



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

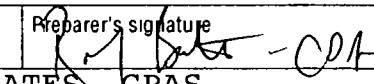
B Check if applicable	C Name of organization DESERT COMMUNITY FOUNDATION		D Employer identification number 95-4725924
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing Business As Number and street (or P O box if mail is not delivered to street address) 75-105 MERLE DRIVE, SUITE 300		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code PALM DESERT, CA 92211		
	F Name and address of principal officer MARY C. PANESAR 75105 MERLE DR, #300, PALM DESERT, CA 92211		G Gross receipts \$ 12,301,143.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ► WWW.DESERTFOUNDATION.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: TO ENCOURAGE AND FACILITATE CHARITABLE GIVING IN OUR DESERT COMMUNITIES.		
	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 2013 (Part V, line 2a)		
	6 Total number of volunteers (estimate if necessary)		
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8 Contributions and grants (Part VIII, line 1h)	RECEIVED 1005 MAY 20 2015	3 11
	9 Program service revenue (Part VIII, line 2g)	4 10	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5 2	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6 0	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7a 0.	
		7.b 0.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	OG [Prior Year] T Current Year	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,157,737. 3,715,099.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	189,767. 220,036.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,834,088. 2,197,075.	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 42,175.	-59,814. -62,962.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,121,778. 6,069,248.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,260,844. 3,770,830.		
19 Revenue less expenses Subtract line 18 from line 12	0. 0.		
Expenses	20 Total assets (Part X, line 16)	121,424. 115,446.	
	21 Total liabilities (Part X, line 26)	0. 0.	
	22 Net assets or fund balances. Subtract line 21 from line 20	453,548. 548,120.	
		4,835,816. 4,434,396.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	58,525,935.	74,645,472.	
	282,250.	271,499.	
	58,243,685.	74,373,973.	

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	► 	5-10-15		
	Signature of officer MARY C. PANESAR, SECRETARY	Date		
Paid Preparer Use Only	Print/Type preparer's name ROBERT J BALTES, CPA	Preparer's signature 	Date 5/8/15	Check if self-employed <input checked="" type="checkbox"/> PTIN P00117931
	Firm's name ► BALTES & ASSOCIATES, CPAS		Firm's EIN ► 81-0573816	
	Firm's address ► P.O. BOX 13130 PALM DESERT, CA 92255-3130		Phone no (760) 568-1776	

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013) G17

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2	Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	X
	If "Yes," complete Schedule N, Part I		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, 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	35b	
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 11b and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	10		
1b	0		
1c	X		
2a	2		
2b	X		
3a		X	
3b			
4a		X	
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g		X	
7h		X	
8		X	
9a		X	
9b		X	
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b 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?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

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)

3a 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," to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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.

5a 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?

6a 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 as charitable contributions?

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

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

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.)

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

The organization: Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2013)

Part VIII. Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	3,715,099.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,715,099.			
Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code: 52390	220,036.	220,036.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		220,036.			
	3 Investment income (including dividends, interest, and other similar amounts)					1,596,508.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses	6,327,737.					
c Gain or (loss)	5,727,170.					
d Net gain or (loss)	600,567.					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 441,763.					
b Less: direct expenses	b 504,725.					
c Net income or (loss) from fundraising events		-62,962.			-62,962.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a 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:					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		6,069,248.	220,036.	0.	2,134,113.	

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)

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,874,821.	2,874,821.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	896,009.	896,009.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,431.	66,323.	8,843.	13,265.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,087.	14,315.	1,909.	2,863.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,928.	5,946.	793.	1,189.
11 Fees for services (non-employees):				
a Management	307,873.	307,873.		
b Legal				
c Accounting	14,290.	10,717.	1,429.	2,144.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	74,527.	74,527.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	12,349.	9,262.	1,235.	1,852.
14 Information technology				
15 Royalties				
16 Occupancy	19,382.	14,537.	1,938.	2,907.
17 Travel	2,026.	1,519.	203.	304.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,867.	67,400.	8,987.	13,480.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,446.	6,334.	845.	1,267.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANK CHARGES	9,010.	6,757.	901.	1,352.
b EQUIPMENT RENTAL	8,415.	6,311.	842.	1,262.
c DUES	1,935.	1,451.	194.	290.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,434,396.	4,364,102.	28,119.	42,175.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	895,377.	1	314,673.
	2 Savings and temporary cash investments	524,525.	2	962,001.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	43,371,959.	11	55,371,607.
	12 Investments - other securities See Part IV, line 11	13,734,074.	12	17,997,191.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,525,935.	16	74,645,472.	
Liabilities	17 Accounts payable and accrued expenses	17,494.	17	8,016.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	264,756.	25	263,483.
	26 Total liabilities. Add lines 17 through 25	282,250.	26	271,499.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,777,295.	27	19,728,886.
	28 Temporarily restricted net assets	42,466,390.	28	54,645,087.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	58,243,685.	33	74,373,973.
	34 Total liabilities and net assets/fund balances	58,525,935.	34	74,645,472.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	6,069,248.
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,434,396.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,634,852.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,243,685.
5 Net unrealized gains (losses) on investments	5	14,487,551.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	7,885.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,373,973.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2c 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.

