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Return of Organization Exempt From Income Tax**2008**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	DESERT CLASSIC CHARITIES 39-000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270-3221	D Employer Identification Number 33-0826474	E Telephone number (760) 346-8184
F Name and address of principal officer SAME AS C ABOVE			G Gross receipts \$ 9,564,388. H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: ▶ WWW.BHCC.COM				
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of Formation M State of legal domicile	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO HOLD GOLF TOURNAMENT AND RELATED ACTIVITIES TO RAISE FUNDS WHICH ARE DISTRIBUTED TO CHARITIES THROUGHOUT THE COACHELLA VALLEY AREA.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		24
	5 Total number of employees (Part V, line 2a)	5		21
	6 Total number of volunteers (estimate if necessary)	6		1,200
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		280,779.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		5,155.
		Prior Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)	3,555,450.		3,201,850.
	9 Program service revenue (Part VIII, line 2g)	6,023,322.		5,983,418.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,650.		98,341.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	281,886.		280,779.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,041,971.		9,564,388.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,642,000.		1,906,250.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	758,560.		798,529.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,068,155.		6,860,676.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,468,715.		9,565,455.
	19 Revenue less expenses Subtract line 18 from line 12	573,256.		-1,067.
		Beginning of Year		End of Year
	20 Total assets (Part X, line 16)	8,685,825.		8,586,384.
	21 Total liabilities (Part X, line 26)	175,193.		76,818.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,510,632.		8,509,566.

Part II Signature Block

	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ <i>[Signature]</i> Signature of officer	Date 5/10/10		
	▶ JAMES R. REED Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ <i>[Signature]</i>	Date 4/26/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 WESLEY A. WATT, CPA 74-399 HIGHWAY 111, SUITE B PALM DESERT, CA 92260		EIN ▶ N/A Phone no ▶ (760) 776-4321	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO HOLD GOLF TOURNAMENT AND RELATED ACTIVITIES TO RAISE FUNDS WHICH ARE DISTRIBUTED TO CHARITIES THROUGHOUT THE COACHELLA VALLEY AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ☐) (Expenses \$ 9,446,271. including grants of \$ 1,906,250.) (Revenue \$ 9,185,268.)

BOB HOPE CHRYSLER CLASSIC GOLF TOURNAMENT AND BOB HOPE CLASSIC BALL NET PROCEEDS OF WHICH ARE DISTRIBUTED TO CHARITIES THROUGHOUT THE COACHELLA VALLEY AREA.

4b (Code: ☐) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code: ☐) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 9,446,271. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	37
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers of key employees of the organization?		X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ MINDY JOHNSTON 39000 BOB HOPE DR., RANCHO MIRAGE, CA 92270 (760) 346-8184

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M. FOSTER PRESIDENT	15			X				0.	0.	0.
ROBERT BRENNAN DIRECTOR	8	X						0.	0.	0.
STEVE MORTON DIRECTOR	8	X						0.	0.	0.
ERNIE DUNLEVIE CHAIRMAN	8			X				0.	0.	0.
THOMAS J. GORDON DIRECTOR	3	X						0.	0.	0.
LARRY LICHLITER SECOND V.P.	4			X				0.	0.	0.
DAWN SUGGS ADMIN DIRECTOR	40				X			88,000.	0.	0.
DAVID J. ERWIN SECRETARY	3			X				0.	0.	0.
ROGER LOW DIRECTOR	2	X						0.	0.	0.
JOHN E. EVENSON DIRECTOR	3	X						0.	0.	0.
JOHN LANE DIRECTOR	10	X						0.	0.	0.
DICK ZEIGLER DIRECTOR	3	X						0.	0.	0.
GREG HELM DIRECTOR	15	X						0.	0.	0.
LARRY MATHIS FIRST VICE PRES	5			X				0.	0.	0.
MICHAEL MILTHORPE TOURNAMENT DIR	0			X				140,004.	0.	0.
KEVIN MCGUIRE TREASURER	2			X				0.	0.	0.
HOWARD HUBBARD DIRECTOR	2	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLARKE RHENEY DIRECTOR	12	X						0.	0.	0.
JOE KIRBY DIRECTOR	1	X						0.	0.	0.
HOWARD LESTER DIRECTOR	3	X						0.	0.	0.
VICTOR LOBUE JR. DIRECTOR	3	X						0.	0.	0.
JAMES R. REED DIRECTOR	15	X						0.	0.	0.
EUGENE WEISBERG DIRECTOR	1	X						0.	0.	0.
MICHELLE KRANS DIRECTOR	0	X						0.	0.	0.
MARGARET JOHNSTON CONTROLLER	40					X		56,700.	0.	0.
PAT BENNETT PUBLIC RELATION	40					X		48,048.	0.	0.
RICH LANE SALES	40					X		54,909.	0.	0.
1b Total								387,661.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
BYRNE & CLAYTON 150 N. SAN DIMAS AVE., STE. 102 SAN DIMAS, CA 91773	CONSULTING	114,000.
SHARI KELLEY EVENTS 1253 VALDIVIA, STE. 1 PALM SPRINGS, CA 92262	BALL PRODUCTION	192,636.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 2

