

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.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 07-01-2017 , and ending 06-30-2018

Name of foundation JOHN P PREVITI MEMORIAL FOUNDATION		A Employer identification number 27-4256513
Number and street (or P.O. box number if mail is not delivered to street address) 2151 E CONVENTION CTR WAY STE 222	Room/suite	B Telephone number (see instructions) (909) 354-8000
City or town, state or province, country, and ZIP or foreign postal code ONTARIO, CA 917645496		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 777,207	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (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)	56,250			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	70			
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)	70		70		
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	56,320		0	70	
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)	501		0	501
	b Accounting fees (attach schedule)	3,260		0	3,260
	c Other professional fees (attach schedule)	13,005		0	13,005
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	12,105	12,105	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	28,871	12,105	0	16,766
	25 Contributions, gifts, grants paid	304,268			304,268
26 Total expenses and disbursements. Add lines 24 and 25	333,139	12,105	0	321,034	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-276,819				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			70		

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	329,487	64,707	64,707
	2 Savings and temporary cash investments			
	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)	1,025,945	834,665	712,500
	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)	1,355,432	899,372	777,207	
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 ▶ _____)	179,000	0	
	23 Total liabilities (add lines 17 through 22)	179,000	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	1,176,432	899,372		
30 Total net assets or fund balances (see instructions)	1,176,432	899,372		
31 Total liabilities and net assets/fund balances (see instructions) .	1,355,432	899,372		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,176,432
2 Enter amount from Part I, line 27a	2	-276,819
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	899,613
5 Decreases not included in line 2 (itemize) ▶ _____	5	241
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	899,372

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)
1a			

(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			
b			
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			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
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	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	227,792	481,443	0 473144
2015	120,547	1,798,541	0 067025
2014	151,171	1,270,573	0 118979
2013	193,467	1,472,317	0 131403
2012	172,742	1,286,913	0 134230

2 Total of line 1, column (d)	2	0 924781
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 184956
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	887,606
5 Multiply line 4 by line 3	5	164,168
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	164,168
8 Enter qualifying distributions from Part XII, line 4	8	321,034

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

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due. Total amount owed is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes a table for Yes/No answers.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised funds, public inspection requirements, and books in care of RICH MUNKVOLD.

Located at 2151 E CONVENTION CTR WAY STE 222 ONTARIO CA ZIP+4 917645496

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements for 2017.

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<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	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
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?			6b
	<i>If "Yes" to 6b, file Form 8870</i>			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

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

Part VIII

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (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. Includes entries for JAMES L PREVITI, RICHARD MUNKVOLD, and KATELYN MARIE PREVITI.

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

Table with 5 columns: (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. First row contains "NONE".

Total number of other employees paid over \$50,000. 0

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. First row contains "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

Table with 2 columns: Description of activities (labeled 1, 2, 3, 4) and Expenses.

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

Table with 2 columns: Description of investments (labeled 1, 2, 3) and Amount.

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	0
b	Average of monthly cash balances.	1b	188,623
c	Fair market value of all other assets (see instructions).	1c	712,500
d	Total (add lines 1a, b, and c).	1d	901,123
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	901,123
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	13,517
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	887,606
6	Minimum investment return. Enter 5% of line 5.	6	44,380

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	44,380
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	44,380
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	44,380
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	44,380

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	321,034
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	321,034
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	321,034

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				44,380
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	108,396			
b From 2013.	119,851			
c From 2014.	87,835			
d From 2015.	30,620			
e From 2016.	203,720			
f Total of lines 3a through e.	550,422			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>321,034</u>				
a Applied to 2016, 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 2017 distributable amount.				44,380
e Remaining amount distributed out of corpus	276,654			
5 Excess distributions carryover applied to 2017 (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	827,076			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	108,396			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	718,680			
10 Analysis of line 9				
a Excess from 2013.	119,851			
b Excess from 2014.	87,835			
c Excess from 2015.	30,620			
d Excess from 2016.	203,720			
e Excess from 2017.	276,654			

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 2017, enter the date of the ruling. 2011-10-27

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) 2017	(b) 2016	(c) 2015	(d) 2014	
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 organization 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))
 JAMES L PREVITI

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 (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

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				304,268
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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>				
VICTOR VALLEY COLLEGE FOUNDATION 18422 BEAR VALLEY RD VICTORVILLE, CA 92395	NONE	NONPROFIT ORGANIZATI	TO SUPPORT EDUCATION	50,000
RIVERSIDE UNIVERSITY HEALTH SYSTEM 26520 CACTUS AVE MORENO VALLEY, CA 92555	NONE	NONPROFIT ORGANIZATI	PROVIDING LIFE-SAVING PROGRAMS, EDUCATION AND EQUIPMENT TO PROVIDE HIGH QUALITY CARE	100,000
BOYS & GIRLS CLUB OF FULLERTON 340 W COMMONWEALTH AVE FULLERTON, CA 92832	NONE	NONPROFIT ORGANIZATI	TO PROVIDE A SAFE PLACE FOR CHILDREN TO LEARN AND GROW, ALL WHILE HAVING FUN	2,500
Total ▶ 3a				304,268

