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## Return of Organization Exempt From Income Tax

Under 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.

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable	DESERT CLASSIC CHARITIES 39-000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270-3221	D Employer Identification Number 33-0826474
<input type="checkbox"/> Address change	E Telephone number (760) 346-8184	
<input type="checkbox"/> Name change	F Name and address of principal officer SAME AS C ABOVE	
<input type="checkbox"/> Initial return	G Gross receipts \$ 6,132,911.	
<input type="checkbox"/> Terminated	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<input type="checkbox"/> Application pending	H(c) Group exemption number ►	

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

J Website: ► WWW.BHCC.COM

K Form of organization  Corporation  Trust  Association  Other ► L Year of Formation 1999 M State of legal domicile CA

## Part I Summary

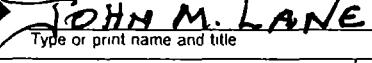
Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO HOLD GOLF TOURNAMENT AND RELATED ACTIVITIES TO RAISE FUNDS WHICH ARE DISTRIBUTED TO CHARITIES THROUGHOUT THE COACHELLA VALLEY AREA.</u>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	7b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	RECEIVED 047 MAR 26 2012 IRS-OSC OGDEN, UT

Expenses	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	3,058,500.	3,037,987.
	9 Program service revenue (Part VIII, line 2g)	2,782,638.	2,727,501.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,465.	9,002.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	254,083.	358,421.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,158,686.	6,132,911.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,538,000.	1,015,000.
	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)	923,108.	961,323.
	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)	6,847,743.	6,905,019.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,308,851.	8,881,342.
	19 Revenue less expenses Subtract line 18 from line 12	-3,150,165.	-2,748,431.

Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	5,447,236.	2,764,761.
	21 Total liabilities (Part X, line 26)	87,835.	153,791.
	22 Net assets or fund balances Subtract line 21 from line 20	5,359,401.	2,610,970.

## 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	 Signature of officer	 Date 3/19/2012
	 JOHN M. LANE Type or print name and title	TREASURGR

Paid Preparer Use Only	Print/Type preparer's name ERIC W. MARTIN	Preparer's signature 	Date 2/20/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ► ERIC W. MARTIN, CPA	Firm's EIN ► N/A			
	Firm's address ► 74-399 HIGHWAY 111, SUITE B PALM DESERT, CA 92260				

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

**Part III Statement of Program Service Accomplishments**✓ Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's missionTO HOLD GOLF TOURNAMENT AND RELATED ACTIVITES 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.

SEE 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 reported4a (Code: ) (Expenses \$ 8,770,432. including grants of \$ 1,015,000. ) (Revenue \$ 6,123,909. )  
BOB HOPE CLASSIC GOLF TOURNAMENT 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 ► 8,770,432.

**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	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 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	3 X	
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or 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	6 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	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 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	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a 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 United States? If 'Yes,' complete Schedule F, Parts I and IV	14b 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, Parts II and IV	15 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, Parts III and IV	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note:</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
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	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	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	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	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? If 'Yes,' complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	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? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	44	
1b	0	
1c	X	

2 a 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  
 b 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 (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

4 a 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)?  
 b If 'Yes,' enter the name of the foreign country: ►

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If 'Yes,' indicate the number of Forms 8282 filed during the year

7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

**8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10a

10b

**11 Section 501(c)(12) organizations.** Enter.

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

11a

11b

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a

12b

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state?

**Note.** See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

**14a Did the organization receive any payments for indoor tanning services during the tax year?**

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

X

14b

**Part VI** **Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **22**  
 1b Enter the number of voting members included in line 1a, above, who are independent **22**

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? **2**

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? **3**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Does the organization have members or stockholders? **6**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a**   
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body? **8a**   
 b Each committee with authority to act on behalf of the governing body? **8b**

9 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 **9**

	Yes	No
1a	22	
1b	22	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b		X
9		X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? **10a**   
 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? **10b**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a**   
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **12a**   
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b**   
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done **12c**

13 Does the organization have a written whistleblower policy? **13**

14 Does the organization have a written document retention and destruction policy? **14**

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 **15a**   
 b Other officers of key employees of the organization **15b**   
 If 'Yes' to line 15a or 15b, 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? **16a**   
 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? **16b**

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b		X
12c		X
13	X	
14		X
15a		X
15b		X
16a		X
16b		

### Section C. Disclosure

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**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'.