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns. ... 1a					
	b Membership dues ... 1b					
	c Fundraising events. ... 1c					
	d Related organizations ... 1d					
	e Government grants (contributions) ... 1e					
	f All other contributions, gifts, grants, and similar amounts not included above. 1f	3,201,850.				
	g Noncash contribns included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f	3,201,850.				
PROGRAM SERVICE REVENUE	Business Code					
	2a BOB HOPE CHRYSLER CLASSIC		5,867,918.	5,867,918.		
	b BOB HOPE CLASSIC BALL		115,500.	115,500.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,983,418.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		98,341.		98,341.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a ADVERTISING INCOME		280,779.	280,779.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		280,779.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,564,388.	5,983,418.	280,779.	98,341.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,906,250.	1,906,250.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees.	228,004.	228,004.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	436,634.	436,634.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,414.	19,414.		
9 Other employee benefits	68,992.	68,992.		
10 Payroll taxes	45,485.	45,485.		
11 Fees for services (non-employees)				
a Management				
b Legal	33,882.	16,941.	16,941.	
c Accounting	35,140.	17,570.	17,570.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	278,850.	278,850.		
13 Office expenses	19,576.	19,576.		
14 Information technology	26,300.	26,300.		
15 Royalties				
16 Occupancy	21,988.	21,988.		
17 Travel	26,371.	26,371.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,259.	24,259.		
23 Insurance	32,083.	32,083.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL PURSE	1,971,000.	1,971,000.		
b AMATEUR RELATIONS	1,245,077.	1,245,077.		
c TOURNAMENT OPERATIONS	886,783.	886,783.		
d PUBLIC RELATIONS	399,568.	399,568.		
e BOB HOPE CLUB	224,941.	224,941.		
f All other expenses	1,634,858.	1,550,185.	84,673.	
25 Total functional expenses. Add lines 1 through 24f	9,565,455.	9,446,271.	119,184.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	400.	1	746.
	2 Savings and temporary cash investments	3,386,249.	2	4,212,106.
	3 Pledges and grants receivable, net		3	84,901.
	4 Accounts receivable, net	17,363.	4	194,534.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,556,452.	7	
	8 Inventories for sale or use	108,688.	8	72,350.
	9 Prepaid expenses and deferred charges	47,891.	9	64,790.
	10a Land, buildings, and equipment: cost basis	10a 672,718.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 227,421.		
	11 Investments — publicly-traded securities	457,971.	10c	445,297.
	12 Investments — other securities. See Part IV, line 11	1,981,396.	11	3,395,410.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	129,415.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,685,825.	15	116,250.	
LIABILITIES	17 Accounts payable and accrued expenses.	67,595.	16	8,586,384.
	18 Grants payable		17	42,051.
	19 Deferred revenue	78,945.	18	
	20 Tax-exempt bond liabilities		19	24,767.
	21 Escrow account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable		23	
	25 Other liabilities. Complete Part X of Schedule D	28,653.	24	
	26 Total liabilities. Add lines 17 through 25	175,193.	25	10,000.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		26
27 Unrestricted net assets		8,510,632.	27	8,509,566.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		8,510,632.	33	8,509,566.
34 Total liabilities and net assets/fund balances		8,685,825.	34	8,586,384.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

