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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

| | | |
|---|--|--|
| B Check if applicable: <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 | C Name of organization DESERT MOUNTAIN CLUB INC Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 10550 E DESERT HILLS DRIVE _____ City or town, state or country, and ZIP + 4 SCOTTSDALE, AZ 85262 | D Employer identification number 27-3966137 E Telephone number (480) 595-4000 G Gross receipts \$ 58,736,115 |
| F Name and address of principal officer PAUL WUTZ 10550 E DESERT HILLS DRIVE SCOTTSDALE, AZ 85262 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.DESERTMOUNTAIN.COM | | |
| 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 2010 M State of legal domicile AZ |

Part I Summary

| | | | |
|------------------------------------|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO PROVIDE GOLF, FOOD, AND BEVERAGE RELATED SERVICES TO MEMBERS THE CLUB HAS APPROXIMATELY 2,211 MEMBERS _____ _____ _____ 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) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 947 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 9 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 6,979,408 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 376,218 |
| Revenue | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| | 9 Program service revenue (Part VIII, line 2g) | 0 | 48,655,437 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 241,647 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 5,159,292 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 54,056,376 |
| Expenses | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 24,542,989 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 0 | 27,857,558 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 0 | 52,400,547 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 0 | 1,655,829 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 31,054,814 | 164,583,065 |
| | 21 Total liabilities (Part X, line 26) | 0 | 75,398,906 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 31,054,814 | 89,184,159 |

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 | 2012-08-15 Date |
| | KELLY RAUSCH CONTROLLER Type or print name and title | |

| | | | | |
|---------------------------------|---|--------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ MATTHEW O EVERROAD | Date 2012-08-14 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) P00145789 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 RAUCH HERMANSON EVERROAD & RENTSCHLER 14238 N NORTHSIGHT BLVD SCOTTSDALE, AZ 85260 | | | EIN ▶ 86-0297663 Phone no ▶ (480) 287-5800 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
TO PROVIDE PRIVATE GOLF COURSES, CLUBHOUSES, AND OTHER STANDARD AMENITIES TO ITS MEMBERS THE CLUB HAS APPROXIMATELY 2,165 MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
TO PROVIDE PRIVATE GOLF COURSES, CLUBHOUSES, AND OTHER STANDARD AMENITIES TO ITS MEMBERS THE CLUB HAS APPROXIMATELY 2,165 MEMBERS

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 \$

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> | | No |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | | No |
| 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> | | No |
| 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> | | |
| 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> | | No |
| 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>  | | No |
| 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>  | | No |
| 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>  | | No |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>  | | No |
| 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>  | | No |
| 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>  | Yes | |
| 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>  | | No |
| 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>  | | No |
| 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>  | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | Yes | |
| 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>  | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>  | Yes | |
| 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, XII, and XIII is optional</i>  | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 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, Part I</i> | | No |
| 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 U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> | | No |
| 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 U S ? <i>If "Yes," complete Schedule F, Part III and IV</i> | | No |
| 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> | | No |
| 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> | | No |
| 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> | | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|--|------------|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 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 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, 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 | | No |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | | No |
| 15b | Other officers or key employees of the organization | | No |
| | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **Kelly Rausch**
 KELLY RAUSCH
 10550 E DESERT HILLS DR
 SCOTTSDALE, AZ 85262
 (480) 595-4000