- 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) of 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MICHAEL MILTHORPE EX TOURN DIRECT	20						105,000.	0.	0.
(2) JOHN M. FOSTER PRESIDENT	15	X		X			0.	0.	0.
(3) ROBERT P. BRENNAN DIR EMERITUS	8	X					0.	0.	0.
(4) DAVE HAWLEY DIRECTOR	3	X					0.	0.	0.
(5) ERNIE DUNLEVIE 2ND VICE PRES	8	X		X			0.	0.	0.
(6) THOMAS J. GORDON DIRECTOR	3	X					0.	0.	0.
(7) LARRY LICHLITER TREASURER	4	X		X			0.	0.	0.
(8) DAVID J. ERWIN SECRETARY	3	X		X			0.	0.	0.
(9) ROGER LOW DIRECTOR	2	X					0.	0.	0.
(10) JOHN E. EVENSON DIR EMERITUS	3	X					0.	0.	0.
(11) JOHN LANE DIRECTOR	10	X					0.	0.	0.
(12) DICK ZEIGLER DIRECTOR	3	X					0.	0.	0.
(13) GREG HELM DIRECTOR	15	X					0.	0.	0.
(14) KEVIN MCGUIRE DIRECTOR	2	X		X			0.	0.	0.
(15) STEVE HUBBARD DIRECTOR	2	X					0.	0.	0.
(16) CLARKE RHENNEY DIRECTOR	12	X					0.	0.	0.
(17) VICTOR LOBUE JR. DIRECTOR	3	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 (describe hours for related organizations in Sch O)	(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	Institutional trustee	Officer	Key employee	Highest compensated			
(18) JAMES R. REED DIRECTOR	15	X					0.	0.	0.
(19) EUGENE WEISBERG DIR. EMERITUS	1	X					0.	0.	0.
(20) PAUL LYON DIRECTOR	3	X					0.	0.	0.
(21) DAVIS SEZNA DIRECTOR	3	X					0.	0.	0.
(22) LARRY O. THIEL TOURN CHAIRMAN	40	X					237,000.	0.	0.
(23) MARGARET JOHNSTON CONTROLLER	40				X		60,188.	0.	0.
(24) PAT BENNETT PUBLIC RELATION	40				X		58,732.	0.	0.
(25) SCOTT EASTON DIR OF OPERATIONS	40				X		85,000.	0.	0.
(26) DAWN SUGGS CHARITY ADMIN	40				X		59,223.	0.	0.
(27) ABBY SAVICH-MASSEY PLAYER RELATIONS	40				X		50,810.	0.	0.
(28)									
(29)									
<b>1b Sub-total</b>							<b>655,953.</b>	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>655,953.</b>	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 2

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 or individual 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
JERRY SCHUBERT 45-850 APACHE ROAD INDIAN WELLS, CA 92210	SALES	100,279.
ARTISAN FLORAL & EVENTS 779 SOUTH WILLIAMS ROAD PALM SPRINGS, CA 922	EVENT COORDINATOR	173,429.
HOLE IN ONE CATERING 1034 N. SONORA CIRCLE ORANGE, CA 92869	CATERING	166,993.
WALLY'S DESERT TURTLE 71775 HIGHWAY 111 RANCHO MIRAGE, CA 92270	CATERING	108,028.
ICON PRESENTATIONS 72-135 WOBURN COURT THOUSAND PALMS, CA 92276	PRODUCTION	106,524.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

## Part VIII Statement of Revenue

CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
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	3,037,987.			
g Noncash contributions included in line 1a-1f: \$					
h Total. Add lines 1a-1f		3,037,987.			
PROGRAM SERVICE REVENUE					
2a BOB HOPE CLASSIC TOURN	Business Code	2,727,501.	2,727,501.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		2,727,501.			
OTHER REVENUE					
3 Investment income (including dividends, interest and other similar amounts)		9,002.			9,002.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real				
b Less: rental expenses	(ii) Personal				
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis and sales expenses	(ii) Other				
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		358,421.		358,421.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		358,421.			
12 Total revenue. See instructions		6,132,911.	2,727,501.	358,421.	9,002.