BAA

Form 990 (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

2008

Open to Public Inspection

Name of the organization

DESERT CLASSIC CHARITIES

Employer identification number

33-0826474

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

[illegible]**Total**

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	2,083,775.	2,591,325.	2,727,900.	3,555,450.	3,501,850.	14,460,300.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	5,710,779.	5,612,318.	6,276,939.	6,023,322.	5,983,418.	29,606,776.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	7,794,554.	8,203,643.	9,004,839.	9,578,772.	9,485,268.	44,067,076.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	52,850.	74,763.	81,978.	99,044.	118,977.	427,612.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	2,871,100.	3,073,729.	3,390,210.	3,605,180.	3,308,320.	16,248,539.
c Add lines 7a and 7b	2,923,950.	3,148,492.	3,472,188.	3,704,224.	3,427,297.	16,676,151.
8 Public support (Subtract line 7c from line 6.)						27,390,925.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	7,794,554.	8,203,643.	9,004,839.	9,578,772.	9,485,268.	44,067,076.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,489.	172,098.	217,614.	181,650.	98,341.	765,192.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	95,489.	172,098.	217,614.	181,650.	98,341.	765,192.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	142,465.	291,888.	290,862.	281,886.	280,779.	1,287,880.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						46,120,148.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	59.4 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	56.7 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.7 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.6 %

- 19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒
- b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

DESERT CLASSIC CHARITIES

33-0826474

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.		
2 Aggregate contributions to (during year).		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year.
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		393,002.		393,002.
d Equipment		168,918.	117,172.	51,746.
e Other		110,798.	110,249.	549.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				445,297.

BAA

Schedule D (Form 990) 2008

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other -----		

Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) (should equal Form 990, Part X, Col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT BENEFIT PAYABLE	10,000.
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	10,000.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	9,564,388.
2	Total expenses (Form 990, Part IX, column (A), line 25)	9,565,455.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-1,067.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-1,067.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,522,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-41,648.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-41,648.
3	Subtract line 2e from line 1	3	9,564,388.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,564,388.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,565,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,565,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,565,455.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART X- FIN 48 FOOTNOTE

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48). FIN 48

CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION

THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE

FINANCIAL STATEMENTS. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE GUIDANCE

CONTAINED IN FIN 48 IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT

Part XIV Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

ORGANIZATIONS. THE ORGANIZATION HAS ADOPTED FIN 48 AS OF JULY 1, 2008, AND NO
SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.**