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?
3b 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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

DESERT COMMUNITY FOUNDATION

95-4725924

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .														
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)														
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .														
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .														
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)														
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .														
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally integrated	d <input type="checkbox"/>	Type III - Non-functionally integrated								
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).														
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box															
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?															
	(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?															
h	Provide the following information about the supported organization(s).															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50px;">Yes</th> <th style="text-align: center; width: 50px;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11g(i)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">11g(ii)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">11g(iii)</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>								Yes	No	11g(i)	_____	11g(ii)	_____	11g(iii)	_____
Yes	No															
11g(i)	_____															
11g(ii)	_____															
11g(iii)	_____															

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

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2764434.	2628850.	2228294.	2157737.	3715099.	13494414.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2764434.	2628850.	2228294.	2157737.	3715099.	13494414.
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)						956,814.
6 Public support. Subtract line 5 from line 4						12537600.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2764434.	2628850.	2228294.	2157737.	3715099.	13494414.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,173.	193,293.	592,168.	1273116.	1596508.	3835258.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						17329672.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	72.35	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	82.67	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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 year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DESERT COMMUNITY FOUNDATION

Employer identification number
95-4725924

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		44
2 Aggregate contributions to (during year)	3,715,099.	
3 Aggregate grants from (during year)	3,770,830.	
4 Aggregate value at end of year	74,645,472.	

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 XIII, 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 XIII, 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 XIII.

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 the 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 XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

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

3b

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(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				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(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) BENEFICIAL INTEREST IN		
(B) CALIFORNIA COMMUNITY		
(C) FOUNDATION FUNDS	17,997,191.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12) ►	17,997,191.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT-INTEREST AGREEMENTS	263,483.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	263,483.

2. Liability for uncertain tax positions In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1 Total revenue, gains, and other support per audited financial statements	1	21,069,409.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	14,487,551.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	512,610.
e Add lines 2a through 2d	2e	15,000,161.
3 Subtract line 2e from line 1	3	6,069,248.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,069,248.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	4,939,121.
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 XIII.)	2d	504,725.
e Add lines 2a through 2d	2e	504,725.
3 Subtract line 2e from line 1	3	4,434,396.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,434,396.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION'S EVALUATION HAS REVEALED NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

THE 2011 THROUGH 2013 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS.

IN ADDITION, 2010 THROUGH 2013 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA. THE ORGANIZATION DOES NOT BELIEVE THAT ANY REASONABLY POSSIBLE CHANGES WILL OCCUR THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 504,725.

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS 7,885.

332054
09-25-13

Part XIII **Supplemental Information (continued)**

TOTAL TO SCHEDULE D, PART XI, LINE 2D **512,610.**

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 504,725.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990.**

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

Employer identification number
95-4725924

DESERT COMMUNITY FOUNDATION 95-4

Part I Fundraising

DESERT COMMUNITY FOUNDATION

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	DONOR FUNDRAISING (event type)	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)		
		441,763.			
1 Gross receipts		441,763.			441,763.
2 Less: Contributions					
3 Gross income (line 1 minus line 2)		441,763.			441,763.
4 Cash prizes					
5 Noncash prizes					
6 Rent/facility costs					
7 Food and beverages					
8 Entertainment					
9 Other direct expenses		504,725.			504,725.
10 Direct expense summary. Add lines 4 through 9 in column (d)					504,725.
11 Net income summary. Subtract line 10 from line 3, column (d)					-62,962.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

13a	%
13b	%

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

**Open to Public
Inspection**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DESERT COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

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. Part II can be duplicated if additional space is needed.

