

# Return of Organization Exempt From Income Tax

**2005**

Open to Public Inspection

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)

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

**A For the 2006 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

Garberville

State or country

CA

Room/suite

ZIP + 4

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

**I** Group Exemption Number ▶

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

**G Website:** ▶ www.sohumpark.org

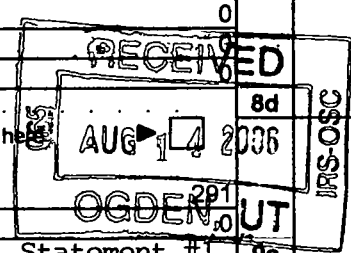
**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 77,278

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

		1a		1b		1c		1d	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:								
	<b>a</b> Direct public support		19,446						
	<b>b</b> Indirect public support		0						
	<b>c</b> Government contributions (grants)		13,500						
	<b>d Total</b> (add lines 1a through 1c) (cash \$ 32,946 noncash \$ 0)							32,946	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)							21,779	
	<b>3</b> Membership dues and assessments							0	
	<b>4</b> Interest on savings and temporary cash investments							565	
	<b>5</b> Dividends and interest from securities							0	
Revenue	<b>6 a</b> Gross rents	6a							
	<b>b</b> Less: rental expenses	6b							
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c						0	
	<b>7</b> Other investment income (describe ▶ )	7						0	
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0	(B) Other	0		
	<b>b</b> Less: cost or other basis and sales expenses	8b	0		8b	0			
	<b>c</b> Gain or (loss) (attach schedule)	8c	0		8c	0			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d						0	
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here:								
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a							
	<b>b</b> Less: direct expenses other than fundraising expenses	9b							
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c						291	
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	10a						0	
	<b>b</b> Less: cost of goods sold	10b						0	
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c						0	
	<b>11</b> Other revenue (from Part VII, line 103)	11						21,697	
	<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12						77,278	
Expenses	<b>13</b> Program services (from line 44, column (B))	13						91,523	
	<b>14</b> Management and general (from line 44, column (C))	14						4,731	
	<b>15</b> Fundraising (from line 44, column (D))	15						11,289	
	<b>16</b> Payments to affiliates (attach schedule)	16						0	
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	17						107,543	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18						-30,265	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19						377,735	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20						0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21						347,470	



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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 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) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	0			
26	Other salaries and wages	26	7,290	7,290		
27	Pension plan contributions	27	0			
28	Other employee benefits	28	0			
29	Payroll taxes	29	2,813	2,813		
30	Professional fundraising fees	30	11,074		11,074	
31	Accounting fees	31	1,665	1,665		
32	Legal fees	32	0			
33	Supplies	33	848	703	145	
34	Telephone	34	665	665		
35	Postage and shipping	35	84	84		
36	Occupancy	36	3,714	1,323	2,391	
37	Equipment rental and maintenance	37	2,163	2,163		
38	Printing and publications	38	135	135		
39	Travel	39	85	85		
40	Conferences, conventions, and meetings	40	60	60		
41	Interest	41	14,123	14,123		
42	Depreciation, depletion, etc (attach schedule) Stmt. #2	42	26,196	26,196		
43	Other expenses not covered above (itemize):					
a	Professional Contracted Services	43a	28,065	28,065	0	
b	Advertising/Promotional	43b	646	406	25	
c	Permits & Fees	43c	200	0	200	
d	Taxes	43d	978	978	0	
e	Bank & Finance Charges	43e	450	402	48	
f	Photography	43f	200	200	0	
g	Other Rents, Repairs & Maint	43g	6,089	6,051	38	
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	107,543	91,523	4,731	11,289

**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 the instructions.)**

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.