OMB No 1545-0047

2008

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

**Open to Public
Inspection**

Name of the organization

DESERT CLASSIC CHARITIES

Employer identification number

33-0826474

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

☒ Yes ☐ No

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMO CLUB OF THE DESERT P.O. BOX 1691 PALM SPRINGS, CA 92263	95-2963201	501 (C) (3)	6,000.	0.			KITCHEN REPAIRS, INS & MAINTENANCE
ANGEL VIEW CHILDREN'S FOUNDATION 12-379 MIRACLE HILL ROAD DESERT HOT SPRINGS, CA 92240	95-1861861	501 (C) (3)	15,000.	0.			FUNDING FOR MARION ASHLEY HOUSE
BIG BROTHERS/BIG SISTERS OF THE DESERT 42-600 COOK ST., STE 200 PALM DESERT, CA 92211	33-0683335	501 (C) (3)	7,000.	0.			UNDERWRITE COSTS FOR 10 NEW MATCHES
BOY'S & GIRL'S CLUB DESERT HOT SPRINGS P.O. BOX 935 DESERT HOT SPRINGS, CA 92240	95-3494097	501 (C) (3)	28,000.	0.			FUND YOUTH ORGANIZATION'S PROGRAMS
BOY'S & GIRL'S CLUB OF CATHEDRAL CITY 32-141 WHISPERING PALM CATHEDRAL CITY, CA 92234	95-3507225	501 (C) (3)	25,000.	0.			STAFFING FOR ORGANIZATION'S PROGRAMS
BOY'S & GIRL'S CLUB OF COACHELLA VALLEY 42-600 COOK ST., STE 120 PALM DESERT, CA 92211	95-6122699	501 (C) (3)	25,000.	0.			FUND YOUTH ORGANIZATION'S PROGRAMS
BOY'S & GIRL'S CLUB OF INDIO 42-600 COOK ST., STE 120 PALM DESERT, CA 92211	95-6122699	501 (C) (3)	25,000.	0.			FUND YOUTH ORGANIZATION'S PROGRAMS
BOY'S & GIRL'S CLUB OF LA QUINTA 42-600 COOK ST., STE 120 PALM DESERT, CA 92211	95-6122699	501 (C) (3)	26,000.	0.			FUND YOUTH ORGANIZATION'S PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

34
0

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
----------------	--

--- PART 1, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED ---

1. AN APPLICATION FOR FUNDING IN THE NEXT YEAR IS AUTOMATICALLY SENT TO EACH RECIPIENT CHARITY.

2. THE APPLICATION HAS A SPECIFIC QUESTION ASKING HOW THE PREVIOUS YEAR'S CONTRIBUTION WAS USED.

3. THE COMMITTEE MEMBER CHARGED WITH INVESTIGATING THE CHARITY WILL FOLLOW UP ON HIS SITE VISIT.

4. AS PART OF THE APPLICATION PROCESS, COPIES OF THE ORGANIZATION'S FORM 990'S

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

AND FINANCIAL STATEMENTS ARE SUBMITTED WHICH OFTEN

PROVIDE DOCUMENTATION OF HOW THE GRANT WAS USED.

