

Return of Organization Exempt From Income Tax

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Southern Humboldt Community Park		D Employer identification number 75-3073362
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (707) 923-2287
		P.O. Box 185		F Group Exemption Number ▶
		City, town, or country	State ZIP + 4	

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

G Accounting Method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ www.sohumpark.org

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **62,588**

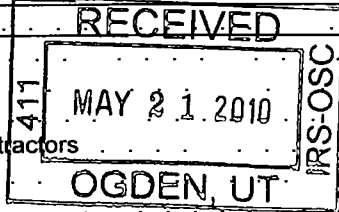
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,713	
	2	Program service revenue including government fees and contracts	2	26,087	
	3	Membership dues and assessments	3		
	4	Investment income	4	17,310	
	5a	Gross amount from sale of assets other than inventory	5a	0	
	5b	Less: cost or other basis and sales expenses	5b	0	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	6a	Gross revenue (not including \$ 1,280 of contributions reported on line 1)	6a	8,478	
	6b	Less: direct expenses other than fundraising expenses	6b	4,420	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,058		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe ▶)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	58,168		
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	19,866	
	13	Professional fees and other payments to independent contractors	13	8,105	
	14	Occupancy, rent, utilities, and maintenance	14	3,767	
	15	Printing, publications, postage, and shipping	15	189	
	16	Other expenses (describe ▶ See Attached Statement #1)	16	66,130	
17	Total expenses. Add lines 10 through 16	17	98,057		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,889	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	849,263	
	20	Other changes in net assets or fund balances (attach explanation)	20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	809,374	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,348	22 9,035
23 Land and buildings	1,051,313	23 1,020,556
24 Other assets (describe ▶ Insurance Premium on Deposit & A/R)	5,140	24 1,118
25 Total assets	1,073,801	25 1,030,709
26 Total liabilities (describe ▶ Rental Deposit, Loans Payable & A/P)	224,538	26 221,335
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	849,263	27 809,374

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>See Attached Statement #2</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	Community Park Fund - See Attached Statement #3 ----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	87,361
29	Park Rezoning Fund - See Attached Statement #4 ----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,093
30	----- ----- (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	91,454

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Timothy A. Metz 1593 Old Briceland Rd. Garberville CA 95542	Title President Hr/WK 2.00	0	0	0
Kathryn Lobato PO Box 1824 Redway CA 95560	Title Sec. & Exec Director Hr/WK 5.00	19,866	0	0
Peter R. Ryce PO Box 1205 Redway CA 95560	Title Treasurer Hr/WK 2.00	0	0	0
Stephen Dazey PO Box 168 Garberville CA 95542	Title Board Member Hr/WK 2.00	0	0	0
Carol Van Sant PO Box 825 Redway CA 95560	Title Board Member Hr/WK 2.00	0	0	0
Eric Kirk PO Box 1815 Redway CA 95560	Title Board Member Hr/WK 2.00	0	0	0
Dennis Huber PO Box 2217 Redway CA 95560	Title Board Member Hr/WK 2.00	0	0	0
Doug Wallace PO Box 1625 Redway CA 95560	Title Retired Board Memb Hr/WK 2.00	0	0	0
Elizabeth Amoul PO Box 1778 Redway CA 95560	Title Retired Board Memb Hr/WK 2.00	0	0	0
-----	Title Hr/WK 00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK 00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
			0
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.		
		38b	32,712
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40 a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. ▶ CA		
42 a	The organization's books are in care of ▶ 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City Str ZIP	Title Hr/WK	.00	0	0
Name City Str ZIP	Title Hr/WK	.00	0	0
Name City Str ZIP	Title Hr/WK	.00	0	0
Name City Str ZIP	Title Hr/WK	.00	0	0
Name City Str ZIP	Title Hr/WK	.00	0	0
f Total number of other employees paid over \$100,000		0		

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
d Total number of other independent contractors each receiving over \$100,000		0

Sign Here 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.