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,015,000.	1,015,000.		
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	342,000.	342,000.	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	492,718.	492,718.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,897.	12,897.		
9 Other employee benefits	58,899.	58,899.		
10 Payroll taxes	54,809.	54,809.		
11 Fees for services (non-employees)				
a Management	38,294.	19,147.	19,147.	
b Legal	1,668.	834.	834.	
c Accounting	26,913.	13,457.	13,456.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,775.	3,775.		
12 Advertising and promotion	218,078.	218,078.		
13 Office expenses	18,823.	18,823.		
14 Information technology	36,860.	36,860.		
15 Royalties				
16 Occupancy	21,261.	21,261.		
17 Travel	95,546.	95,546.		
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	16,931.	16,931.		
23 Insurance	20,633.	20,633.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROFESSIONAL PURSE	1,921,000.	1,921,000.		
b AMATEUR RELATIONS	1,515,820.	1,515,820.		
c TOURNAMENT OPERATIONS	1,185,400.	1,185,400.		
d PUBLIC RELATIONS	411,691.	411,691.		
e BOB HOPE CLUB	272,278.	272,278.		
f All other expenses SEE SCH. O	1,100,048.	1,022,575.	77,473.	
25 Total functional expenses. Add lines 1 through 24f	8,881,342.	8,770,432.	110,910.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	400.	1	400.	
	2 Savings and temporary cash investments	1,365,298.	2	2,064,900.	
	3 Pledges and grants receivable, net	140,093.	3	126,328.	
	4 Accounts receivable, net	6,933.	4	101,000.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	56,165.	8	22,780.	
	9 Prepaid expenses and deferred charges	53,209.	9	39,563.	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 674,063.			
	b Less: accumulated depreciation	10b 264,273.	426,721.	10c 409,790.	
	11 Investments – publicly traded securities	3,397,320.	11		
	12 Investments – other securities See Part IV, line 11		12		
	13 Investments – program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	1,097.	15		
<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	<b>5,447,236.</b>	<b>16</b>	<b>2,764,761.</b>		
LIABILITIES	17 Accounts payable and accrued expenses	14,721.	17	128,790.	
	18 Grants payable		18		
	19 Deferred revenue	73,114.	19	25,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25	1.	
	<b>26 Total liabilities</b> Add lines 17 through 25	<b>87,835.</b>	<b>26</b>	<b>153,791.</b>	
	NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
		27 Unrestricted net assets	5,359,401.	27	2,610,970.
		28 Temporarily restricted net assets		28	
		29 Permanently restricted net assets		29	
		<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
		30 Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31		
32 Retained earnings, endowment, accumulated income, or other funds			32		
33 Total net assets or fund balances.		5,359,401.	33	2,610,970.	
<b>34 Total liabilities and net assets/fund balances.</b>		<b>5,447,236.</b>	<b>34</b>	<b>2,764,761.</b>	

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,132,911.
2 Total expenses (must equal Part IX, column (A), line 25)	2	8,881,342.
3 Revenue less expenses Subtract line 2 from line 1	3	-2,748,431.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,359,401.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,610,970.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

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 line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

 Separate basis  Consolidated basis  Both consolidated and separate basis

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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: (For lines 1 through 11, check only one box)

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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 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).  
 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 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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3% support test – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 33-1/3% support test – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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"/>

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**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	2,727,900.	3,555,450.	3,501,850.	3,058,500.	3,037,987.	15,881,687.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,276,939.	6,023,322.	5,983,418.	2,782,638.	2,727,501.	23,793,818.
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.
<b>6 Total. Add lines 1 through 5</b>	<b>9,004,839.</b>	<b>9,578,772.</b>	<b>9,485,268.</b>	<b>5,841,138.</b>	<b>5,765,488.</b>	<b>39,675,505.</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>	<b>81,978.</b>	<b>99,044.</b>	<b>118,977.</b>	<b>97,846.</b>	<b>47,246.</b>	<b>445,091.</b>
<b>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year</b>	<b>3,372,762.</b>	<b>3,591,508.</b>	<b>3,294,280.</b>	<b>629,096.</b>	<b>659,184.</b>	<b>11,546,830.</b>
<b>c Add lines 7a and 7b</b>	<b>3,454,740.</b>	<b>3,690,552.</b>	<b>3,413,257.</b>	<b>726,942.</b>	<b>706,430.</b>	<b>11,991,921.</b>
<b>8 Public support (Subtract line 7c from line 6)</b>						<b>27,683,584.</b>