5. IF THE CIRCUMSTANCES WARRANT IT, SPECIFIC DOCUMENTATION SUCH AS RECEIPTS, CONTRACTS, PAID INVOICES, ETC. IS REQUESTED.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
DESSERT CLASSIC CHARITIES		33-0826474					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY'S & GIRL'S CLUB OF PALM SPRINGS 450 SOUTH SUNRISE WAY PALM SPRINGS, CA 92262	95-1957907	501 (C) (3)	20,000.				AFTER SCHOOL PROGRAMS FOR 1 YEAR
COACHELLA VALLEY AUTISM SOCIETY P.O. BOX 11052 PALM DESERT, CA 92255	33-0823647	501 (C) (3)	10,000.				FAMILY REC PROGRAM FOR 1 YEAR
COACHELLA VALLEY BOXING CLUB 51-301 DOUMA ST. COACHELLA, CA 92236	33-0355106	501 (C) (3)	25,000.				NEW EQUIPMENT & OPERATING EXPENSES
COACHELLA VALLEY EDUCATION FOUNDATION 79-440 CORPORATE CENTRE DR., #100 LA QUINTA, CA 92253	33-0763298	501 (C) (3)	25,000.				SENIORS SCHOLARSHIPS, COLLEGE TRIPS
COACHELLA VALLEY RESCUE MISSION 47-518 VAN BUREN ST. INDIO, CA 92202	95-2684844	501 (C) (3)	18,000.				FUNDING FOR USED PICKUP TRUCK
COMMUNITY BLOOD BANK CENTER 39-000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	95-6377019	501 (C) (3)	30,000.				FUND NEW BLOODMOBILE
DESERT ARC FOUNDATION FOR THE R 73-255 COUNTRY CLUB DR. PALM DESERT, CA 92260	95-6006700	501 (C) (3)	10,000.				NURSE FOR HEALTH CARE PROGRAM
DESERT BLIND & HANDICAPPED 800 VELLA ROAD, STE. G PALM SPRINGS, CA 92263	23-7259517	501 (C) (3)	6,000.				OFFSET COST OF 2 FULL TIME DRIVERS
DESERT CANCER FOUNDATION 45-480 PORTOLA AVE. PALM DESERT, CA 92260	33-0648823	501 (C) (3)	20,000.				ASSISTANCE FOR CANCER TREATMENTS
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
DESERT CLASSIC CHARITIES		33-0826474					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	95-6130458	501 (C) (3)	1,000,000.				SUPPORT OF MEDICAL CENTER
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	95-6130458	501 (C) (3)	250,000.				ROBOTICS INSTITUTE
FAMILY SERVICES OF THE DESERT 81-711 HIGHWAY 111 #101 INDIO, CA 92201	95-2549152	501 (C) (3)	10,000.				CLINICAL SALARIES
FISH OF THE LOWER COACHELLA VALLEY P.O. BOX 458 INDIO, CA 92202	95-3641194	501 (C) (3)	15,000.				FUND OPERATING COST
FOOD IN NEED OF DISTRIBUTION P.O. BOX 41 CATHEDRAL CITY, CA 92235	33-0006007	501 (C) (3)	112,000.				ASSIST ACQUISITION OF FOODSTUFFS
FOOD NOW, INC. 11555 PALM DRIVE DESERT HOT SPRINGS, CA 92240	33-0473813	501 (C) (3)	10,000.				OFFSET FOOD & TRANSPORTATION COSTS
GUIDE DOGS OF THE DESERT 60-740 DILLON ROAD PALM SPRINGS, CA 92263	23-7296531	501 (C) (3)	10,000.				OFFSET COSTS OF BREEDING PROGRAM
JOSLYN COVE SENIOR CENTER 73750 CATALINA WAY PALM DESERT, CA 92260	95-3622332	501 (C) (3)	10,000.				MEALS ON WHEELS PROGRAM
MARTHA'S VILLAGE & KITCHEN 83791 DATE AVENUE INDIO, CA 92201	33-0777892	501 (C) (3)	40,000.				FOODSTUFFS FOR AREA HOMELESS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
DESSERT CLASSIC CHARITIES		33-0826474					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORNING STAR CENTER (VISITING N P.O. BOX 1983 PALM DESERT, CA 92261	95-1641973	501 (C) (3)	14,000.				FUND GRIEF SUPPORT SERVICES
PATHFINDER RANCH, INC. 35-510 PATHFINDER RD. #104 MOUNTAIN CENTER, CA 92561	95-2755884	501 (C) (3)	12,000.				SCHOLARSHIPS FOR SUMMER CAMP
PEGASUS RIDING ACADEMY P.O. BOX 397 THOUSAND PALMS, CA 92276	95-3774003	501 (C) (3)	15,000.				THERAPY RIDING PROGRAM
SHELTER FROM THE STORM P.O. BOX 14155 PALM DESERT, CA 92255	33-0293124	501 (C) (3)	12,000.				LICENSED BILINGUAL CLINICIAN
THE RANCH RECOVERY CENTERS 7885 ANNADALE AVENUE DESERT HOT SPRINGS, CA 92240	23-7365064	501 (C) (3)	9,000.				CONVERT TO NATURAL GAS WATER HEATING
THE WELL IN THE DESERT 1911 BARISSO ROAD PALM SPRINGS, CA 92262	33-0694580	501 (C) (3)	25,000.				FUNDING FOR FACILITY
TOOLS FOR TOMORROW 42-800 BOB HOPE DR. RANCHO MIRAGE, CA 92270	33-0889045	501 (C) (3)	10,000.				FUNDING FOR AFTERSCHOOL PROGRAMS
WEST SHORES YOUTH CENTER 2124 FRONTAGE ROAD SALTON CITY, CA 92275	31-1526808	501 (C) (3)	10,000.				PROGRAMS FOR SALTON CITY AREA YOUTH