(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
							EDUCATIONAL
BEL AIR PRESBYTERIAN CHURCH 16221 MULHOLLAND DRIVE LOS ANGELES, CA 90049	95-2224769	501(C)(3)	10,200.	0.			
BIG BROTHERS BIG SISTERS OF THE DESERT - 42-600 COOK STREET - PALM DESERT, CA 92211	33-0683335	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
CAMPUS CRUSADE FOR CHRIST, INC. 421 WOODMAN ROAD COLORADO SPRINGS, CO 80919	501(C)(3)		13,000.	0.			RELIGIOUS
CASA TERESA, INC. 123 W. MAPLE AVE. ORANGE, CA 92866	95-3251986	501(C)(3)	30,000.	0.			HOUSING, SHELTER
COURT APPOINTED SPECIAL ADVOCATES P.O. BOX 3008 INDIO, CA 92202	33-0069334	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
DOWN SYNDROME FOUNDATION OF ORANGE COUNTY - 1451 QUAIL ST., SUITE #110 - NEWPORT BEACH, CA 92260	501(C)(3)		25,000.	0.			HEALTH, GENERAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

79.

Part II 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
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 7677 HUNTINGTON BEACH, CA 92615-7677	501(C)(3)		30,000.	0.			SPORTS/LEISURE
FIRST TEE OF ORANGE COUNTY 5100 CAMPUS DRIVE, SUITE 200 NEWPORT BEACH, CA 92260	501(C)(3)		50,000.	0.			SPORTS/LEISURE
FOREST HOME, INC. 40000 VALLEY OF THE FALLS DRIVE FOREST FALLS, CA 92339	501(C)(3)		60,000.	0.			RELIGIOUS
FRIENDSHIP SHELTER, INC. P.O. BOX 4252 LAGUNA BEACH, CA 92652	33-0219404	501(C)(3)	30,000.	0.			HOUSING, SHELTER
FUEL FREEDOM FOUNDATION 18100 VON KARMAN AVENUE IRVINE, CA 92612-0169	501(C)(3)		10,000.	0.			ENVIRONMENTAL
GRACE FELLOWSHIP CHURCH OF COSTA MESA - 3170 RED HILL - COSTA MESA, CA 92626	501(C)(3)		15,000.	0.			RELIGIOUS
JUVENILE ARTHRITIS ASSOCIATION 264 S. LA CIENEGA BLVD., SUITE 103 BEVERLY HILLS, CA 90211	46-0876424	501(C)(3)	10,000.	0.			DISEASE/DISORDER
LAS MADRINAS DEPARTMENT 6778 LOS ANGELES, CA 90084-6778	95-1959907	501(C)(3)	10,000.	0.			HEALTH, GENERAL
LITERACY PROJECT FOUNDATION 3334 E. COAST HIGHWAY, SUITE #177 CORONA DEL MAR, CA 92625	501(C)(3)		42,708.	0.			EDUCATIONAL

Part II 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
LOS ANGELES BALLET, INC. 11755 EXPOSITION BLVD. LOS ANGELES, CA 90064-1338		501(C)(3)	10,000.	0.			EDUCATIONAL
MARINERS CHRISTIAN SCHOOL 300 FISCHER AVENUE COSTA MESA, CA 92626-4523		501(C)(3)	60,000.	0.			EDUCATIONAL
MATER DEI HIGH SCHOOL 1202 W. EDINGER AVENUE SANTA ANA, CA 92707		501(C)(3)	10,000.	0.			EDUCATIONAL
MERCY HOUSE TRANSITIONAL LIVING CENTERS, INC. - P.O. BOX 1905 - SANTA ANA, CA 92702		501(C)(3)	30,000.	0.			HOUSING, SHELTER
MIKA COMMUNITY DEVELOPMENT CORP. 1718 MONROVIA AVENUE COSTA MESA, CA 92627		501(C)(3)	10,000.	0.			EDUCATIONAL
NEW DIRECTIONS FOR WOMEN, INC. 2607 WILLO LANE COSTA MESA, CA 92627	95-3107635	501(C)(3)	20,000.	0.			HUMAN SERVICE
NORTHWEST OF THE WELL 600 ST. ANDREWS ROAD NEWPORT BEACH, CA 92663		501(C)(3)	50,000.	0.			HEALTH, GENERAL
OHLHOFF RECOVERY PROGRAMS 601 STEINER STREET SAN FRANCISCO, CA 94117		501(C)(3)	100,000.	0.			HEALTH, GENERAL
OLIVE CREST TREATMENT CENTERS, INC. - 2130 E. 4TH ST., SUITE #200 - SANTA ANA, CA 92705		501(C)(3)	30,000.	0.			HEALTH, GENERAL

