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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

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.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
THE PRIME FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)
3460 161ST ST SE

City or town, state or province, country, and ZIP or foreign postal code
BELLEVUE, WA 98008

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,102,967

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis.)

A Employer identification number
46-1389926

B Telephone number (see instructions)
(425) 747-5200

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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) (see instructions).)

	(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 (attach schedule)	220,000		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	234	234	
	4 Dividends and interest from securities	15,404	15,404	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	5,818		
	b Gross sales price for all assets on line 6a 47,310			
	7 Capital gain net income (from Part IV, line 2)		5,818	
	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) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	241,456	21,456		
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 (attach schedule)	1,289	0	0
	b Accounting fees (attach schedule)			
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	2,471	94	0
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	10	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	3,770	94	0
25 Contributions, gifts, grants paid	181,865		181,865	
26 Total expenses and disbursements. Add lines 24 and 25	185,635	94	181,865	
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	55,821		
	b Net investment income (if negative, enter -0-)		21,362	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	71,652	106,111	106,111
	2 Savings and temporary cash investments	226,816	227,702	227,702
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	657,450	677,926	769,154
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	955,918	1,011,739	1,102,967	
Liabilities	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 (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	955,918	1,011,739	
	29 Total net assets or fund balances (see instructions)	955,918	1,011,739	
30 Total liabilities and net assets/fund balances (see instructions) .	955,918	1,011,739		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	955,918
2 Enter amount from Part I, line 27a	2	55,821
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,011,739
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 29 .	6	1,011,739

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.)
1 a SCHWAB US AGGREGATE BOND ETF 800 SH	P	2019-05-17	2020-03-11
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(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)
a 43,474		41,492	1,982
b 3,836			3,836
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(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	
a			1,982
b			3,836
c			
d			
e			

2 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 }	2	5,818
	3	
3 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) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved	2		
3 Reserved.	3		
4 Reserved	4		
5 Reserved	5		
6 Reserved	6		
7 Reserved	7		
8 Reserved ,	8		

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)		
b	Reserved.	1	297
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	297
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	297
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	450
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	450
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	153
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 153 Refunded	11	0

Part VII-A Statements Regarding Activities

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?	Yes	No
1a			No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
1b			No
c	Did the foundation file Form 1120-POL for this year?.		No
1c			No
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? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a	No
4b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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?	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► WA		
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? <i>If "No," attach explanation.</i>	8b	Yes
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>ERIC REICHANADTER</u> Telephone no. ▶ <u>(425) 747-5200</u>			

Located at ▶ 3460 161ST ST SE BELLEVUE WA ZIP+4 ▶ 98008

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2020, 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	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(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 <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	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 2020?	1c		No
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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
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 2020 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 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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

		Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		5b
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
	If "Yes" to 6b, file Form 8870.		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. See instructions**

(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 3460 161ST AVE SE BELLEVUE, WA 98008	PRESIDENT, SENIOR DIRECTOR 1.00	0	0	0
MIKE BROBERG 3460 161ST AVE SE BELLEVUE, WA 98008	SECRETARY/TREASURER ASSOCI 1.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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 (see instructions). 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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	788,563
b	Average of monthly cash balances.	1b	401,927
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,190,490
e	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	1,190,490
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	17,857
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,172,633
6	Minimum investment return. Enter 5% of line 5.	6	58,632

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.)

1	Minimum investment return from Part X, line 6.	1	58,632
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	297
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	297
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	58,335
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	58,335
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	58,335

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	181,865
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:		
a	Suitability test (prior IRS approval required).	3a	
b	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	181,865
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	181,865

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				58,335
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	151,623			
b From 2016.	160,359			
c From 2017.	171,589			
d From 2018.	184,900			
e From 2019.	219,892			
f Total of lines 3a through e.	888,363			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 181,865				
a Applied to 2019, 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 2020 distributable amount.				58,335
e Remaining amount distributed out of corpus	123,530			
5 Excess distributions carryover applied to 2020. (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,011,893			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2015 not applied on line 5 or line 7 (see instructions).	151,623			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	860,270			
10 Analysis of line 9:				
a Excess from 2016.	160,359			
b Excess from 2017.	171,589			
c Excess from 2018.	184,900			
d Excess from 2019.	219,892			
e Excess from 2020.	123,530			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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:					
(1) Total support other than gross 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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ERIC REICHANADTER
3460 161ST AVE SE
BELLEVUE, WA 98008
(425) 747-5200

b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT.

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NONE.