2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

DESERT CLASSIC CHARITIES

Employer identification number

33-0826474

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					► \$					

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID J. ERWIN	DIRECTOR, VP	16,470.	LEGAL FEES 7/1/08-6/30		X
KEVIN MCGUIRE	DIRECTOR, TRUS		BANKING RELATIONSHIP		X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization

DESERT CLASSIC CHARITIES

Employer identification number

33-0826474

Part I Identification of Disregarded Entities

[illegible]

Part II Identification of Related Tax-Exempt Organizations

[illegible]

Part V Transactions With Related Organizations**Note** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

1

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

DESERT CLASSIC CHARITIES

Employer identification number

33-0826474

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

A DRAFT FORM 990 IS DELIVERED TO BOARD OF DIRECTORS BEFORE FILING FOR REVIEW.

ACCORDINGLY, COPIES OF THE FIRST FOUR PAGES OF THE DRAFT FORM 990 WERE DISTRIBUTED

TO EACH DIRECTOR ATTENDING THE DESERT CLASSIC CHARITIES ANNUNAL MEETING ON MARCH 29,

2010.

THE DIRECTORS WERE ASKED TO REVIEW THE PAGES AND MAKE ANY COMMENTS. SHOULD ANY

DIRECTOR WISH TO REVIEW THE ENTIRE DRAFT FORM 990, HE WAS WELCOME TO DO SO AT THE

ORGANIZATION'S OFFICES.

ADDITIONAL COPIES WERE SENT TO THOSE DIRECTORS UNABLE TO ATTEND THE MEETING, ASKING

FOR THEIR COMMENTS AS WELL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THE BUSINESS OFFICE UPON REQUEST.

AMENDMENT TO BYLAWS

SECTION 6.03. SELECTION AND TERM OF OFFICE. The directors of the Corporation shall be elected in accordance with the provisions of this Section 6.03. at the annual, regular or special meetings of the Board as either Representative Directors (defined below), Community Directors (defined below), At-Large Directors (defined below), or Emeritus Director (defined below) and the status of each director shall be noted in the minutes of the meeting at which he or she is so elected. Each director of the Corporation must be a member in good standing of either a Sustaining Club (defined below) or an Affiliated Club (defined below), or otherwise be designated by the Board as a Community Director (defined below), or an At-Large Director (defined below). Employees of Sustaining Clubs and Affiliated Clubs shall not be eligible to serve as directors of the Corporation. There shall be no limit on the number of consecutive terms a director may serve. Notwithstanding the expiration of their terms, directors shall remain in office until their successors have been elected and qualified. The directors of the Corporation shall be selected, and their terms shall be as follows:

- (a) **REPRESENTATIVE DIRECTORS.** Representative Directors of the Corporation will be elected to the Board in accordance with the following provisions:
 - (i) **FROM SUSTAINING CLUBS.** The following country clubs, which for many years hosted and sponsored the Corporation's charity golf tournament now known as the Bob Hope Chrysler Classic (the "Classic") are designated by the Corporation as "Sustaining Clubs". BERMUDA DUNES COUNTRY CLUB, LA QUINTA COUNTRY CLUB and TAMARISK COUNTRY CLUB. The Board may, in its discretion, remove a country club from the Sustaining Club category at any time.

Each Sustaining Club shall have the right to be represented on the Board by two (2) directors, who shall be nominated from the Sustaining Club's membership. Subject to the approval of the Board, each two (2) such directors, and the Board shall have the option, exercisable in its discretion, to nominate one (1) such director. In the event the Board does not exercise its option to nominate one (1) director from a Sustaining Club's membership, the Sustaining Club shall have the right, subject to the approval of the Board to nominate such director. The term of office of Representative Directors of Sustaining Clubs shall be two (2) years and such terms shall be staggered.

