

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)

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 2011 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization Southern Humboldt Community Park
Doing Business As _____
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, and ZIP + 4 Garberville CA 95542-0185

D Employer identification number 75-3073362
E Telephone number (707) 923-2287

G Gross receipts \$ 105,184

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.sohumpark.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2002 **M State of legal domicile** CA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: So. Humboldt Community Park's mission is to own, operate & maintain the park land & buildings for the benefit of the Southern Humboldt community & the general public		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,629	32,430
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	2,500
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,786	5,716
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,862	90,560
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	644	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,602	43,468
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	3,919	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	64,229	77,945
	18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	90,475	121,413
19 Revenue less expenses. Subtract line 18 from line 12	-13,613	-30,853	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,016,201	982,372
	22 Net assets or fund balances—subtract line 21 from line 20	220,440	217,464
		795,761	764,908

Part II Signature Block

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.

Signature Here *Dennis Huber*
 Signature of officer
 Date: 8-15-12
 Type or print name and title: DENNIS HUBER - PRESIDENT

Paid Preparer Use Only
 Preparer's name: Joan E. Courtois
 Preparer's signature: *Joan E. Courtois*
 Date: 8/13/2012
 Check if self-employed
 PTIN: P00365332
 Firm's name: Courtois Accounting Services
 Firm's EIN: _____
 Firm's address: P.O. Box 10, Garberville, CA 95542-0010
 Phone no: (707) 923-4123

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

G17 74

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III []

1 Briefly describe the organization's mission: SHCP was established to acquire, operate, protect & maintain the scenic, historic & natural resources of these unigue lands. By protecting this property for the public interest we create opportunities for recreational & agncultural uses as well as cultural & educational purposes.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 62,420 including grants of \$ 0) (Revenue \$ 49,827.) Community Park Fund - Established for the acquisition, development & management of the property for a community park to serve the general public. The Park enriches the community by providing a place for a variety of activities. Advocate groups have established projects on the Park land such as farming, beekeeping, hobby clubs, etc. In addition, the community use of the Park includes weddings, memorials, group meetings and retreats & other non-profit organization's fundraising events. The Park features 3.5 miles of multi-use trails for walking, hiking, nature-viewing, bird watching, bicycling & horseback riding. The Park also offers access to swimming, canoeing, disk golf & a riversidfe playground with several picnic areas.

4b (Code:) (Expenses \$ 25,609 including grants of \$ 0) (Revenue \$ 0.) General Rezoning Plan - The majority of the Community Park land is zoned Agriculture Exclusive (AE) and most of the activities that we have come to enjoy are outside of the AE zoning regulations. In order to to fulfil our mission to become a fully operational Community Park and to be able to fully utilize all of its land, it is necessary to rezone the park to a classification that includes recreation, education, civic & social activities. Even the long existing Tooby Memonial Park & Playground is currently zoned AE. For this reason, the Park Board of Directors has been working with the Humboldt County Planning Commission to rezone the Park to a Public Recreation zone designation.

4c (Code:) (Expenses \$ 5,157 including grants of \$ 0) (Revenue \$ 2,500.) Walk for the Park is an annual public event held to raise funds for the maintenance, repairs & renovation of the Park and Tooby Park playground. Many business sponsors support this event and local schools participate with students walk-mileage pledges. This event brings public awareness to the many trails available to the public & education to the health benefits of walking.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,740 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 98,926

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and sub-questions (a, b, c) for various items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year. 1b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. CA. 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request. 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Barbara Truitt (707) 923-5229 P O. Box 1578, Redway, CA 95560-1578