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROGER DUNBAR VICE PRESIDENT | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (2) HAROLD EASTRIDGE DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (3) JEFFREY ERICKSON DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (4) RICK HARRINGTON SECRETARY | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (5) MICHAEL KLONOSKI DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (6) JOE MASLICK TREASURER | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (7) PAUL WUTZ PRESIDENT | 5 00 | X | | X | | | | 0 | 0 | 0 |
| (8) BOB BORSCH DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (9) GARY THOMAS DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (10) ROBERT JONES GENERAL MANAGER | 40 00 | | | X | | | | 513,765 | 0 | 10,821 |
| (11) KELLY RAUSCH CONTROLLER | 40 00 | | | X | | | | 188,992 | 0 | 5,912 |
| (12) SHAWN EMERSON DIRECTOR OF AGRONOMY | 40 00 | | | | | X | | 221,789 | 0 | 1,844 |
| (13) FRIEDRICH EDER FORMER CLUB MANAGER | 40 00 | | | | | X | | 209,797 | 0 | 2,247 |
| (14) SHAWN GOBEN DIRECTOR OF GOLF | 40 00 | | | | | X | | 189,140 | 0 | 3,866 |
| (15) TOM CLASSEN DIRECTOR OF DEVELOPMENT | 40 00 | | | | | X | | 230,838 | 0 | 6,307 |
| (16) DONNA LEGATE-TERRY SALES ASSOCIATE | 40 00 | | | | | X | | 177,173 | 0 | 7,235 |

Part VIII Statement of Revenue

| | | | (A) | (B) | (C) | (D) | |
|---|--|--|--|------------------------------------|----------------------------|---|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | | | | |
| Program Service Revenue | 2a | MEMBERSHIP DUES | 713910 | 30,234,499 | 30,234,499 | | |
| | b | INITIATION & TRANSFER | 713910 | 7,040,000 | 7,040,000 | | |
| | c | SALES COMMISSIONS | 713910 | 4,393,068 | | 4,393,068 | |
| | d | GREENS & HANDICAP FEES | 713910 | 2,414,987 | 136,755 | 2,278,232 | |
| | e | GOLF CART & CLUB RENTA | 713910 | 2,325,905 | 2,325,905 | | |
| | f | All other program service revenue | | 2,246,978 | 2,225,078 | 21,900 | |
| | g | Total. Add lines 2a-2f ▶ | | 48,655,437 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | | 240,619 | 205,608 | 35,011 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | 6a | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b | Gross rents | 91,938 | | | |
| | | c | Less rental expenses | | | | |
| | d | Rental income or (loss) | 91,938 | | | | |
| | e | Net rental income or (loss) ▶ | | 91,938 | | 91,938 | |
| | 7a | | (i) Securities | | | | |
| | | | (ii) Other | | 1,028 | | |
| | | b | Gross amount from sales of assets other than inventory | | | | |
| | | c | Less cost or other basis and sales expenses | | | | |
| | d | Gain or (loss) | | 1,028 | | | |
| | e | Net gain or (loss) ▶ | | 1,028 | 1,028 | | |
| 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 | | 9,747,093 | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | 4,679,739 | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | _____ | | | | | | |
| b | _____ | | | | | | |
| c | _____ | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | | | | | |
| 12 | Total revenue. See Instructions ▶ | | 54,056,376 | 47,076,968 | 6,979,408 | 0 | |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (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 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 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 | 1,731,494 | | | |
| 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 | 18,126,398 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 398,656 | | | |
| 9 | Other employee benefits | 2,667,763 | | | |
| 10 | Payroll taxes | 1,618,678 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 410,264 | | | |
| c | Accounting | 96,823 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 473,591 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | 115,415 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,707,260 | | | |
| 17 | Travel | 29,480 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 23,791 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,765,600 | | | |
| 23 | Insurance | 407,027 | | | |
| 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 | INCOME TAXES | 100,372 | | | |
| b | UTILITIES | 3,874,525 | | | |
| c | SALES COMMISSIONS | 2,966,318 | | | |
| d | REPAIRS & MAINTENANCE | 1,389,200 | | | |
| e | | | | | |
| f | All other expenses | 7,497,892 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 52,400,547 | | | |
| 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) | | (B) | |
|--|--|------------------------|-------------|------------------------|------------|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash—non-interest-bearing | 31,054,814 | 1 | 8,600,732 | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | | 3 | 4,872,099 | |
| | 4 Accounts receivable, net | | 4 | | |
| | 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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | 839,359 | |
| | 8 Inventories for sale or use | | 8 | 1,226,219 | |
| | 9 Prepaid expenses and deferred charges | | 9 | 1,097,982 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 109,140,667 | | | |
| | b Less accumulated depreciation | 10b 4,983,307 | 0 | 10c 104,157,360 | |
| | 11 Investments—publicly traded securities | | 11 | | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | 1,258,734 | |
| | 14 Intangible assets | | 14 | 42,530,580 | |
| | 15 Other assets See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 31,054,814 | 16 | 164,583,065 | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | 8,094,283 | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | 1,249,145 | |
| | 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 | 47,385,403 | |
| | 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 | | 0 | 25 | 18,670,075 |
| | 26 Total liabilities. Add lines 17 through 25 | | 0 | 26 | 75,398,906 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 31,054,814 | 27 | 89,184,159 | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 31,054,814 | 33 | 89,184,159 | | |
| 34 Total liabilities and net assets/fund balances | 31,054,814 | 34 | 164,583,065 | | |