<p>What is the organization's primary exempt purpose? See Attached Statement #3</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</p>
<p><b>a</b> Community Park - Fund established for the aquisition, development &amp; management of 380 acres for a community park to serve the general public. During 2005, a 2.5 mile loop trail was completed. The farm cooperative produced food and had a pumpkin patch for children to pick pumpkins at Halloween. The water system continued to be developed. The old children's playground at Tooby Park was refurbished with new playground equipment and ground fiber. The park expanded it's promotion of public and educational use of the park by holding community events and weekend nature walks.</p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>91,523</p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	<p>91,523</p>

**Part IV Balance Sheets (See 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	2,987	45	6,703	
	46	Savings and temporary cash investments	75	46	75	
	47 a	Accounts receivable	47a	0		
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less allowance for doubtful accounts	48b	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	51c	0
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		0	53	805
	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	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis (Cost)	57a	1,325,047		
	b	Less: accumulated depreciation (attach schedule) Statement #4	57b	111,297	57c	1,213,750
	58	Other assets (describe <input type="checkbox"/> Insurance Premium on Deposit )		689	58	954
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		1,233,040	59	1,222,287	
Liabilities	60	Accounts payable and accrued expenses		42,374	60	47,962
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) Statement #5		93,900	63	93,900
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule) Statement #6		718,831	64b	730,955
	65	Other liabilities (describe <input type="checkbox"/> Rental Deposit )		200	65	2,000
66	<b>Total liabilities.</b> Add lines 60 through 65		855,305	66	874,817	
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		362,711	67	327,756
	68	Temporarily restricted		15,024	68	19,714
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		377,735	73	347,470
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		1,233,040	74	1,222,287

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(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	0	0	0
Name Douglas Ingold Str 780 A Redwood Dr. City Garberville ST CA ZIP 95542	Title Vice President Hr/WK 2	0	0	0
Name Kathryn Lobato Str P.O. Box 1824 City Redway ST CA ZIP 95560	Title Secretary Hr/WK 3	0	0	0
Name Peter R. Ryce Str P.O. Box 1205 City Redway ST CA ZIP 95560	Title Treasurer Hr/WK 2	0	0	0
Name Dennis Abshire Str P.O. Box 1155 City Redway ST CA ZIP 95560	Title Board Member Hr/WK 2	0	0	0
Name Stephen Dazey Str P.O. Box 168 City Garberville ST CA ZIP 95542	Title Operations Mgr. Hr/WK 5	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 _____			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 5		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	X
d	Does the organization have a written conflict of interest policy? . . . . .	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any fo officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----		NONE		
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				
Name ----- Str ----- City ----- ST ----- ZIP -----				

Part VI Other Information (See 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 . . . . .	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	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? . . . . .	80a	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

Part VI Other Information (continued)

		Yes	No
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?	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	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		
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.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	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.)	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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	3
91 a	The books are in care of Name Courtois Accounting Services Telephone no. (707) 923-4123 Located at P.O. Box 10 City Garberville ST CA ZIP + 4 95542-0010		
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	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities (See 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					20,387
b Hay Sales					1,392
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			01	565	
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			01	291	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Gravel Royalties			15	21,697	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		22,553	21,779
105 Total (add line 104, columns (B), (D), and (E))					44,332

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 the instructions.)**

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 land use of park land by volunteers raising & selling feed hay

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(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 8870 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**

Signature of officer: Timothy A. Metz Date: 8-7-06  
 Type or print name and title: Timothy A. Metz President

**Paid Preparer's Use Only**

Preparer's signature: Joan E. Courtois Date: 6/27/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): P00365332  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Joan E. Courtois EIN:   
P.O. Box 10, Garberville, CA 95542-0010 Phone no: (707) 923-4123



**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

**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: **Southern Humboldt Community Park** Employer identification number: **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
	0	0	0	0
	0	0	0	0
None		0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A 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
		0
		0
None		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
		0
		0
None		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶		0

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

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

	Yes	No
<b>1</b> 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	1	X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> 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.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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.)