Schedule I (Form 990)

Part II 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
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD., SUITE 510 NEWPORT BEACH, CA 92260	33-0378778	501(C)(3)	25,000.	0.			PHILANTHROPY
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782		501(C)(3)	30,000.	0.			HOUSING, SHELTER
ORANGEWOOD CHILDREN'S FOUNDATION 1575 E. 17TH STREET SANTA ANA, CA 92705	95-3616628	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
PRIORITY LIVING, INC. 4500 CAMPUS DRIVE, SUITE 550 NEWPORT BEACH, CA 92260	33-0141608	501(C)(3)	120,000.	0.			RELIGIOUS
PROJECT ACCESS, INC. 3900 BIRCH ST., SUITE #113 NEWPORT BEACH, CA 92260		501(C)(3)	25,000.	0.			HOUSING, SHELTER
PROJECT DIGNITY 12020 CHAPMAN AVE., PMB 257 GARDEN GROVE, CA 92840		501(C)(3)	10,000.	0.			HOUSING, SHELTER
PROJECT HOPE SCHOOL FOUNDATION 343 E. GROVE AVENUE ORANGE, CA 92865		501(C)(3)	30,000.	0.			EDUCATIONAL
SERVING PEOPLE IN NEED, INC. 151 KALMUS DRIVE, SUITE #H2 COSTA MESA, CA 92626		501(C)(3)	30,000.	0.			EMPLOYMENT
SOMEONE CARES SOUP KITCHEN P.O. BOX 11267 COSTA MESA, CA 92627	33-0279080	501(C)(3)	20,000.	0.			FOOD, NUTRITION

Part II 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) (RC 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
TEEN LEADERSHIP FOUNDATION 4121 WESTERLY AVE., SUITE #201 NEWPORT BEACH, CA 92660	501(C)(3)		15,000.	0.			YOUTH DEVELOPMENT
THINK TOGETHER 2100 E. 4TH STREET, SUITE #200 SANTA ANA, CA 92705	33-0781751	501(C)(3)	25,000.	0.			EDUCATIONAL
WORLD VISION INTERNATIONAL 25201 E. LA PAZ ROAD, SUITE 201A LAGUNA HILLS, CA 92653	501(C)(3)		20,000.	0.			VISION
YOUNG LIFE P.O. BOX 13206 NEWPORT BEACH, CA 92658	84-0385934	501(C)(3)	40,000.	0.			EDUCATIONAL
ARTHRITIS FOUNDATION 4650 SUNSET BLVD., MAIL STOP #29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	25,000.	0.			HEALTH, GENERAL
BALBOA BAY CLUB SCHOLARSHIP 1221 WEST COAST HIGHWAY #145 NEWPORT BEACH, CA 92663	501(C)(3)		30,000.	0.			EDUCATIONAL
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY - 14131 YORBA STREET, 200 - TUSTIN, CA 92780	95-1992702	501(C)(3)	50,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF TUSTIN 580 W. 6TH STREET TUSTIN, CA 92780	95-2482220	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CASA YOUTH SHELTER 10911 REAGAN ST. LOS ALAMITOS, CA 90720	501(C)(3)		30,000.	0.			HOUSING, SHELTER