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 | 54,056,376 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 52,400,547 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,655,829 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31,054,814 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 56,473,516 |
| 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 | 89,184,159 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? | | No |
| 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 | | |

Additional Data

Software ID:

Software Version:

EIN: 27-3966137

Name: DESERT MOUNTAIN CLUB INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization DESERT MOUNTAIN CLUB INC

Employer identification number 27-3966137

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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 170(h)(4)(B)(ii)?

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, 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV 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 XIV and complete the following table

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

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.

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment. 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 | | 50,696,860 | | 50,696,860 |
| b Buildings | | 48,329,485 | | 48,329,485 |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 10,114,322 | 4,983,307 | 5,131,015 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 104,157,360 |

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 54,056,376 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 52,400,547 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,655,829 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 56,473,516 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 56,473,516 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 58,129,345 |

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 | 114,814,366 |
| 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 | 60,757,990 |
| e | Add lines 2a through 2d | 2e | 60,757,990 |
| 3 | Subtract line 2e from line 1 | 3 | 54,056,376 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 54,056,376 |

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 57,426,592 |
| 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 | 5,026,045 |
| e | Add lines 2a through 2d | 2e | 5,026,045 |
| 3 | Subtract line 2e from line 1 | 3 | 52,400,547 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 52,400,547 |

Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | CAPITAL CONTRIBUTIONS 741,570 GAAP GAIN ON BARGAIN PURCHASE 55,731,946 TOTAL TO SCHEDULE D, PART XI, LINE 8 56,473,516 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | EXPENSES IN COST OF GOODS SOLD NOT IN GROSS REVENUE ON FINANCIAL STATEMENTS 5,026,045 GAAP GAIN ON BARGAIN PURCHASE 55,731,945 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | EXPENSES IN COST OF GOODS SOLD NOT IN GROSS REVENUE ON FINANCIAL STATEMENTS 5,026,045 |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
DESERT MOUNTAIN CLUB INC

Employer identification number

27-3966137

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
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?

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

Only 501(c)(3) and 501(c)(4) organizations only 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

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

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

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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | Yes | |
| 4b | | No |
| 4c | | No |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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 VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROBERT JONES | (i) (ii) | 376,265 0 | 125,500 0 | 12,000 0 | 10,821 0 | 0 0 | 524,586 0 | 0 0 |
| (2) KELLY RAUSCH | (i) (ii) | 155,053 0 | 21,939 0 | 12,000 0 | 5,912 0 | 0 0 | 194,904 0 | 0 0 |
| (3) SHAWN EMERSON | (i) (ii) | 194,939 0 | 26,850 0 | 0 0 | 1,844 0 | 0 0 | 223,633 0 | 0 0 |
| (4) FRIEDRICH EDER | (i) (ii) | 187,098 0 | 22,699 0 | 0 0 | 2,247 0 | 0 0 | 212,044 0 | 0 0 |
| (5) SHAWN GOBEN | (i) (ii) | 166,645 0 | 22,495 0 | 0 0 | 3,866 0 | 0 0 | 193,006 0 | 0 0 |
| (6) TOM CLASSEN | (i) (ii) | 192,136 0 | 26,702 0 | 12,000 0 | 6,307 0 | 0 0 | 237,145 0 | 0 0 |
| (7) DONNA LEGATE-TERRY | (i) (ii) | 177,173 0 | 0 0 | 0 0 | 7,235 0 | 0 0 | 184,408 0 | 0 0 |
| | | | | | | | | |
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DESERT MOUNTAIN CLUB INC