- 5  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	32,165	36,147	416,718	N/A	485,030
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	11,902	13,130			25,032
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	34,103	30,093			64,196
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	0	700	0	0	700
23 Total of lines 15 through 22	78,170	80,070	416,718	0	574,958
24 Line 23 minus line 17	66,268	66,940	416,718	0	549,926
25 Enter 1% of line 23	782	801	4,167	0	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	10,999
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 2001 through 2004 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	549,926
d Add: Amounts from column (e) for lines:	18 <u>64,196</u> 19 <u>0</u> 22 <u>700</u> 26b <u>0</u>	26d	64,896
e Public support (line 26c minus line 26d total)		26e	485,030
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	88.20%

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:	(2004)	(2003)	(2002)	N/A	(2001)
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 11b, 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:	(2004)	(2003)	N/A	(2002)	(2001)	
c Add: Amounts from column (e) for lines:	15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27c	0			
d Add: Line 27a total	<u>0</u> and line 27b total <u>0</u>	27d	0			
e Public support (line 27c total minus line 27d total)		27e	0			
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 2001 through 2004, 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.

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)

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?
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?
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?
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?
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?
36 Does the organization certify that it has complied with the applicable requirements of sections 401 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Table with 3 columns: Question ID, Yes, No. Row 29: 29, N/A. Row 30: 30, [blank]. Row 31: 31, [blank]. Row 32a: 32a, [blank]. Row 32b: 32b, [blank]. Row 32c: 32c, [blank]. Row 32d: 32d, [blank]. Row 33a: 33a, [blank]. Row 33b: 33b, [blank]. Row 33c: 33c, [blank]. Row 33d: 33d, [blank]. Row 33e: 33e, [blank]. Row 33f: 33f, [blank]. Row 33g: 33g, [blank]. Row 33h: 33h, [blank]. Row 34a: 34a, [blank]. Row 34b: 34b, [blank]. Row 36: 36, [blank].

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.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50.

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.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

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 12 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:

Summary table with columns Yes/No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

Main table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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 checked box)

b If "Yes," complete the following schedule:

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship.

**Southern Humboldt Community Park**  
P.O. Box 185  
Garberville, CA 95542  
FEIN 75-3073362  
For Tax Year Ended 12/31/05

**Form 990**  
**Attachment**

**Part I**  
**Revenue**

**Statement 1**  
Line 9  
Special Events

	(A)
	<u>Raffle</u>
Gross Receipts	291
Less: Contributions	<u>0</u>
Gross Revenue	291
Less: Direct Expenses	<u>0</u>
Net Income/⟨Loss⟩	291

**Part II**  
**Statement of Functional Expenses**

**Statement 2**  
Line 42  
Depreciation

See Attached Depreciation Schedule.

**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 12/31/05

**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>1/1/2005</u>	<u>12/31/2005</u>	<u>Details of Terms</u>
<p>Timothy A. Metz  President</p>	<p>92000</p>	<p>92000</p>	<p>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</p>
<p>Stephen Dazey  Park Operations Manager</p>	<p>2700</p>	<p>1900</p>	<p>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</p>
<p>Total Loans from Officers, etc.:</p>	<hr style="width: 100px; margin: 0 auto;"/> <p>94700</p>	<hr style="width: 100px; margin: 0 auto;"/> <p>93900</p>	



**Southern Humboldt Community Park**  
P.O. Box 185  
Garberville, CA 95542  
FEIN 75-3073362  
For Tax Year Ended 12/31/05

**Form 990**  
**Attachment**  
(Continued)

**Part IV**  
**Balance Sheets**  
(Continued)

**Liabilities**  
(Continued)

**Statement 6**  
**Line 64b**  
**Mortgages & Notes Payable**

	<u>1/1/2005</u>	<u>12/31/2005</u>	
<b><u>Mortgage Payable:</u></b>			
Buck Mountain Ranch	483369	483369	
<b><u>Notes Payable:</u></b>			
Gilbert Gregori	115775	127899	<b><u>Terms</u></b> 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
<b>Total Mortg. &amp; Notes Payable:</b>	<hr/> 718831	<hr/> 730955	

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 12/31/05

**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.

During 2005, Southern Humboldt Community Park engaged the services of Restoration Forestry, Inc., a forest management corporation, wholly owned by our president, Timothy A. Metz. Restoration Forestry, Inc. was contracted to perform forest stand improvement thinning on 10 acres of park land and to install eight checkdams. The compensation paid to Restoration Forestry, Inc. for this work was \$15,500.