Part II 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
CHAPMAN UNIVERSITY 333 N. GLASSELL ST. ORANGE, CA 92865	95-1643992	501(C)(3)	6,000.	0.		EDUCATIONAL
CHILDREN'S DISCOVERY MUSEUM 71701 GERALD FORD DR. RANCHO MIRAGE, CA 92270-3221		501(C)(3)	10,000.	0.		EDUCATIONAL
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD., MAIL STOP #29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	20,000.	0.		HEALTH, GENERAL
CHOC FOUNDATION 485 SOUTH MAIN ST. ORANGE, CA 92868		501(C)(3)	25,000.	0.		HEALTH, GENERAL
DESERT COMMUNITY FOUNDATION 75-105 MERLE DRIVE PALM DESERT, CA 92211	95-4725924	501(C)(3)	25,000.	0.		PHILANTHROPY
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	95-6130458	501(C)(3)	100,000.	0.		HEALTH, GENERAL
FAMILIES FORWARD 8 THOMAS IRVINE, CA 92618	33-0086043	501(C)(3)	25,000.	0.		HOUSING, SHELTER
FIRST STEP HOUSE OF ORANGE COUNTY 2015 CHARLE ST. COSTA MESA, CA 92627						
FOOD ALLERGY RESEARCH & EDUCATION 7925 JONES BRANCH DR., SUITE 1100 MCLEAN, VA 22102	13-3905508	501(C)(3)	30,000.	0.		HEALTH, GENERAL

Part II 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
GALILEE CENTER P.O. BOX 297 THERMAL, CA 92274		501(C)(3)	120,000.	0.			RELIGIOUS
HARVARD WESTLAKE SCHOOL 3700 COLDWATER CANYON AVE. STUDIO CITY, CA 91604	95-1644019	501(C)(3)	15,000.	0.			EDUCATIONAL
HOPING HEARTS FOUNDATION, INC. 251 W. CENTRAL AVE. #278 SPRINGFIELD, OH 45066	27-1966036	501(C)(3)	10,000.	0.			HOUSING, SHELTER
HUMAN OPTIONS P.O. BOX 9376 NEWPORT BEACH, CA 92658		501(C)(3)	25,000.	0.			HEALTH, GENERAL
INDIAN RIDGE SCHOLARSHIP PROGRAM 76375 COUNTRY CLUB DR. PALM DESERT, CA 92211		501(C)(3)	6,835.	0.			EDUCATIONAL
INTERNATIONAL PRINCESS PROJECT 151 RAIMUS DRIVE, B-150 COSTA MESA, CA 92626	87-0742833	501(C)(3)	15,000.	0.			HOUSING, SHELTER
JOYFUL CHILD FOUNDATION P.O. BOX 12680 WESTMINSTER, CA 92685		501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
JUMPSTART FOR YOUNG CHILDREN 3450 WILSHIRE BLVD., SUITE 818 LOS ANGELES, CA 90010	04-3262046	501(C)(3)	10,000.	0.			EDUCATIONAL
KIDWORKS COMMUNITY DEVELOPMENT CORP. - 1902 W. CHESTNUT AVENUE - SANTA ANA, CA 92703	74-3081569	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

Part II 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
MARLBOROUGH SCHOOL 250 S. ROSSMORE AVENUE LOS ANGELES, CA 90004	95-2816435	501(C)(3)	15,000.	0.			EDUCATIONAL
MIND RESEARCH INSTITUTE 111 ACADEMY, SUITE 100 IRVINE, CA 92617	33-0798804	501(C)(3)	30,000.	0.			EDUCATIONAL
MPSI RESEARCH P.O. BOX 9043 NEWPORT BEACH, CA 92658		501(C)(3)	8,000.	0.			HEALTH GENERAL
NEWPORT HARBOR EDUCATIONAL FOUNDATION - 600 IRVINE AVE. - NEWPORT BEACH, CA 92663	33-0676878	501(C)(3)	60,000.	0.			EDUCATIONAL
OC AMAZING GRACE MINISTRIES 2130 E. 4TH ST., SUITE #125 SANTA ANA, CA 92705		501(C)(3)	20,000.	0.			RELIGIOUS
PASADENA CONSERVATORY OF MUSIC 100 N. HILL AVE. #105 PASADENA, CA 91106		501(C)(3)	25,000.	0.			EDUCATIONAL
SCHOLARS FIRST		501(C)(3)	50,000.	0.			EDUCATIONAL
ST. ANDREWS PRESBYTERIAN CHURCH 16290 ARNOLD DRIVE SONOMA, CA 95476		501(C)(3)	143,000.	0.			RELIGIOUS
STEINWAY SOCIETY P.O. BOX 3015 RANCHO MIRAGE, CA 92270		501(C)(3)	10,000.	0.			EDUCATIONAL