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>				
SEBA735 E CARNEGIE DR STE 125 SAN BERNANDINO, CA 92408	NONE	NONPROFIT ORGANIZATI	TO SUPPORT CHILDREN IN NEED	5,000
STEVEN'S HOPE 1014 W FOOTHILL BLVD STE B UPLAND, CA 91786	NONE	NONPROFIT ORGANIZATI	TO HELP FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN	5,000
RANCHO REMEMBERS 11801 LARK DRIVE RANCHO CUCAMONGA, CA 91701	NONE	EDUCATIONAL INSTITUT	TO TEACH STUDENTS AMERICAN HISTORY FROM THE MEN AND WOMEN WHO HAVE FOUGHT TO PROVIDE IT	1,500
Total ▶ 3a				304,268

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>				
DEER CANYON LITTLE LEAGUE HERMOSA AVE RANCHO CUCAMONGA, CA 91730	NONE	NONPROFIT ORGANIZATI	TO SUPPORT LOCAL SPORTS PROGRAMS FOR YOUTH	300
HERMOSA ELEMENTARY PTA 10133 WILSON AVE ALTA LOMA, CA 91737	NONE	NONPROFIT ORGANIZATI	TO SUPPORT LOCAL EDUCATION	500
CEDAR HOUSE LIFE CHANGE CENTER 18612 SANTA ANA BLVD BLOOMINGTON, CA 92316	NONE	NONPROFIT ORGANIZATI	TREATMENT OF ADDICTION	10,000
Total ▶ 3a				304,268

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>				
RANCHO CUCAMONGA BULLDOGS BASEBALL CLUB PO BOX 8685 ALTA LOMA, CA 91701	NONE	NONPROFIT ORGANIZATI	TO SUPPORT CHILDREN'S BASEBALL	250
MEGAN'S WINGS 1042 N MOUNTAIN AVENUE STE B303 UPLAND, CA 91786	NONE	NONPROFIT ORGANIZATI	TO SUPPORT CHILDREN WITH CANCER	5,000
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	NONPROFIT ORGANIZATI	TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC THROUGH RESEARCH AND TREATMENT	2,500
Total ▶ 3a				304,268

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>				
HOPE LOVE & CHARITY FOUNDATION INC 8352 KIMBALL AVE F350 3 CHINO, CA 91708	NONE	NONPROFIT ORGANIZATI	COMMUNITY OUTREACH	21,586
HESPERIA UNIFIED SCHOOL DISTRICT 15576 MAIN STREET HESPERIA, CA 92345	NONE	EDUCATIONAL INSTITUT	TO SUPPORT LOCAL EDUCATION	5,000
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 91730	NONE	EDUCATIONAL INSTITUT	TO IMPROVE LIVES AND FUTURES OF CHILDREN BY INVESTING IN EDUCATION, HEALTH, AND FINANCIAL STABILITY	10,000
Total ▶				304,268
3a				

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>				
REDLANDS UNIFIED SCHOOL DISTRICT 20 WEST LUGONIA AVE REDLANDS, CA 92374	NONE	EDUCATIONAL INSTITUT	TO SUPPORT LOCAL EDUCATION	5,000
OPERATION SAFEHOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	NONE	NONPROFIT ORGANIZATI	TO PROVIDE EMERGENCY SHELTER, INTERVENTION AND OUTREACH SERVICES TO YOUTH IN CRISIS	5,000
HOPE THROUGH HOUSING FOUNDATION 9421 HAVEN AVENUE RANCHO CUCAMONGA, CA 91730	NONE	NONPROFIT ORGANIZATI	COMMUNITY OUTREACH	20,000
Total ▶ 3a				304,268

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>				
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CA 06825	NONE	NONPROFIT ORGANIZATI	TO HELP CHILDREN IN NEED	10,000
AMERICAN HUMANE ASSOCIATION 1400 16TH STREET NW SUITE 360 WASHINGTON, DC 20036	NONE	NONPROFIT ORGANIZATI	TO HELP ANIMALS WHICH ARE IN NEED OF RESCUE, SHELTER, PROTECTION OR SECURITY	5,000
MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON COURT TIGARD, OR 97224	NONE	NONPROFIT ORGANIZATI	TO PROVIDE MEDICAL AND DENTAL CARE, HUMANITARIAN AID, AND HOLISTIC PROGRAMS TO PEOPLE IN NEED	10,000
Total ► 3a				304,268

