

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
Southern Humboldt Community Park

Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 185

City or town State or country ZIP + 4
Garberville CA 95542-0185

D Employer identification number
75-3073362

E Telephone number
(707) 923-4022

F Accounting method: Cash Accrual
 Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

- H(a) Is this a group return for affiliates? Yes No
- H(b) If "Yes," enter number of affiliates ▶ _____
- H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ None

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number ▶

M Check ▶ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 78,170

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

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Revenue

Expenses

Net Assets

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	32,165	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 26,278 noncash \$ 5,887)	1d	32,165	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,902	
3	Membership dues and assessments	3	0	
4	Interest on savings and temporary cash investments	4	0	
5	Dividends and interest from securities	5	0	
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe ▶)	7	0	
8 a	Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other
b	Less cost or other basis and sales expenses	8a	0	0
c	Gain or (loss) (attach schedule)	8b	0	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
8d				0
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a	Gross revenue (not including \$ 32,165 of contributions reported on line 1a)	9a	0	
b	Less: direct expenses other than fundraising expenses	9b	0	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			0
11	Other revenue (from Part VII, line 103)	11	34,103	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	78,170	
13	Program services (from line 44, column (B))	13	81,820	
14	Management and general (from line 44, column (C))	14	14,585	
15	Fundraising (from line 44, column (D))	15	13,423	
16	Payments to affiliates (attach schedule)	16	0	
17	Total expenses (add lines 16 and 44, column (A))	17	109,828	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-31,658	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	409,392	
20	Other changes in net assets or fund balances (attach explanation) (Rounding)	20	1	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	377,735	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	12,828	12,828		
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	6,534	6,534		
30	Professional fundraising fees	13,423			13,423
31	Accounting fees	1,790		1,790	
32	Legal fees	0			
33	Supplies	1,132	386	746	
34	Telephone	672	672		
35	Postage and shipping	287	192	95	
36	Occupancy	11,620	4,057	7,563	
37	Equipment rental and maintenance	622	622		
38	Printing and publications	1,377	1,266	111	
39	Travel	193	193		
40	Conferences, conventions, and meetings	643	643		
41	Interest	18,080	18,080		
42	Depreciation, depletion, etc. (attach schedule) Stmt. #1	24,518	24,518		
43	Other expenses not covered above (itemize): a Bank Charges	-45		-45	
	b Professional Contracted Services	5,660	4,872	788	
	c Building Repairs & Maintenance	1,371	1,371		
	d Permits & Fees	4,391	1,066	3,325	
	e Other Expenses - See Attached Stmt. #2	4,732	4,520	212	
	f	0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	109,828	81,820	14,585	13,423

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? See Attached Statement #3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Community Park - Fund established for the aquisition, development & management of 380 acres for a community park to serve the general public. During 2004, a 2.5 mile loop trail was developed and a trails guide and botanical guide were published to assist the general public in their enjoyment of and educational use of the park (Grants and allocations \$ 0)	81,820
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	81,820

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		11,683	45	2,987	
	46 Savings and temporary cash investments		75	46	75	
	47 a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	0	47c	0
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50		0
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
56 Investments—other (attach schedule)			0	56	0	
57 a Land, buildings, and equipment: basis	57a	1,314,390				
b Less: accumulated depreciation (attach schedule)	Statement #4 57b	85,101	1,203,488	57c	1,229,289	
58 Other assets (describe ▶ Insurance Premium on Deposit)			775	58	689	
59 Total assets (add lines 45 through 58) (must equal line 74)			1,216,021	59	1,233,040	
Liabilities	60 Accounts payable and accrued expenses		2,978	60	42,374	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) Statement #5.		94,700	63		93,900
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a		0
	b Mortgages and other notes payable (attach schedule) Stmt, #6		708,751	64b		718,831
	65 Other liabilities (describe ▶ Rental Deposit)		200	65		200
66 Total liabilities (add lines 60 through 65)			806,629	66	855,305	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		398,669	67	362,711	
	68 Temporarily restricted		10,723	68	15,024	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)			409,392	73	377,735	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			1,216,021	74	1,233,040	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(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
Name Timothy A. Metz str 1593 Old Briceland City Garberville ST CA ZIP 95542	Title President Hr/WK 2 Hrs.	0	0	0
Name Douglas Ingold str 780 A Redwood Dr. City Garberville ST CA ZIP 95542	Title Vice President Hr/WK 2 Hrs.	0	0	0
Name Kathryn Lobato str P.O. Box 1824 City Redway ST CA ZIP 95560	Title Secretary Hr/WK 3 Hrs.	0	0	0
Name Peter R. Ryce str P.O. Box 1205 City Redway ST CA ZIP 95560	Title Treasurer Hr/WK 2 Hrs.	0	0	0
Name Dennis Abshire str P.O. Box 1155 City Redway ST CA ZIP 95560	Title Board Member Hr/WK 2 Hrs.	0	0	0
Name Stephen Dazey str P.O. Box 168 City Garberville ST CA ZIP 95542	Title Operations Mgr Hr/WK 5 Hrs.	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organization? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	Undetermined
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		0
90 a	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	1
91	The books are in care of <input type="text" value="Name Courtois Accounting Services"/> Telephone no <input type="text" value="(707) 923-4123"/> Located at <input type="text" value="P.O. Box 10"/> City <input type="text" value="Garberville"/> ST <input type="text" value="CA"/> ZIP + 4 <input type="text" value="95542-0010"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/> N/A	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Park Rental/Use Fees					7,543
b Hay Sales					4,359
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than invento					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Gravel Royalties			15	34,103	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		34,103	11,902
105 Total (add line 104, columns (B), (D), and (E))					46,005