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

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	181,865
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	234	
4 Dividends and interest from securities.			14	15,404	
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.					
8 Gain or (loss) from sales of assets other than inventory			18	5,818	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .		0		21,456	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13	21,456	21,456

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d 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) (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

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.		
	*****	2021-10-22	*****
	_____ Signature of officer or trustee	_____ Date	_____ 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	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00339213
	TM FRIEDRICHSEN				
	Firm's name ▶ AMICUS LAW GROUP PC				Firm's EIN ▶ 91-2147434
	Firm's address ▶ 1325 FOURTH AVE 940 SEATTLE, WA 981012509				Phone no. (206) 624-9410

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
ACE MENTOR PROGRAM OF WASHINGTON 1301 FIFTH AVENUE SEATTLE, WA 98101		PC	MENTORING AND COLLEGE SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS	1,500
ALL STARS PROJECT INC 543 WEST 42ND ST NEW YORK, NY 10036		PC	TRANSFORMING THE LIVES OF YOUTH & POOR COMMUNITIES USING THE DEVELOPMENTAL POWER OF PERFORMANCE	5,000
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231		PC	GENERAL SUPPORT	17,600
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037		PC	WESTERN WILDFIRES FUND	925
BAY AREA DEPUTY SHERIFF'S CHARITABLE FOUNDATION 460 BRANNAN ST STE 77650 SAN FRANCISCO, CA 94107		PC	GENERAL SUPPORT	1,000
BRIDGE OF PROMISE PO BOX 1053 CARNATION, WA 98014		PC	GENERAL SUPPORT	7,600
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION ONE GRAND AVENUE BLDG 117 NO 208 SAN LUIS OBISPO, CA 934070443		PC	SUPPORT ASC 8 ELECTRICAL TEAM	3,500
CANDELIGHTERS FOR CHILDREN WITH CANCER 6600 SW 92ND AVE STE 160 PORTLAND, WA 97223		PC	GENERAL SUPPORT	300
CHICO CM EDUCATION FOUNDATION 400 W 1ST ST CHICO, CA 95929		PC	GENERAL SUPPORT	5,000
Total			▶ 3a	181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104		PC	GENERAL SUPPORT	10,000
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108		PC	GENERAL SUPPORT	2,000
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109		PC	CANCER RESEARCH	28,215
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITY EAST BAYSILICON VALLEY 2619 BROADWAY OAKLAND, CA 94612		PC	GENERAL SUPPORT	8,000
HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVE STE 902 NEW YORK, NY 10018		PC	GENERAL SUPPORT	250
KCLS FOUNDATION 960 NEWPORT WAY NW SEATTLE, WA 98027		PC	GENERAL SUPPORT	2,500
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
KIDSQUEST MUSEUM 1116 108TH AVE NE BELLEVUE, WA 98004		PC	GENERAL SUPPORT	5,000
LAKE CITY PRESBYTERIAN CHURCH 3841 NE 123RD ST SEATTLE, WA 98125		PC	GENERAL SUPPORT	1,000
LAKE WASHINGTON COLLEGE FOUNDATION 11605 132ND AVENUE NE NO W205C KIRKLAND, WA 98034		PC	GENERAL SUPPORT	2,500
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
MARY'S PLANCE SEATTLE1830 9TH AVE SEATTLE, WA 98101		PC	GENERAL SUPPORT	2,500
MARYSVILLE YOUTH FOOTBAL LEAGUE PO BOX 839 MARYSVILLE, WA 98270		PC	GENERAL SUPPORT	300
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA, WA 98415		PC	GENERAL SUPPORT	2,300
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DR BOTHELL, WA 98011		PC	PROMOTE THE EMOTIONAL, SOCIAL AND PHYSICAL WELL- BEING OF OLDER ADULTS.	1,000
NORTHWEST CENTERPO BOX 80827 SEATTLE, WA 98108		PC	GENERAL SUPPORT	1,500
PILCHUCK SOCCER ALLIANCE PO BOX 256 MARYSVILLE, WA 98270		PC	GENERAL SUPPORT	300
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
RAINIER SCHOLARS2100 24TH AVE S SEATTLE, WA 98144		PC	GENERAL SUPPORT	17,500
SEATTLE ARCHITECTURE FOUNDATION 1010 WESTERN AVENUE SEATTLE, WA 98104		PC	GENERAL SUPPORT	1,250
SEATTLE CANCER CARE ALLIANCE 825 EASTLAKE AVE E SEATTLE, WA 98109		PC	AML LEUKEMIA RESEARCH	1,000
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a <i>Paid during the year</i>				
SEATTLE FOUNDATION1601 FIFTH AVE SEATTLE, WA 98101		PC	COVID-19 FUND	5,000
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125		PC	GENERAL SUPPORT	2,500
THE SALVATION ARMY NORTHWEST DIVISION 111 QUEEN ANNE AVE N SEATTLE, WA 98109		PC	WA WILDFIRE RELIEF FUND	1,575
Total ▶ 3a				181,865