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>				
SANTA CLAUS OF THE CHAFFEY DISTRICT INC 1330 EAST D STREET ONTARIO, CA 91764	NONE	NONPROFIT ORGANIZATI	TO PROVIDE A SANTA CLAUS EXPERIENCE FOR CHILDREN WHO MIGHT NOT OTHERWISE HAVE A CHRISTMAS	5,000
ST GEORGE PARISH SCHOOL 322 WEST D STREET ONTARIO, CA 91762	NONE	EDUCATIONAL INSTITUT	TO SUPPORT LOCAL EDUCATION	1,000
BOYS & GIRLS CLUB OF MENIFEE VALLEY 26301 GARBANI ROAD MENIFEE, CA 92584	NONE	NONPROFIT ORGANIZATI	TO PROVIDE A POSITIVE AND AFFORDABLE PLACE FOR CHILDREN IN RISK TO REACH THEIR FULL POTENTIAL	10,000
Total 3a				304,268

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>				
BOYS & GIRLS CLUB OF FONTANA 7723 ALMERIA AVE FONTANA, CA 92335	NONE	NONPROFIT ORGANIZATI	TO HELP YOUTH TO PREPARE FOR FUTURE BY OFFERING PROGRAMS IN EDUCATION AND CAREER DEVELOPMENT	5,000
FOOTHILL FAMILY SHELTER UPLAND 1504 WEST 9TH STREET SUITE D UPLAND, CA 91786	NONE	NONPROFIT ORGANIZATI	TO PROVIDE TRANSITIONAL AND PERMANENT SHELTER FOR FAMILIES IN NEED	557
RIALTO YOUTH SOCCER LEAGUE 1485 N AYALA DRIVE RIALTO, CA 92376	NONE	NONPROFIT ORGANIZATI	TO PROVIDE FUN AND HEALTHY GAME FOR ALL KIDS	500
Total ▶ 3a				304,268

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>				
OFFICE SOLUTION -CHARITIES 23303 LA PALMA AVENUE YORBA LINDA, CA 92887	NONE	NON PROFIT	TO SUPORT VARIOUS CHARITIES	564
BIG BROTHERS BIG SISTERS 2502 N ROCKY POINT DR TAMPA, FL 33607	NONE	NONPROFIT ORGANIZATI	PROVIDE MENTORING FOR AT RISK KIDS	5,000
LOS ANGELES REGIONAL FOOD BANK -NORTH ELEMENTRAY BACKPACK PROGRAM 1734 E 41RST ST LOS ANGELES, CA 90058	NONE	NON PROFIT	PROVIDE FOOD TO CHILDREN IN NEEDTO PROVIDE FOOD FOR CHILDREN IN NEED	2,511
Total ▶ 3a				304,268

TY 2017 Accounting Fees Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,260	0	0	3,260

TY 2017 Investments - Other Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
F&J ENTERPRISE	FMV	834,665	712,500

TY 2017 Legal Fees Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	210	0	0	210
CA FTB	10	0	0	10
LICENSES AND FEES	281	0	0	281

TY 2017 Other Decreases Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513

Description	Amount
NON DEDUCTIBLE PENALTIES FROM F&J ENTERPRISES, LLC K-1	241

TY 2017 Other Expenses Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
F&J ENTERPRISES LLC K-1	12,105	12,105	0	0

TY 2017 Other Liabilities Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYBALE TO TATE	179,000	0

TY 2017 Other Professional Fees Schedule**Name:** JOHN P PREVITI MEMORIAL FOUNDATION**EIN:** 27-4256513

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	8,761	0	0	8,761
OFFICE SUPPLIES	3,506	0	0	3,506
COMPUTER/PRINTER EXPENSE	298	0	0	298
DELIVERY	33	0	0	33
CONSULTING	144	0	0	144
DUES	25	0	0	25
MISCELLANEOUS EXPENSES	238	0	0	238

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
JOHN P PREVITI MEMORIAL FOUNDATION

Employer identification number
27-4256513

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 JOHN P PREVITI MEMORIAL FOUNDATION	Employer identification number 27-4256513
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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	JAMES L PREVITY 2151 E CONVENTION CTR WAY STE 222 ONTARIO, CA91764	\$ 56,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization JOHN P PREVITI MEMORIAL FOUNDATION	Employer identification number 27-4256513
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Part II Noncash Property (See instructions) Use duplicate copies of Part 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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization JOHN P PREVITI MEMORIAL FOUNDATION	Employer identification number 27-4256513
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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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____