Kathryn Lobato Signature of officer 5/14/2010 Date
Kathryn Lobato Type or print name and title Secretary

Paid Preparer's Use Only Preparer's signature *Joan E. Courtois* Date 5/13/2010 Check if self-employed Preparer's identifying number (See instructions) P00365332
 Firm's name (or yours if self-employed), address, and ZIP + 4 Joan E. Courtois P.O. Box 10, Garberville, CA 95542-0010 EIN Phone no (707) 923-4123

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Southern Humboldt Community Park	Employer identification number 75-3073362
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,946	40,115	44,488	55,795	10,713	184,057
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	32,946	40,115	44,488	55,795	10,713	184,057
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						184,057

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	32,946	40,115	44,488	55,795	10,713	184,057
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,262	36,240	78,281	52,072	43,397	232,252
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	3,076	0	3,076
11 Total support. Add lines 7 through 10						419,385

12 Gross receipts from related activities, etc (see instructions) **12** 80,832

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	43.89%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	47.62%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513			N/A			0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	N/A	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

Open To Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Employer identification number

Southern Humboldt Community Park

75-3073362

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	Timothy A. Metz Funds for financial operati	X				5,000	5,000		X	X
Timothy A. Metz Funds for financial operati	X		10,812	10,812		X	X		X	
Peter R. Ryce Funds for financial operation	X		15,000	15,000		X	X		X	
Stephen Dazey Purchases to be reimburse	X		5,800	1,900		X	X			X
			0	0						
			0	0						
Total				\$ 32,712						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kathryn Lobato	Board Secretary & ED	19,866	Executive Director Salary		X
		0			
		0			
		0			
		0			
		0			

Southern Humboldt Community Park

P.O. Box 185
Garberville, CA 95542
FEIN 75-3073362
For Tax Year Ended 12/31/09

**Form 990 EZ
Attachment**

**Part I
Expenses**

Statement 1

Line 16

Other Expenses

Payroll Taxes	2,687
Insurance	6,345
Equipment & Other Rental	619
Repairs & Maintenance	4,677
Office & Other Supplies	685
Farming Supplies	2,000
Permits & Fees	9,669
Depreciation Expense	30,757
Interest Expense	7,284
Taxes	826
Bank Charges	37
Finance Charges	493
Meals	51
Total Other Expenses:	<hr/> 66,130

**Part III
Statement of Program Serv. Accomplishments**

Statement 2

Organization's Primary Exempt Purpose:

The Southern Humboldt Community Park was established to acquire, operate, protect and maintain the scenic, historic and natural resources of these unique lands. By protecting this property for the public interest we create opportunities for recreational and agricultural use as well as cultural and educational purposes. We strive to ensure the enjoyment of this rich, diverse land to the benefit of the general public and generations to come.

Southern Humboldt Community Park

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Form 990 EZ
Attachment
(Continued)

Part III
Statement of Program Serv. Accomplishments
(Continued)

Statement 3
Line 28

Community Park Fund - Established for the acquisition, development & management of the property for the general public. The Park enriches the public's experience by providing a place for a variety of activities including recreation, civic & agricultural purposes. Trails for hiking, biking & horseback riding, recreational & picnic areas as well as access to swimming, canoeing & a riverside playground are well used by the public. The community use of the park includes weddings, memorials, group meetings & retreats & other events. Restoration work continues on park acreage to improve the health of the land & to provide educational models for the public and community benefit

Statement 4
Line 29

Plan Rezoning Fund - The Community Park seeks a county General Plan Amendment to change the zoning & land use designation of the Park property to bring them in line with the current & proposed future uses of the Park's facilities.

Part V
Other Information

Statement 5
Line 35
Income from Business Activities

The Program Service Revenue we received from the use and rentals of the Park facilities and hay sales from the public farming project are generated from purposes within our organizational exempt purpose. These funds are an integral part of our exempt purpose and are not considered or treated as unrelated business activities so this revenue was not reported as taxable income on Form 990-T.