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A.)	Fees received from the rental/use of park bunkhouse, barn, pasture grazing, farm land & the general public use of the park
93 B.)	Promoting traditional agricultural use of park land by volunteers raising & selling feed hay

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

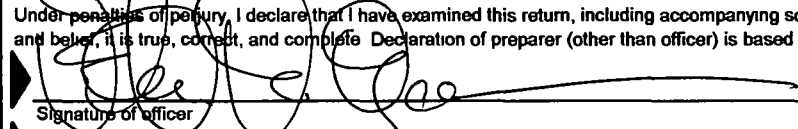
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%	N/A	0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructi

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8878 and Form 4720 (see instructions)

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.

Please Sign Here:  Date: 5/12/05
Treasurer

Date: 5/11/2005
Check if self-employed:
Preparer's SSN or PTIN (See Gen. Inst. W): P00365332

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

Southern Humboldt Community Park

75-3073362

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk NONE			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501 (h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit? Statement #7	X	
c	Furnishing of goods, services, or facilities? Statement #8	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Statement #9	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 6** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	36,147	416,718	N/A	N/A	452,865
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,130				13,130
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	30,093				30,093
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	700				700
23 Total of lines 15 through 22	80,070	416,718			496,788
24 Line 23 minus line 17	66,940	416,718			483,658
25 Enter 1% of line 23	801	4,167			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	9,673
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	483,658
d Add Amounts from column (e) for lines	26d	30,793
18 <u>30,093</u> 19 <u>0</u>		
22 <u>700</u> 26b <u>0</u>	26e	452,865
e Public support (line 26c minus line 26d total)	26e	452,865
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	93.63%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) N/A (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) _____ (2002) N/A (2001) _____ (2000) _____

c Add. Amounts from column (e) for lines.	27c	
15 _____ 16 _____		
17 _____ 20 _____ 21 _____	27d	
d Add. Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. None

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		N/A
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)	0	0
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)	0	0
41 Lobbying nontaxable amount Enter the amount from the following table—		
If the amount on line 40 is— The lobbying nontaxable amount is—		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	0	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures		N/A			0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		N/A
		N/A
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51a(i), 51a(ii), 51b(i), 51b(ii), 51b(iii), 51b(iv), 51b(v), 51b(vi), and 51c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes handwritten 'N/A' and a large diagonal scribble.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with X checked)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Includes handwritten 'N/A' and a large diagonal scribble.

Southern Humboldt Community Park
P.O. Box 185
Garberville, CA 95542
FEIN 75-3073362
For Tax Year Ended 12/31/04

Form 990
Attachment

Part II
Statement of Functional Expenses

Statement 1
Line 42
Depreciation

See Attached Depreciation Schedule.

Statement 2
Line 43e
Other Expenses

	<u>(A)</u> <u>Total</u>	<u>(B)</u> <u>Prog. Serv.</u>	<u>(C)</u> <u>Managem't.</u>	<u>(D)</u> <u>Fundrais.</u>
Other Rents	103	65	38	
Other Repairs & Maint	3208	3208		
Small Tools	939	939		
Finance Charges	-196		-196	
Property Taxes	298	298		
Community Relations	370		370	
Photography/Video	10	10		
Total Other Expenses:	4732	4520	212	0

Part III
Statement of Program Serv. Accomplishments

Statement 3
Organization's Primary Exempt Purpose:

The primary exempt purpose of Southern Humboldt Community Park is to own, operate and maintain one or more parks for the benefit of the Southern Humboldt community, visitors and the general public.