Part II 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
TALK ABOUT CURING AUTISM 2222 MARTIN #140 IRVINE, CA 92612	501(C)(3)		15,000.	0.			HEALTH, GENERAL
TEEN CHALLENGE OF SOUTHERN CALIFORNIA - 5445 CHICAGO AVE. - RIVERSIDE, CA 92506	95-2683852	501(C)(3)	50,000.	0.			EDUCATIONAL
THE HUNTINGTON LIBRARY 1151 OXFORD ROAD SAN MARINO, CA 91108	501(C)(3)		30,000.	0.			EDUCATIONAL
TRADITION GOLF CLUB 78-505 OLD AVENUE 52 LA QUINTA, CA 92253	501(C)(3)		63,392.	0.			EDUCATIONAL
TRUSTEES OF BOSTON UNIVERSITY 1 SILVER WAY #9 BOSTON, MA 02215	501(C)(3)		10,000.	0.			EDUCATIONAL
UNITED ANCIENT ORDER OF DRUIDS 855 GREEN WAY SANTA ROSA, CA 95404	501(C)(3)		20,000.	0.			RELIGIOUS
UNIVERSITY OF COLORADO FOUNDATION 4740 WALNUT STREET BOULDER, CO 80301	84-6049811	501(C)(3)	10,000.	0.			EDUCATIONAL
USC NONPROFIT STUDIES CENTER UNIVERSITY PARK VFC 363 LOS ANGELES, CA 90089	501(C)(3)		45,000.	0.			EDUCATIONAL
VALLEY CENTER HISTORY MUSEUM P.O. BOX 2665 VALLEY CENTER, CA 92082	501(C)(3)		10,000.	0.			EDUCATIONAL

DESERT COMMUNITY FOUNDATION

COUNCIL OF THE CONFEDERATION AND GOVERNMENTS AND COUNCIL

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 330), 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
YOU ARE SPECIAL COMMUNITY OUTREACH 3512 E. CHAPMAN AVE. ORANGE, CA 92869	501(C) (3)		10,000.	0.		YOUTH DEVELOPMENT

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
 Part III can be duplicated if additional space is needed.

(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
EDUCATIONAL SCHOLARSHIPS	202	896,009.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON MEETING QUALIFYING CRITERIA. ALL OTHER GRANTS ARE GIVEN TO CHARITABLE ORGANIZATIONS, UNDER DONOR ADVISED FUNDS, AND MUST COMPLY WITH THE STIPULATIONS OF THE FUND AGREEMENT.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DESERT COMMUNITY FOUNDATION

Employer identification number
95-4725924

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	39,298.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2013)

332141
09-03-13

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

DESERT COMMUNITY FOUNDATION

Employer identification number
95-4725924

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: ALL TAX DOCUMENTS ARE REVIEWED BY RESPONSIBLE PARTIES BEFORE
THEY ARE FILED WITH THE TAX AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE BOARD OF DIRECTORS CONTINUOUSLY MONITORS FOR ANY CONFLICTS
OF INTEREST AND TAKES APPROPRIATE ACTIONS.

FORM 990, PART VI, SECTION B, LINE 15B:

EXPLANATION: THE ORGANIZATION USES THE COUNCIL ON FOUNDATION'S SALARY GUIDE
AS A BASIS FOR DETERMINING APPROPRIATE SALARIES. IN ADDITION, SALARY IS
APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS

7,885.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions DESERT COMMUNITY FOUNDATION	Employer identification number (EIN) or 95-4725924
	Number, street, and room or suite no. If a P O box, see instructions. 75-105 MERLE DRIVE, SUITE 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PALM DESERT, CA 92211	

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

0 1

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

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

MARY PANESAR

- The books are in the care of ► **75-105 MERLE DRIVE, SUITE 300 – PALM DESERT, CA 92211**
Telephone No. ► **(760) 674-9080** Fax No. ► **(760) 674-8121**
- 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.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
**ADDITIONAL TIME IS NECESSARY IN ORDER TO ACCUMULATE THE INFORMATION
NEEDED TO FILE A COMPLETE AND ACCURATE INCOME TAX RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature ►

Title ► **SECRETARY**

Date ►

Form 8868 (Rev. 1-2014)