- (ii) **FROM AFFILIATED CLUBS.** From time to time, the Board may, but shall not be required to, designate as an "Affiliated Club" any country club that hosts and sponsors, or has in the past hosted or sponsored, the Classic, and may set a number of director, from zero (0) to one (1), who shall be

9
2
elected to the Board from the Affiliated Club's membership. ELDORADO COUNTRY CLUB, INDIAN WELLS COUNTRY CLUB and PGA WEST are hereby designated by the Corporation as an Affiliated Club. The Board may, in its discretion, remove a country club from the Affiliated Club category at any time.

If an Affiliated Club is entitled to be represented by a director pursuant to this Section 6.03 (a) (ii), such director shall be nominated from the Affiliated Club's membership. The Board shall have the option, exercisable in its discretion, to nominate such director. In the event the Board does not exercise its option to nominate such director, the Affiliated Club shall have the right, subject to the approval of the Board, to nominate such director. The term of office of Representative Directors of Affiliated Clubs shall be one year.

(b) **COMMUNITY DIRECTORS.** From time to time, the Board may, but shall not be required to, nominate up to four (4) individuals in any one year to serve as a Community Director. A Community Director is not required to be a member of either a Sustaining Club or an Affiliated Club. The term of Community Director shall be one year.

(c) **AT-LARGE DIRECTORS.** The Board shall nominate as "At-Large Directors" that number of directors as may be required so that the total number of directors of the Corporation equals the number fixed pursuant to Section 6.02; *provided, however,* that if any person who has served two (2) terms as President and Tournament Chairman of the Classic is not nominated as a Representative Director by his Sustaining Club or Affiliated Club, he shall automatically be appointed to the Board as an At-Large Director. An At-Large Director is not required to be a member of either a Sustaining Club or an Affiliated Club. The term of office of At-Large Directors shall be one year.

(d) **EX OFFICIO DIRECTORS.** In the interest of continuity and for the good of the Classic, if the immediate past President and Tournament Chairman of the Classic is not elected as a director of the Corporation, he shall automatically be appointed as an ex officio director, without voting rights and not to count for purposes of Section 6.11, for a period of one (1) year from the end of his service as President and Tournament Chairman.

(e) **EMERITUS DIRECTOR.** From time to time, the Board may, but is not required to, nominate up to four (4) individuals in any one (1) year to serve as a Emeritus Director. An Emeritus Director will not constitute a quorum under Section 6.11; and holds no voting right. Upon the request of the Board an Emeritus Director can participate in Board meetings. An Emeritus Director may receive Board member benefits at the directions of the Board. It is the intent of the Board to offer the title of Emeritus Director as a means to honor the selective individuals. The Emeritus Director will not be eligible to serve as an Officer of the Corporation. The term of office of Emeritus Director will be limited to (1) year terms.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Type or
print**File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

Employer identification number

DESERT CLASSIC CHARITIES

33-0826474

Number, street, and room or suite number. If a P O box, see instructions

39-000 BOB HOPE DRIVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions

RANCHO MIRAGE, CA 92270-3221

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of ► MINDY JOHNSTONTelephone No. ► (760) 346-8184

FAX No. ► _____

If the organization does not have an office or place of business in the United States, check this box ☐If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

3a \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	DESSERT CLASSIC CHARITIES	33-0826474
	Number, street, and room or suite number If a P O box, see instructions	For IRS use only
	WESLEY A. WITT, CPA 74-399 HIGHWAY 111, SUITE B	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	PALM DESERT, CA 92260	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ MINDY JOHNSTON
Telephone No (760) 346-8184 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 5/15, 20 10
- For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension DUE TO RECENTLY COMPLETED MAJOR GOLF TOURNAMENT AND BALL, STAFF WAS NOT AVAILABLE TO ASSIST WITH ACCUMULATING INFORMATION NEEDED TO PREPARE PROPER RETURNS.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Wesley A Witt CPA Title agent Date 2/12/10