OR PROJECT
- O CONTACT INFORMATION: NAME, ADDRESS, PHONE, FAX, E-MAIL
- O TOTAL AMOUNT OF GRANT REQUEST
- O BRIEF DESCRIPTION OF THE REQUEST
- O QUALIFICATIONS UNDER WHICH APPLICATION IS BEING MADE (SEE ITEM 8)
- 2.GRANT PROPOSAL:
- O MAXIMUM LENGTH, TWO PAGES DOUBLE-SPACED, 12-POINT TYPE.
- O IF MORE SPACE IS NEEDED, INCLUDE SUCCINCT ADDITIONAL MATERIAL IN AN APPENDIX.
- O 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):
- O A BUDGET FOR THE PROJECT(S), PROGRAM(S), OR WORK FOR WHICH INTENDED BY THIS PROPOSAL
- O CURRENT YEAR'S AND NEXT YEAR'S OPERATING BUDGET WHERE APPROPRIATE
- O 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.
- 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. OUALIFICATIONS:

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.

### 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.