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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

► 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*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning January 1 , 2010, and ending December 31 , 20

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

C Name of organization
Floral Park Neighborhood Association

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
Post Office Box 11366

City or town, state or country, and ZIP + 4
Santa Ana, CA 92711-1366

D Employer identification number
33-0908244

E Telephone number
(714)5580670

F Group Exemption Number ►

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ►

I **Website:** ► **floral-park.org**

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☑ 501(c) (**4**) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 . . . . . ► $

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	1	Contributions, gifts, grants, and similar amounts received		1	1502
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	9258
	4	Investment income		4	483
	5a	Gross amount from sale of assets other than inventory Home Tour	5a 49543		
	b	Less: cost or other basis and sales expenses	5b 29188		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	20355
	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) newsletter	6b 5866		
	c	Less: direct expenses from gaming and fundraising events	6c 4144		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1722
	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	33220
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	39247
	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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	9890
	17	**Total expenses.** Add lines 10 through 16 ►		17	49137
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15818
	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	104987
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	89169

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	104987	22	89169
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	104987	25	89169
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	104987	27	89169

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? **neighborhood improvement**
Describe what was achieved in carrying out the organization's exempt purposes. 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	**Scholarships for local students** (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	4000
29	**Local charities support** (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	3900
30	**neighborhood events** 12316 **sponsorship costs replacement of trees, plantings, beautification** 19031 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	31347
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	39247

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mark McLoughlin **2415 Riverside Drive Santa Ana, CA 92706**	**President 10 hours**	0	0	0
Timo & Melissa Budarz **2344 N. Riverside Drive Santa Ana, CA 92706**	**1st VP 2 hours**	0	0	0
Janelle McLoughlin **2415 Riverside Drive Santa Ana, CA 92706**	**2nd VP 4 hours**	0	0	0
Julie Humphreys **2112 N. Ross Street Santa Ana, CA 92706**	**Secretary 2 hours**	0	0	0
Erwin Schauwecker **1920 N. Victoria Drive Santa Ana, CA 92706**	**Treasurer 10 hours**	0	0	0
Brad Pivar / Rod Escobedo **1811 N Flower Santa Ana, CA 92706**	**Membership co-chairs 2 ho**	0	0	0
Sandy DeAngelis **2121 N. Victoria Drive Santa Ana, CA 92706**	**Home Tour Chair 5 hours**	0	0	0
Linda Schulte **2305 N Heliotrope Santa Ana, CA 92706**	**Newsletter Editor 5 hours**	0	0	0
John Schulte **2305 N Heliotrope Santa Ana, CA 92706**	**Parliamentarian**	0	0	0

Part V **Other Information** (Note the 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
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	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)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		✓
36	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		✓
c	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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ **California**			
42a	The organization's books are in care of ▶ **Erwin Schauwecker** Telephone no. ▶ **(714)5580670**			
	Located at ▶ **1920 N. Victoria Drive Santa Ana, CA** ZIP + 4 ▶ **92706-2512**			
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)?	42b	.	✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
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)	45a		✓
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	46		✓

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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

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

Erwin Schauwecker Treasurer — Signature of officer

5-15-11 — Date

Erwin Schauwecker Treasurer Floral Park Neighborhood Association — Type or print name and title

I am an unpaid volunteer.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

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

Floral Park Neighborhood Association
Profit & Loss
January through December 2010

990EZ cross ref.

	Jan - Dec 10	
Ordinary Income/Expense		
Income		
Website Income	180 00	part of line 1
4000 · Investments		
4010 · Interest-Savings, Short-term CD	482.66	
Total 4000 · Investments	482 66	- line 4
4100 · Contributions Income		
4110 · Member Contributions - cash	7,892 99	
4120 · Member Contributions - Paypal	1,364 85	
Total 4100 · Contributions Income	9,257.84	- line 3
4200 · Newssletter / Website Income		
4210 · Advertising Income	5,590 00	
46430 · Miscellaneous Revenue	276 10	
Total 4200 · Newssletter / Website Income	5,866.10	- line 6b
4300 · Home Tour Income		
4310 · Presales of tickets - cash	10,225 00	
4320 · Presales of Tickets - Paypal	9,596.65	
4330 · Gate Ticket Sales	18,045 00	
4350 · Home Tour Booklet Advertising	3,650 00	
4360 · Collectables space rentals	4,762 50	
4370 · Vintage Auto Show Income	580 00	
4390 · Miscelaneous HT Income	2,684 00	
Total 4300 · Home Tour Income	49,543.15	- line 5a
4400 · Social Events Income	872 01	
4900 · Miscelaneous Income	450 00	
Total Income	66,651 76	
Cost of Goods Sold		
5300 · Home Tour Expense		
5310 · Administrative expenses	4,953 77	
5320 · Promotional- Flyers Expenses	225 76	
5330 · Home Tour Book Expenses	5,167 32	
5335 · Docent Expenses	698 20	
5340 · Collectables Section Expenses	75 18	
5345 · Vintage Auto Show Expenses	361 38	
5350 · Homeowner Costs	6,074 95	
5360 · Committee Appreciation	1,800 00	
5365 · Advertising and Signage Expense	1,131 22	
5380 · Mailing Services	1,000 00	
5385 · Promotional Expenses	4,372.45	
5390 · Miscelaneous Expense	3,327 90	
Total 5300 · Home Tour Expense	29,188 13	line 5b
Total COGS	29,188.13	
Gross Profit	37,463 63	
Expense		
5100 · Membership Expense		
5110 · Printing/Mailing/Distribution	306.99	
5120 · New Neighbor Gifts	918 23	
Total 5100 · Membership Expense	1,225 22	- part of line 16
5200 · Newsletter/ Website Expense		
5210 · Printing	2,926 54	
5220 · Distribution	819.28	
5240 · Website Expense	398 40	
Total 5200 · Newsletter/ Website Expense	4,144.22	- line 6c

Floral Park Neighborhood Association
Profit & Loss
January through December 2010

	Jan - Dec 10	
5400 · Social Events		
5410 · Summer Events	1,828 98	
5420 · Fall Events	1,931 56	
5430 · Winter Events	8,555 04	
Total 5400 · Social Events	12,315 58	- part of line 30a
5500 · Neighborhood Beautification	18,515 32	- part of line 30a
5600 · Charitable Sponsorship		
5610 · Local Charities	3,900 00	- line 29a
5620 · Scholarships	4,000 00	- line 28a
5600 · Charitable Sponsorship - Other	515 79	
Total 5600 · Charitable Sponsorship	8,415.79	
5900 · Miscelaneous Expense	76.11	- part of line 16
6000 · Administrative Expense		
6010 · Board Expenses	2,453 54	
6030 · General Meeting Expense	1,107 66	
6040 · Insurance - Liability, D and O	1,727 63	
65010 · Books, Software, etc.	186.91	
65020 · Postage, Mailing Service	326 01	
65030 · Printing and Copying	194.88	
65040 · Supplies	309 20	
6000 · Administrative Expense - Other	1,924 05	
Total 6000 · Administrative Expense	8,229 88	- part of line 16
60900 · Business Expenses		
60920 · Business Registration Fees	130 00	
Total 60900 · Business Expenses	130.00	- part of line 16
Total Expense	53,052 12	
Net Ordinary Income	-15,588.49	
Other Income/Expense		
Other Expense		
80000 · Ask My Accountant	229 45	- part of line 16
Total Other Expense	229 45	
Net Other Income	-229 45	
Net Income	-15,817.94	- line 18