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9 Amounts from line 6</b>	<b>9,004,839.</b>	<b>9,578,772.</b>	<b>9,485,268.</b>	<b>5,841,138.</b>	<b>5,765,488.</b>	<b>39,675,505.</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</b>	<b>217,614.</b>	<b>181,650.</b>	<b>98,341.</b>	<b>52,341.</b>	<b>9,002.</b>	<b>558,948.</b>
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						0.
<b>c Add lines 10a and 10b</b>	<b>217,614.</b>	<b>181,650.</b>	<b>98,341.</b>	<b>52,341.</b>	<b>9,002.</b>	<b>558,948.</b>
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>	<b>290,862.</b>	<b>281,886.</b>	<b>280,779.</b>	<b>254,083.</b>	<b>358,421.</b>	<b>1,466,031.</b>
<b>12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</b>						0.
<b>13 Total support. (Add ins 9, 10c, 11, and 12)</b>	<b>9,513,315.</b>	<b>10042308.</b>	<b>9,864,388.</b>	<b>6,147,562.</b>	<b>6,132,911.</b>	<b>41,700,484.</b>
<b>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</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))</b>	<b>15</b>	<b>66.4 %</b>
<b>16 Public support percentage from 2009 Schedule A, Part III, line 15</b>	<b>16</b>	<b>62.6 %</b>

**Section D. Computation of Investment Income Percentage**

<b>17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))</b>	<b>17</b>	<b>1.3 %</b>
<b>18 Investment income percentage from 2009 Schedule A, Part III, line 17</b>	<b>18</b>	<b>1.6 %</b>

**19a 33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
 ► Attach to Form 990. ► See separate instructions.

**2010****Open to Public  
Inspection**

Name of the organization

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.

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

	(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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
 b Total acreage restricted by conservation easements  
 c Number of conservation easements on a certified historic structure included in (a)  
 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 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

	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 the organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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?

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

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

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		393,002.		393,002.
d Equipment		170,263.	153,802.	16,461.
e Other		110,798.	110,471.	327.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 409,790.

BAA

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►</b>		

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►</b>	

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

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ROUNDING	1.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►</b>	1.	

2. FIN 48 (ASC 740) Footnote 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 (ASC 740). SEE PART XIV

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	6,132,911.
2 Total expenses (Form 990, Part IX, column (A), line 25)	8,881,342.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-2,748,431.
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 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-2,748,431.

**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	6,132,911.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
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	
3 Subtract line 2e from line 1	3	6,132,911.
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 must equal Form 990, Part I, line 12)	5	6,132,911.

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

1 Total expenses and losses per audited financial statements	1	8,881,342.
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 Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	8,881,342.
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 must equal Form 990, Part I, line 18.)	5	8,881,342.

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X-FIN 48 FOOTNOTE**

ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, 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. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST, OR PENALTIES WAS ACCRUED AT JUNE 30, 2011 OR 2010.

**Part XIV Supplemental Information (continued)**

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**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047  
**2010**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**DESERT CLASSIC CHARITIES**

**Part I** General Information on Grants and Assistance

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

Open to Public  
 Inspection

Employer identification number  
**33-0826474**

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?  Yes  No

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' to 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.

Part II can be duplicated if additional space is needed

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
(1) ABC RECOVERY CENTER 44-374 PALM STREET INDIO, CA 92201			9,500.	0.			MCGOVERN HOUSE PROJECT
(2) ALANO CLUB OF THE DESER P.O. BOX 1691 PALM SPRINGS, CA 92263	75-1006381		5,700.	0.			KITCHEN REP, INS & MAINTENANCE
(3) ANGEL VIEW CHILDREN'S F 12-379 MIRACLE HILL ROA DESERT HOT SPRINGS, CA	95-2963201		14,250.	0.			FUNDING FOR MARION ASHLEY HOUSE
(4) BIG BROTHERS/BIG SISTER 42-600 COOK ST., STE. 2 PALM DESERT, CA 92211	33-0683335		9,500.	0.			UNDERWRITE COSTS FOR 10 NEW MATCHES
(5) BOY'S & GIRL'S CLUB DES P.O. BOX 935 DESERT HOT SPRINGS, CA	95-3494097		26,600.	0.			FUND YOUTH ORGANIZATION 'S PROGRAMS
(6) BOY'S & GIRL'S CLUB OF 32-141 WHISPERING PALM CATHEDRAL CITY, CA 92233	95-3507225		23,750.	0.			STAFFING FOR ORGANIZATION 'S PROGRAMS
(7) BOY'S & GIRL'S CLUB OF 42-600 COOK ST., STE. 1 PALM DESERT, CA 92211							FUND YOUTH ORGANIZATION 'S PROGRAMS
(8) BOY'S & GIRL'S CLUB OF 42-600 COOK ST., STE. 1 PALM DESERT, CA 92211	95-6122699		23,750.	0.			FUND YOUTH ORGANIZATION 'S PROGRAMS
			23,750.	0.			

