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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ 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  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public  
Inspection**

**A** For the 2011 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **Northshore Club**

Number and street (or P O box, if mail is not delivered to street address): **P.O. Box 270645**

Room/suite: \_\_\_\_\_

City or town, state or country, and ZIP + 4: **Flower Mound TX 75027-0645**

**D** Employer identification number: **75-0882659**

**E** Telephone number: **972-724-0902**

**F** Group Exemption Number: \_\_\_\_\_

**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**

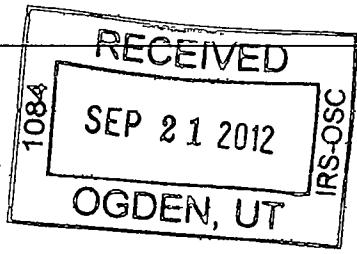
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **7** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ **110,549**

**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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	42,685	11	Benefits paid to or for members	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)
3	Membership dues and assessments	3	66,667	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	569	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16		
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	628				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,549				
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	6,084				
14	Occupancy, rent, utilities, and maintenance	14	27,187				
15	Printing, publications, postage, and shipping	15	454				
16	Other expenses (describe in Schedule O)	16	101,363				
17	<b>Total expenses.</b> Add lines 10 through 16	17	135,088				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-24,539				
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	465,452				
20	Other changes in net assets or fund balances (explain in Schedule O)	20					
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	440,913				



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**Part II Balance Sheets.** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	465,532	22	436,770	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	14,041	24	17,166	
25 Total assets	479,573	25	453,936	
26 Total liabilities (describe in Schedule O)	14,121	26	13,023	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	465,452	27	440,913	

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 N/A

(Grants \$ ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ann Scales P.O. Box 270645 Flower Mound TX 75027	Treasurer 3.50	0	0	0
Thom Campbell P.O. Box 270645 Flower Mound TX 75027	Vice President 3.10	0	0	0
Brad Terrel P.O. Box 270645 Flower Mound TX 75027	President 20.80	0	0	0
Donna Bradley P.O. Box 270645 Flower Mound TX 75027	Secretary 2.30	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>35b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b>  </span>		
<b>37b</b>	Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">  <b>38b</b>  </span>		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 <span style="float:right">  <b>39a</b>  </span>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">  <b>39b</b>  </span>		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>40b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
<b>40e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed <span style="float:right">▶ <b>None</b></span>		
<b>42a</b>	The organization's books are in care of <span style="float:right">▶ <b>Donna Moore</b></span> Telephone no <span style="float:right">▶ <b>972-724-0902</b></span> P O Box 270645 Located at <span style="float:right">▶ <b>Flower Mound</b></span> TX ZIP + 4 <span style="float:right">▶ <b>75027</b></span>		
<b>42b</b>	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)? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		<b>X</b>
<b>42c</b>	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b>  </span> <input type="checkbox"/>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<b>X</b>

**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

	Yes	No
<b>46</b>		<b>X</b>

**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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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

<b>Sign Here</b>	Signature of officer <b>Brad Terrell</b> <i>Brad Terrell</i> Type or print name and title	Date <b>President</b>			
	Date <b>9-12-11</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>James J. Wagner, CPA</b>	Preparer's signature <i>James J. Wagner CPA</i>	Date <b>9-12-11</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00150360</b>
	Firm's name <b>▶</b> <b>Wagner, Codispoti &amp; Co., P.C.</b>	Firm's EIN <b>▶</b> <b>75-2298463</b>		Phone no <b>972-620-0961</b>	
	Firm's address <b>▶</b> <b>14465 Webb Chapel Rd Ste 217 Dallas, TX 75234-3675</b>				

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

**2011**Open to Public  
Inspection

Name of the organization

Northshore Club

Employer identification number

75-0882659

**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Miscellaneous	\$ 628
<b>Total</b>	<b>\$ 628</b>

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

Description	Amount
<b>Expenses</b>	
Conferences/Meetings	\$ 1,138
Marina	\$ 10,556
Clubhouse & Kitchen	\$ 46,534
Miscellaneous	\$ 1,180
Telephone	\$ 406
Maintenance & Repair	\$ 28,761
Non-investment Depreciation	\$ 12,788
<b>Total</b>	<b>\$ 101,363</b>

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

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 13,557	\$ 15,645
Prepaid Expenses and Deferred Charges	\$ 484	\$ 1,521
<b>Total</b>	<b>\$ 14,041</b>	<b>\$ 17,166</b>

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

Description	Beg. of Year	End of Year
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Name of the organization

**Northshore Club**

Employer identification number

**75-0882659**

<b>Accounts Payable and Accrued Expenses</b>	<b>\$</b>	<b>14,121</b>	<b>\$</b>	<b>13,023</b>
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**Form 990-EZ, Part III - Primary Exempt Purpose**

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