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	Dep Exp 2005	Dep Exp 2006	Dep Exp 2007	Dep Exp 2008	Dep Exp 2009	Dep Exp 2010
	BUILDINGS															
10/01	Ranchhouse	27.5 Yrs.	125,000.00	(GDS)Macrs	Gen	0	4545.45	4545.45	4545.45	4545.45	4545.45	4545.45	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	14618.18	14618.18	14618.18	14618.18	14618.18	14618.18
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
01/06	Pumphouse Screws	39 Yrs.	297.79	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	7.64	7.64	7.64	7.64	7.64	7.64
06/06	Ranchhouse Improv.	39 Yrs.	4,512.68	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	57.85	115.71	115.71	115.71	115.71
	PROPERTY DEVELOP.															
10/01	Water System	15 Yrs	861.34	(GDS)Macrs	Gen	0	14.36	57.42	57.42	57.42	57.42	57.42	57.42	57.42	57.42	57.42
01/02	Water Filter System	15 Yrs	38.95	(GDS)Macrs	Gen	0	0.00	2.60	2.60	2.60	2.60	2.60	2.60	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	35.55	35.55	35.55	35.55	35.55	35.55
09/02	Well Installation	15 Yrs	1269.18	(GDS)Macrs	Gen	0	0.00	21.15	84.61	84.61	84.61	84.61	84.61	84.61	84.61	84.61
12/02	Secondary Containmt	15 Yrs.	480.00	(GDS)Macrs	Gen	0	0.00	2.67	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
06/03	Water System Dev	15 Yrs	3518.50	(GDS)Macrs	Gen	0	0.00	0.00	117.28	234.57	234.57	234.57	234.57	234.57	234.57	234.57
07/03	Water System Dev.	15 Yrs	158.73	(GDS)Macrs	Gen	0	0.00	0.00	4.41	10.58	10.58	10.58	10.58	10.58	10.58	10.58
12/03	Water System Dev	15 Yrs.	1040.50	(GDS)Macrs	Gen	0	0.00	0.00	5.78	69.37	69.37	69.37	69.37	69.37	69.37	69.37
01/04	Gate Tube	7 Yrs	89.90	(GDS)Macrs	Gen	0	0.00	0.00	0.00	12.84	12.84	12.84	12.84	12.84	12.84	12.84
03/04	Cart Bridges	7 Yrs	7563.71	(GDS)Macrs	Gen	0	0.00	0.00	0.00	900.44	1080.53	1080.53	1080.53	1080.53	1080.53	1080.53
05/04	Water System Dev	15 Yrs.	23979.68	(GDS)Macrs	Gen	0	0.00	0.00	0.00	932.54	1598.65	1598.65	1598.65	1598.65	1598.65	1598.65
05/04	Water System Dev	15 Yrs.	10764.85	(GDS)Macrs	Gen	0	0.00	0.00	0.00	418.63	717.66	717.66	717.66	717.66	717.66	717.66
09/04	Phone/Security System	7 Yrs	309.89	(GDS)Macrs	Gen	0	0.00	0.00	0.00	11.07	44.27	44.27	44.27	44.27	44.27	44.27
09/04	Camp Host Site	7 Yrs.	2905.49	(GDS)Macrs	Gen	0	0.00	0.00	0.00	69.18	415.07	415.07	415.07	415.07	415.07	415.07
12/04	Road Development	7 Yrs.	1117.01	(GDS)Macrs	Gen	0	0.00	0.00	0.00	6.65	159.57	159.57	159.57	159.57	159.57	159.57
12/04	Visitor Kiosk	7 Yrs	218.97	(GDS)Macrs	Gen	0	0.00	0.00	0.00	1.30	31.28	31.28	31.28	31.28	31.28	31.28
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
04/06	Playground Developmt	7 Yrs	898.75	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	85.60	128.39	128.39	128.39	128.39
03/07	Bridges	7 Yrs.	1,918.07	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	205.51	274.01	274.01	274.01	274.01
05/07	Playground Benches	7 Yrs	1,287.14	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	107.26	183.88	183.88	183.88
10/07	Playground Fence	7 Yrs	21186.27	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	504.44	3026.61	3026.61	3026.61
03/08	Fence Project	7 Yrs	1288.03	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138.00	184.00	184.00
07/08	Water System Dev	15 Yrs.	7124.60	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	197.91	474.97	474.97

