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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

Department of the Treasury
Internal Revenue Service

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

Inspection

A For the 2010 calendar year, or tax year beginning , and ending

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 Northshore Club		D Employer identification number 75-0882659
	Number and street (or P O box, if mail is not delivered to street address) P.O. Box 270645		E Telephone number 972-724-0902
	Room/suite		F Group Exemption Number
	City or town, state or country, and ZIP + 4 Flower Mound TX 75027-0645		

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **northshoreclub.net**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

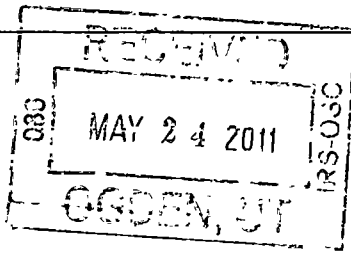
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 96,595

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21									
Revenue	1	Contributions, gifts, grants, and similar amounts received																													
	2	Program service revenue including government fees and contracts																							33,764						
	3	Membership dues and assessments										See Statement																		61,972	
	4	Investment income																									859				
	5a	Gross amount from sale of assets other than inventory										5a																			
	b	Less cost or other basis and sales expenses										5b																			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				5c									
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)										6a																			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										6b																				
c	Less direct expenses from gaming and fundraising events										6c																				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																				6d										
7a	Gross sales of inventory, less returns and allowances										7a																				
b	Less cost of goods sold										7b																				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																				7c										
8	Other revenue (describe in Schedule O)																				8										
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																				9									96,595	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																				10									
	11	Benefits paid to or for members																				11									
	12	Salaries, other compensation, and employee benefits																				12									
	13	Professional fees and other payments to independent contractors																				13									6,474
	14	Occupancy, rent, utilities, and maintenance																				14									25,797
	15	Printing, publications, postage, and shipping																				15									482
	16	Other expenses (describe in Schedule O)																				16									96,003
17	Total expenses. Add lines 10 through 16																				17									128,756	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				18									-32,161
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																				19									507,657
	20	Other changes in net assets or fund balances (explain in Schedule O)																				20									-10,045
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																				21									465,451



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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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: Brad Terrell Date: 15/19/2011
 Type or print name and title: Brad Terrell President

Paid Preparer Use Only
 Preparer's name: James J. Wagner, CPA Date: 4-27-11
 Preparer's signature: James J. Wagner Check if self-employed
 Firm's name: Wagner, Codispoti & Co., P.C. PTIN: P00150360
 Firm's address: 14465 Webb Chapel Rd Ste 217
Dallas, TX 75234-3675 Firm's EIN: 75-2298463
Phone no: 972-620-0961

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.

OMB No. 1545-0047

2010

 Open to Public
 Inspection

Name of the organization

Northshore Club

Employer identification number

75-0882659

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Conferences/Meetings	\$ 1,140
Marina	\$ 9,752
Clubhouse & Kitchen	\$ 35,021
Miscellaneous	\$ 784
Telephone	\$ 627
Maintenance & Repair	\$ 48,679
Total	\$ 96,003

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book / Tax Depreciation Difference	\$ -10,045

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 10,551	\$ 13,557
Prepaid Expenses and Deferred Charges	\$ 437	\$ 484
Total	\$ 10,988	\$ 14,041

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 14,348	\$ 14,122

Name of the organization

Northshore Club

Employer identification number

75-0882659

Form 990-EZ, Part III - Primary Exempt Purpose

Non profit organization, organized and operating exclusively for recreational activities.