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

3 Enter total number of other organizations

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

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0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

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

**BAA**

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (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.

## Continuation Sheet for Schedule I (Form 990)

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

**2010**

Name of the organization

### DESERT CLASSIC CHARITIES

#### Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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	Continuation Page <u>1</u> of <u>3</u>
BOY'S & GIRL'S CLUB OF LA 42-600 COOK ST., STE. 120 PALM DESERT, CA 92211	95-6122699		24,700.				FUND YOUTH ORG'S PROGRAMS	33-0826474
BOY'S & GIRL'S CLUB OF PA 450 SOUTH SUNRISE WAY PALM SPRINGS, CA 92262	95-1957907		19,000.				AFTER SCHOOL PROGRAMS	
COACHELLA VALLEY AUTISM S P.O. BOX 11052 PALM DESERT, CA 92255							FAMILY REC PROGRAM FOR 1 YEAR	
COACHELLA VALLEY BOXING C 51-301 DOUMA ST.							NEW EQUIP & OPER EXPENSES	
COACHELLA, CA 92236	33-0355106						SCHLRSHPS, COLLEGE TRIPS	
COACHELLA VALLEY EDUCATIO 79-440 CORPORATE CENTRE D LA QUINTA, CA 92253							USED PICKUP TRUCK	
COACHELLA VALLEY RESCUE M 47-518 VAN BUREN ST. INDIO, CA 92202	95-2684844						ASSISTANCE FOR CANCER TREATMENTS	
DESERT CANCER FOUNDATION 45-480 PORTOLA AVE. PALM DESERT, CA 92260							SUPPORT OF MEDICAL CENTER	
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	33-0648823						CLINICAL SALARIES	
FAMILY SERVICES OF THE DE 81-711 HIGHWAY 111 #101 INDIO, CA 92201	95-6130458						FUND OPERATING COST	
FISH OF THE LOWER COACHELL P.O. BOX 458 INDIO, CA 92202	95-3641194							

## Continuation Sheet for Schedule I (Form 990)

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

**2010**

Name of the organization

### DESERT CLASSIC CHARITIES

#### Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FOOD IN NEED OF DISTRIBUTION P.O. BOX 41 CATHEDRAL CITY, CA 92354	33-0006007		11,400.				ASSIST PURCH OF FOODSTUFFS
FOOD NOW, INC. 11555 PALM DRIVE DESERT HOT SPRINGS, CA 92354	33-0473813		9,500.				FOOD & TRANSPORTATION COSTS
GUIDE DOGS OF THE DESERT 60-740 DILLON ROAD							TRAIN DOG HANDICAPPED BLIND IND
PALM SPRINGS, CA 92263	23-7296531						MEALS ON WHEELS
JOSLYN COVE SENIOR CENTER 73750 CATALINA WAY							PROGRAM
PALM DESERT, CA 92260	95-3622332						FOODSTUFFS FOR AREA HOMELESS
MARTHA'S VILLAGE & KITCHEN 83791 DATE AVENUE INDIO, CA 92201							FUND GRIEF SUPPORT SERVICES
MOURNING STAR CENTER (VIS P.O. BOX 1983 PALM DESERT, CA 92261	33-0777892						SCHLRSHPS FOR SUMMER CAMP
PATHFINDER RANCH, INC. 35-510 PATHFINDER RD. MOUNTAIN CENTER, CA 92561	95-1641973		14,250.				ThERAPY RIDING PROGRAM
PEGASUS RIDING ACADEMY P.O. BOX 397 THOUSAND PALMS, CA 92276	95-2755884						LICENSED BILINGUAL CLINICIAN
SHELTER FROM THE STORM P.O. BOX 14155 PALM DESERT, CA 92255	95-3774003		19,000.				EVAP COOLERS, KITCHEN EQ
THE RANCH RECOVERY CENTER 7885 ANNADALE AVENUE DESERT HOT SPRINGS, CA 923-7365064	33-0293124		11,400.				
			8,550.				