Southern Humboldt Community Park
 P.O. Box 185
 Garberville, CA 95542
 FEIN 75-3073362
 For Tax Year Ended 12/31/04

Form 990
Attachment
 (Continued)

Part IV
Balance Sheets

Assets

Statement 4
 Line 57b
 Depreciation

See Attached Depreciation Schedule

Liabilities

Statement 5
 Line 63
 Loans from Officers, Directors & Key Employees

	<u>1/1/2004</u>	<u>12/31/2004</u>	<u>Details of Terms</u>
Timothy A. Metz President	92000	92000	Original Amount: \$ 92,000 Date of Note: 10/2/00 Interest: 5% Per Annum - 1st Year 10% Per Annum - 2nd Year Compounded Monthly Maturity Date of Note: 10/2/02 Purpose: Property Acquisition Funds Secured by Deed of Trust Pertaining to Property Purchase
Stephen Dazey Park Operations Manager	2700	1900	Original Amount: \$ 500 5/30/02 Add'l. Amount: \$ 600 9/06/02 Add'l. Amount: \$ 1600 10/29/02 Add'l. Amount: \$ 3600 1/28/04 Interest: 0% Per Annum Maturity Date of Note: Open Purpose: Small Operating Loans Unsecured Loans
Total Loans from Officers, etc.:	<hr style="width: 100%;"/> 94700	<hr style="width: 100%;"/> 93900	

Southern Humboldt Community Park
 P.O. Box 185
 Garberville, CA 95542
 FEIN 75-3073362
 For Tax Year Ended 12/31/04

Form 990
Attachment
 (Continued)

Part IV
Balance Sheets
 (Continued)

Liabilities
 (Continued)

Statement 6
Line 64b
Mortgages & Notes Payable

	<u>1/1/2004</u>	<u>12/31/2004</u>	
<u>Mortgage Payable:</u>			
Buck Mountain Ranch	483369	483369	
<u>Notes Payable:</u>			
Gilbert Gregori	105695	115775	<u>Terms</u> Original Amount: \$100,000 Date of Note: 10/2/00 Interest: 10% Per Annum Compounded Monthly Maturity Date of Note: 10/2/01 Purpose: Property Acquisition Funds Secured by Deed of Trust Pertaining to Property Purchase
Mark Drake	119687	119687	Original Amount: \$ 120,000 Date of Note: 3/1/02 Interest: 10% Per Annum Maturity Date of Note: 5/7/07 Purpose: Property Acquisition Funds Secured by Deed of Trust Pertaining to Property Purchase
	_____	_____	
Total Mortg. & Notes Payable:	708751	718831	

No relationship exists between these lenders and any officer or director of this organization.

Southern Humboldt Community Park
P.O. Box 185
Garberville, CA 95542
FEIN 75-3073362
For Tax Year Ended 12/31/04

Form 990 / Schedule A
Attachment

Part III
Statements About Activities

Statement 7
Line 2b
Lending of Money

See Form 990 / Part IV / Line 63 / Statement #5 - Attachment for Details

Statement 8
Line 2c
Furnishing of Goods, Services or Facilities

Stephen Dazey, our Park Operations Manager, has been volunteering his managerial services and has been voluntarily performing the duties of Park Operations Manager.

Statement 9
Line 2d
Reimbursement of Expenses

During 2004, our Park Operations Manager, Stephen Dazey, was paid and reimbursed for the following expenses:

Short Term Loan Repayments	4400
Fixtures	1249
Water System Development	917
Equipment	150
Carts to Bridges - Welding	600
Other Contract Services	420
Postage	41
Office & Other Supplies	806
Educational Materials	25
Printing & Copying	71
Utilities/Garbage Fees	164
Small Tools	474
Permits & Fees	1100
Community Relations	370
Other Repairs & Maint.	683
Photographs	10

As of 12/31/04, the following expenses to Stephen Dazey were not reimbursed:	
Well Construction	21582
Carts to Bridges-Materials	2935
Fundraising Consultants	6752
A/P as of 12/31/04:	<u>31269</u>