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
UNITED WAY BAY AREA550 KEARNY ST SAN FRANCISCO, CA 94108		PC	COVID-19 FUND	5,000
VIRGINIA MASON FOUNDATION 1218 TERRY AVENUE SEATTLE, WA 98111		PC	GENERAL SUPPORT	20,000
VIRGINIA MASON FOUNDATION 1218 TERRY AVENUE SEATTLE, WA 98111		PC	MEDICAL RESEARCH & MEDICAL ASSISTANCE FOR VULNERABLE POPULATIONS	18,250
Total ► 3a				181,865

TY 2020 General Explanation Attachment

Name: THE PRIME FOUNDATION
EIN: 46-1389926

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	GRANT APPLICATION PROCESS	FORM 990-PF, PAGE 10, PART XV, LINE 2B	<p>THE FOLLOWING INFORMATION IS REQUIRED OF ALL GRANT APPLICANTS:</p> <p>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. 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. 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.</p>

TY 2020 Investments - Other Schedule

Name: THE PRIME FOUNDATION

EIN: 46-1389926

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DIVIDENDS DECLARED	AT COST	84	84
CHARLES SCHWAB US MC ETF	AT COST	22,623	27,836
CHARLES SCHWAB US REIT ETF	AT COST	23,062	19,622
ISHARES SELECT DIVIDEND ETF	AT COST	79,814	78,594
SCHWAB EMERGING MARKETS EQUITY ETF	AT COST	17,541	21,623
SCHWAB INTERNATIONAL EQUITY ETF	AT COST	20,346	23,438
SCHWAB SHORT TERM US TREASURY ETF	AT COST	43,382	43,372
SCHWAB US AGGREGATE BOND ETF	AT COST	43,886	47,264
SCHWAB US DIVIDEND EQUITY ETF	AT COST	79,920	98,278
SCHWAB US LARGE CAP GROWTH ETF	AT COST	22,314	35,403
SCHWAB US SMALL CAP ETF	AT COST	28,157	35,712
AAA/HIMCO SHORT DURATION FUND	AT COST	42,733	43,136
LORD ABBETT SHORT DURATION INCOME FUND	AT COST	43,586	43,592
AMERICAN FUNDS EUROPACIFIC GROWTH FUND	AT COST	19,985	27,275
AMERICAN FUNDS WASHINGTON MUTUAL FUND	AT COST	30,478	33,422
BAIRD MIDCAP FUND	AT COST	19,587	24,928
LOOMIS SAYLES GROWTH FUND	AT COST	24,001	32,197
MFS VALUE FUND	AT COST	29,200	32,392
RUSSELL INVESTMENTS GLOBAL REAL ESTATE SECURITIES FUND	AT COST	23,823	21,997
SCHWAB S&P 500 INDEX FUND	AT COST	46,021	59,563
WELLS FARGO SPECIAL MID CAP VALUE FUND	AT COST	17,383	19,426

TY 2020 Legal Fees Schedule**Name:** THE PRIME FOUNDATION**EIN:** 46-1389926

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,289	0		0

TY 2020 Other Expenses Schedule**Name:** THE PRIME FOUNDATION**EIN:** 46-1389926**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REGISTRATION FEES	10	0		0

**TY 2020 Substantial Contributors
Schedule****Name:** THE PRIME FOUNDATION**EIN:** 46-1389926**Name****Address**

PRIME ELECTRIC INC

3460 161ST AVE SE
BELLEVUE, WA 98008

TY 2020 Taxes Schedule**Name:** THE PRIME FOUNDATION**EIN:** 46-1389926**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT INCOME	877	0		0
FOREIGN INCOME TAX	94	94		0
EXCISE TAX	1,500	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization THE PRIME FOUNDATION		Employer identification number 46-1389926

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE PRIME FOUNDATION

Employer identification number
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	\$ 220,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE PRIME FOUNDATION	Employer identification number 46-1389926
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

46-1389926

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)