Employer identification number

27-3966137

| Identifier | Return Reference | Explanation |
|--|--|---|
| | FORM 990, PART VI, SECTION A, LINE 6 | THE CLUB IS COMPRISED OF MEMBERS |
| | FORM 990, PART VI, SECTION A, LINE 7A | CERTAIN DIRECTORS ARE ELECTED ANNUALLY BY THE MEMBERS |
| | FORM 990, PART VI, SECTION A, LINE 7B | THE MEMBERS VOTE ON CERTAIN IMPORTANT MATTERS THAT AFFECT THE CLUB |
| | FORM 990, PART VI, SECTION B, LINE 11 | THE RETURN WAS REVIEWED BY THE CLUB'S CONTROLLER AND IS PROVIDED TO ALL BOARD MEMBERS |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE BOARD OF DIRECTORS MEET MONTHLY TO DISCUSS ANY CONFLICTS |
| | FORM 990, PART VI, SECTION C, LINE 19 | ALL INFORMATION IS KEPT READILY AVAILABLE IN THE MAIN OFFICE OF THE CLUB |
| ALL OTHER FUNCTIONAL EXPENSES | FORM 990, PART X, LINE 24E | FERTILIZER & CHEMICALS TOTAL EXPENSES 1,300,174 SUPPLIES TOTAL EXPENSES 985,271 MEMBER PROMOTIONS TOTAL EXPENSES 979,734 CONTRACT LABOR TOTAL EXPENSES 650,254 GOLF COURSE MAINTENANCE TOTAL EXPENSES 639,679 GAS & OIL TOTAL EXPENSES 556,251 SPECIAL EVENTS TOTAL EXPENSES 277,531 UNIFORMS TOTAL EXPENSES 254,579 OTHER EXPENSES TOTAL EXPENSES 225,748 GOLF COURSE EXPENSE TOTAL EXPENSES 206,967 CLUB ENTERTAINMENT TOTAL EXPENSES 191,190 BAD DEBTS TOTAL EXPENSES 172,542 WORKER'S COMPENSATION INSURANCE TOTAL EXPENSES 149,150 TELEPHONE TOTAL EXPENSES 146,189 LICENSES & FEES TOTAL EXPENSES 107,205 RANGE EXPENSE TOTAL EXPENSES 105,608 IRRIGATION TOTAL EXPENSES 99,098 SALES & USE TAX TOTAL EXPENSES 85,879 POSTAGE & DELIVERY TOTAL EXPENSES 83,513 CREDIT CARD DISCOUNT FEES TOTAL EXPENSES 68,729 RECRUITMENT TOTAL EXPENSES 55,421 DUES & SUBSCRIPTIONS TOTAL EXPENSES 51,060 CONTINUING EDUCATION TOTAL EXPENSES 38,912 LANDSCAPING TOTAL EXPENSES 35,434 CONTRIBUTIONS TOTAL EXPENSES 22,542 BANK FEES TOTAL EXPENSES 7,337 MEMBER REFERRALS TOTAL EXPENSES 1,895 |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | CAPITAL CONTRIBUTIONS 741,570 GAAP GAIN ON BARGAIN PURCHASE 55,731,946 TOTAL TO FORM 990, PART XI, LINE 5 56,473,516 |
| | | FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED |
| | | GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE A GAIN TO BE RECOGNIZED ON A BARGAIN PURCHASE OF ASSETS WHEN LESS THAN FAIR MARKET VALUE IS PAID THE TAX BASIS IS EQUAL TO THE TRANSACTION'S PURCHASE PRICE THE GAAP GAIN ON BARGAIN PURCHASE IS EXCLUDED FROM FORM 990, PART VIII, STATEMENT OF REVENUE AND IS SHOWN ON LINE 5 OF PART XI ON THE 990 AS AN OTHER CHANGE IN NET ASSETS |