Total Payments & Reimbursed Expenses: 11481

SOUTHERN HUMBOLDT COMMUNITY PARK

DEPRECIATION SCHEDULE

Date Placed in Service	Type of Property	# of Years	Cost or Basis	Method	Fund	Accumul Deprec Previously Taken	Dep Exp 2001	Dep Exp 2002	Dep Exp 2003	Dep Exp 2004
10/01	Ranchhouse	27.5 Yrs	125,000.00	(GDS)Macrs	Gen	0	4545 45	4545 45	4545.45	4545.45
"	Ranch Outbuildings	27.5 Yrs	402,000 00	(GDS)Macrs	Gen	0	14618 18	14618.18	14618.18	14618.18
10/01	Water System	15 Yrs.	861.34	(GDS)Macrs	Gen	0	14.36	57.42	57.42	57.42
12/01	Portable Restroom	3 Yrs.	1965.55	(GDS)Macrs	Gen	0	163 80	655.18	655 18	491 39
12/01	Stove	7 Yrs	941 70	(GDS)Macrs	Gen	0	33 63	134.53	134 53	134 53
01/02	Water Filter System	15 Yrs	38.95	(GDS)Macrs	Gen	0	0 00	2 60	2 60	2 60
04/02	Water System Dev	15 Yrs	533 25	(GDS)Macrs	Gen	0	0 00	23 70	35.55	35 55
09/02	Well Installation	15 Yrs	1269.18	(GDS)Macrs	Gen	0	0 00	21 15	84 61	84 61
12/02	Secondary Containmnt	15 Yrs	480 00	(GDS)Macrs	Gen	0	0 00	2 67	32.00	32 00
03/03	Tappan 30" Range	7 Yrs	259.01	(GDS)Macrs	Gen	0	0 00	0 00	27.75	37 00
03/03	Servel Refrigerator	7 Yrs	1085 37	(GDS)Macrs	Gen	0	0 00	0 00	116.29	155.05
06/03	4 - Picnic Tables	7 Yrs	1930 50	(GDS)Macrs	HAF	0	0 00	0 00	149.38	275.79
06/03	Portable Toilet Unit	3 Yrs.	2200 00	(GDS)Macrs	HAF	0	0 00	0 00	397.22	733.33
06/03	Trail Signs	7 Yrs	1525 61	(GDS)Macrs	HAF	0	0 00	0 00	108.97	217 94
06/03	Water System Dev	15 Yrs	3518 50	(GDS)Macrs	Gen	0	0 00	0 00	117.28	234 57
07/03	Water System Dev	15 Yrs	158.73	(GDS)Macrs	Gen	0	0 00	0 00	4.41	10 58
09/03	Window Blinds	7 Yrs.	764.89	(GDS)Macrs	Gen	0	0 00	0 00	36.42	109 27
09/03	Range Hood	7 Yrs.	171.59	(GDS)Macrs	Gen	0	0 00	0 00	8.17	24 51
09/03	Used Cabinet	7 Yrs.	99.98	(GDS)Macrs	Gen	0	0 00	0 00	4 76	14 28
11/03	Shelf Units	7 Yrs.	225 19	(GDS)Macrs	Gen	0	0 00	0 00	4 02	32 17
12/03	Water System Dev	15 Yrs.	1040 50	(GDS)Macrs	Gen	0	0 00	0 00	5.78	69 37
01/04	3 Shelving Units	7 Yrs.	225 19	(GDS)Macrs	Gen	0	0 00	0 00	0 00	32 17
01/04	Gate Tube	7 Yrs	89 90	(GDS)Macrs	Gen	0	0 00	0 00	0 00	12.84
02/04	Picnic Table	7 Yrs.	144 78	(GDS)Macrs	Gen	0	0 00	0 00	0 00	18.96
03/04	Mower	7 Yrs	500 00	(GDS)Macrs	Gen	0	0 00	0 00	0 00	59.52
03/04	Cart Bridges	7 Yrs	7563 68	(GDS)Macrs	Gen	0	0 00	0 00	0 00	900.44
04/04	Storage Cabinet	7 Yrs	341 03	(GDS)Macrs	Gen	0	0 00	0 00	0 00	32.48
04/04	Tent Building	7 Yrs	431 00	(GDS)Macrs	Gen	0	0 00	0 00	0 00	41.05
05/04	Cabinets & Countertops	7 Yrs	393 56	(GDS)Macrs	Gen	0	0 00	0 00	0 00	32.80
05/04	Used Gas Dryer	7 Yrs	150 00	(GDS)Macrs	Gen	0	0 00	0 00	0 00	12 50
05/04	Water System Dev	15 Yrs.	23979 68	(GDS)Macrs	Gen	0	0 00	0 00	0 00	932.54
05/04	Water System Dev	15 Yrs	10764 85	(GDS)Macrs	HFF	0	0 00	0 00	0 00	418.63
06/04	Fan & Light	7 Yrs	107 47	(GDS)Macrs	Gen	0	0 00	0 00	0 00	7.68
09/04	Phone/Security System	7 Yrs	309.89	(GDS)Macrs	Gen	0	0 00	0 00	0 00	11.07
09/04	Camp Host Site	7 Yrs.	2905.49	(GDS)Macrs	Gen	0	0 00	0 00	0 00	69.18
11/04	Cabinets	7 Yrs	1077 35	(GDS)Macrs	Gen	0	0 00	0 00	0 00	12.83
12/04	Road Development	7 Yrs.	1117.01	(GDS)Macrs	Gen	0	0 00	0 00	0 00	6.65
12/04	Visitor Kiosk	7 Yrs.	218 97	(GDS)Macrs	Gen	0	0 00	0 00	0 00	1.30
Total Depreciation Expense:							19375 42	20060.89	21146 00	24518.24