**Statement 9**  
Line 2d  
Reimbursement of Expenses

During 2005, our Park Operations Manager, Stephen Dazey, was reimbursed for the following expenses:

Water System Development	1185
Building Materials	25
Equipment	213
Small Tools	216
Office & Other Supplies	54
Postage	8
Printing & Copying	11
Repairs & Maintenance	56

As of 12/31/05, the following expenses to Stephen Dazey were not reimbursed:	
Well Construction	21582
Carts to Bridges-Materials	2935
Fundraising Consultants	5752
A/P as of 12/31/05:	30269

From Prior Year A/P: Fundraising Consultant	1000
--	------

**Total Payments & Reimbursed Expenses:** 2769

**Southern Humboldt Community Park**  
P.O. Box 185  
Garberville, CA 95542  
FEIN 75-3073362  
For Tax Year Ended 12/31/05

**Form 990 / Schedule A**  
**Attachment**  
(Continued)

**Part IV-A**  
Support Schedule

**Statement 10**  
Line 22  
Other Income

	<u>(B)</u> <u>2003</u>
Hay Delivery Fee	700
	<hr/>
Total Other Income:	700



SOUTHERN HUMBOLDT COMMUNITY PARK

DEPRECIATION SCHEDULE

Pg. #2

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	Dep. Exp. 2005	Dep. Exp. 2006	Dep. Exp. 2007	Dep. Exp. 2008	Dep. Exp. 2009	Dep. Exp. 2010
06/05	10'x10' Canopy	7 Yrs.	213.41	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	15.24	30.49	30.49	30.49	30.49	30.49
06/05	Water System Dev.	15 Yrs.	2722.11	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	90.74	181.47	181.47	181.47	181.47	181.47
09/05	Trail System Developmt.	7 Yrs.	460.49	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	16.45	65.78	65.78	65.78	65.78	65.78
09/05	Playground Equipment	15 Yrs.	5260.55	(GDS)Macrs	Playgrnd	0	0.00	0.00	0.00	0.00	87.68	350.70	350.70	350.70	350.70	350.70
10/05	Pump Wellhouse	39 Yrs.	1334.61	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	5.70	34.22	34.22	34.22	34.22	34.22
10/05	New Shed	7 Yrs.	631.35	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	15.03	90.19	90.19	90.19	90.19	90.19
12/05	Pump Wellhouse - Mat	39 Yrs	34.39	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.88	0.88	0.88	0.88	0.88
Total Depreciation Expense.							19375.42	20060.89	21146.00	24518.24	26196.41	26322.10	25985.98	25952.35	25851.45	25395.78

Cost:

Buildings 529000.35  
 Property Development 58032.55  
 Equipment 12156.09  
 Furniture & Fixtures 7857.64  
607046.63

Depreciation Expense. 2005

Buildings 19184.37  
 Property Development 4693.75  
 Equipment 776.72  
 Furniture & Fixtures 1541.57  
26196.41

**Application for Extension of Time To File an  
 Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 88

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only  **X**  
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax return. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one or more returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	Southern Humboldt Community Park		75-3073362
	Number, street, and room or suite no. If a P.O. box, see instructions		
	P.O. Box 185		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Garberville, CA 95542-0185			

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Joan E. Courtois

Telephone No. ▶ (707) 923-4123 FAX No. ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box  **X**
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GE \_\_\_\_\_). If this is for the **whole group**, check this box  **X**. If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year 2005 or
  - ▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0
  - b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0
  - c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)