Continuation Page 2 of 3

Employer identification number  
33-0826474

Schedule I Cont (Form 990) 2010

TEEA4001L 01/25/11



**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

**2010**

Open to Public Inspection

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

**DESERT CLASSIC CHARITIES**

Employer identification number  
**33-0826474**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (e.g., maid, chauffeur, chef)

	Yes	No
<b>1b</b>		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

<b>2</b>	<b>X</b>	

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

<b>4a</b>	<b>X</b>	
<b>4b</b>	<b>X</b>	

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

<b>5a</b>	<b>X</b>	

<b>5b</b>	<b>X</b>	

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

<b>6a</b>	<b>X</b>	

<b>6b</b>	<b>X</b>	

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

<b>7</b>	<b>X</b>	

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

<b>8</b>	<b>X</b>	

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>9</b>		

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

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VI.

**Note:** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.



**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

DESERT CLASSIC CHARITIES

OMB No. 1545-0047

**2010**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. See separate instructions.

**Part III** **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) - - - - -					
(2) - - - - -					
(3) - - - - -					
(4) - - - - -					
(5) - - - - -					
(6) - - - - -					
(7) - - - - -					

**Part III** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec. 512(b)(13) controlled entity?	Yes	No
(1) THE BOB HOPE CLASSIC CHARITIES, INC 39000 BOB HOPE DRIVE						DESERT		
(2) RANCHO MIRAGE, CA 92270 20-3118457	INACTIVE	CA	501 (C) (3)	TYPE II SUPPO		CLASSIC		CHARITIES
(3) - - - - -						X		
(4) - - - - -								
(5) - - - - -								
(6) - - - - -								
(7) - - - - -								

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

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
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(33) -----										
(34) -----										
(35) -----										
(36) -----										
(37) -----										
(38) -----										
(39) -----										
(40) -----										
(41) -----										

**Part V** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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 assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?  <input type="checkbox"/> Yes <input type="checkbox"/> No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

**Part V** Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

- a Receipt of **(1)** interest **(II)** annuities **(III)** royalties **(IV)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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-)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6) EAA			

## **Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Name of the organization

**DESERT CLASSIC CHARITIES**

Employer identification number

**33-0826474**

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

DISCONTINUED BOB HOPE CLASSIC BALL

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

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

COPIES OF THE FIRST FOUR PAGES OF THE DRAFT FORM 990 WERE DISTRIBUTED TO EACH

DIRECTOR ATTENDING THE BOARD MEETING. 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.

**FORM 990, PART IX, LINE 24F  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBTS	38,832.	38,832.		
BUILDING MAINTENANCE	27,649.	27,649.		
COMMUNICATIONS	16,484.	16,484.		
EQUIPMENT RENTAL & MAINTENANCE	33,154.	33,154.		
GENERAL PROMOTION	3,864.	3,864.		
MISCELLANEOUS EXPENSE	16,439.	16,439.		
OFFICERS & DIRECTORS INSURANCE	77,473.			77,473.
PARKING & TRANSPORTATION	171,738.	171,738.		
	256.	256.		
POSTAGE AND SHIPPING	24,502.	24,502.		
PRINTING AND PUBLICATIONS	32,078.	32,078.		
PROFESSIONAL RELATIONS	214,770.	214,770.		
PROGRAM	103,700.	103,700.		
PROPERTY TAXES	5,722.	5,722.		
REGISTRY OF CHARITABLE TRUSTS	150.	150.		
SALES AND USE TAX	7,230.	7,230.		
SCORING	23,375.	23,375.		
SECURITY	76,706.	76,706.		
TELEPHONE	9,648.	9,648.		
UBI TAXES	12,435.	12,435.		
UNIFORMS	95,086.	95,086.		
UTILITIES	12,458.	12,458.		
VOLUNTEERS	71,194.	71,194.		
WORKERS COMPENSATION	25,105.	25,105.		
<b>TOTAL</b>	<b>\$ 1,100,048.</b>	<b>\$ 1,022,575.</b>	<b>\$ 77,473.</b>	<b>\$ 0.</b>

Application for Extension of Time To File an  
Exempt Organization Return

► 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization  <b>DESERT CLASSIC CHARITIES</b>	Employer identification number  <b>33-0826474</b>
	Number, street, and room or suite number. If a P.O. box, see instructions  <b>39-000 BOB HOPE DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>RANCHO MIRAGE, CA 92270-3221</b>	

Enter the Return code for the return that this application is for (file a separate application for each return).

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the 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.

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 12, 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 10, and ending 6/30, 20 11.

2 If the tax year entered in line 1 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 \$ <b>0.</b>
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	3b \$ <b>0.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <b>0.</b>

**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.