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dennis Huber President	2.00	X		X				0	0	0
(2) Carol Van Sant Secretary	2.00	X		X				0	0	0
(3) Peter R. Ryce Treasurer	2.00	X		X				0	0	0
(4) Timothy A. Metz Board Member	2.00	X						0	0	0
(5) Erik Kirk Board Member	2.00	X						0	0	0
(6) Rachael Sowards-Thompson Board Member	2.00	X						0	0	0
(7) Kathryn Lobato Exec. Director & Former Board Secretary	13.00			X	X	X	X	39,242	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							39,242	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							39,242	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
- NONE -		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	4,326			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,104			
	g	Noncash contributions included in lines 1a-1f.	\$	5,895			
	h	Total. Add lines 1a-1f		32,430			
	Program Service Revenue			Business Code			
2a		Program Service Fees	711300	2,500	2,500		
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		Total. Add lines 2a-2f		2,500			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		19,470	19,470		
	6a	Gross rents	(i) Real	24,641			
			(ii) Personal				
				24,641	0		
	d	Net rental income or (loss)		24,641	24,641		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	5,716		
			(ii) Other				
				0	0		
	d	Net gain or (loss)		5,716	5,716		
	8a	Gross income from fundraising events (not including \$ 1,939 of contributions reported on line 1c). See Part IV, line 18.	a	20,426			
	b	Less: direct expenses	b	14,623			
	c	Net income or (loss) from fundraising events		5,803			5,803
	9a	Gross income from gaming activities. See Part IV, line 19.	a	0			
b	Less: direct expenses	b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a			0				
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		90,560	52,327	0	5,803	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	39,242	35,318	3,924	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	4,226	3,803	423	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	5,909		5,909	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	22,476	19,878		2,598
12 Advertising and promotion	6,715	5,541		1,174
13 Office expenses	1,654	920	587	147
14 Information technology	0			
15 Royalties	0			
16 Occupancy	2,896	2,896		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	130	33	97	
20 Interest	1,500		1,500	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,742	28,742	0	0
23 Insurance	5,770		5,770	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs & Maintenance	800	800		
b Permits & Fees	315	290	25	
c Property Taxes	705	705		
d Community Relations	75		75	
e All other expenses Bank & Finance Charges	258		258	
25 Total functional expenses. Add lines 1 through 24e.	121,413	98,926	18,568	3,919
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash—non-interest-bearing	25,273	1	18,324		
	2 Savings and temporary cash investments	76	2	76		
	3 Pledges and grants receivable, net	0	3	0		
	4 Accounts receivable, net	97	4	0		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6			
	7 Notes and loans receivable, net	0	7	0		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,248,981				
	b Less: accumulated depreciation	10b 285,619	990,255	10c	963,362	
	11 Investments—publicly traded securities	0	11	0		
	12 Investments—other securities. See Part IV, line 11	0	12	0		
	13 Investments—program-related. See Part IV, line 11	0	13	0		
	14 Intangible assets	0	14	0		
	15 Other assets. See Part IV, line 11	500	15	610		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,016,201	16	982,372			
Liabilities	17 Accounts payable and accrued expenses	36,260	17	13,950		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	32,711	22	54,045		
	23 Secured mortgages and notes payable to unrelated third parties	149,469	23	149,469		
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,000	25	0		
	26 Total liabilities. Add lines 17 through 25	220,440	26	217,464		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	801,206	27	796,200		
	28 Temporarily restricted net assets	-5,445	28	-31,292		
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	795,761	33	764,908			
34 Total liabilities and net assets/fund balances	1,016,201	34	982,372			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,413
3	Revenue less expenses Subtract line 2 from line 1	3	-30,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	795,761
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	764,908

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,488	55,795	10,713	21,629	32,430	165,055
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
4 Total. Add lines 1 through 3	44,488	55,795	10,713	21,629	32,430	165,055
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)						
6 Public support. Subtract line 5 from line 4.						165,055

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	44,488	55,795	10,713	21,629	32,430	165,055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,281	52,072	43,397	44,140	52,327	270,217
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	3,076	0	0	0	3,076
11 Total support. Add lines 7 through 10						438,348
12 Gross receipts from related activities, etc. (see instructions)					12	76,730
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	37.65%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	40.18%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			N/A			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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			N/A			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 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2011.** 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—2010.** 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 D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	N/A	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	N/A	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Insurance Premium on Deposit	610
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	610

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Rental Deposit	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	0
2	Total expenses (Form 990, Part IX, column (A), line 25)	0
3	Excess or (deficit) for the year. Subtract line 2 from line 1	0
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	N/A
9	Total adjustments (net). Add lines 4 through 8	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	0

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	N/A
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	0
3	Subtract line 2e from line 1	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	0
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	N/A
e	Add lines 2a through 2d	0
3	Subtract line 2e from line 1	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	0

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part VI Line 1b Includes Building & Property Improvement costs.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Dinner & Show (event type)	(event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	22,365	0	0	22,365
	2	Less: Charitable contributions	1,939	0	0	1,939
	3	Gross income (line 1 minus line 2)	20,426	0	0	20,426
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	350	0	0	350
	6	Rent/facility costs	1,300	0	0	1,300
	7	Food and beverages	4,785	0	0	4,785
	8	Entertainment	3,794	0	0	3,794
	9	Other direct expenses	4,394	0	0	4,394
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					5,803

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes		N/A		0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(0)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					0

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____
 _____ N/A _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0

c If "Yes," enter name and address of the third party:

N/A

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Southern Humboldt Community Park

Employer identification number

75-3073362

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation						(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)		
1 Kathryn Lobato	(i)	21,654	0	17,588	0	0	39,242	0
	(ii)	0	0	0	0	0	0	0
2	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
7	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
9	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
14	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
15	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
16	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2011

Open To Public
Inspection

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.

▶ 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
(1)				
(2)				
(3)		N/A		
(4)				
(5)				
(6)				

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
	(1) Timothy A. Metz Payment Obligations	X				5,000	5,000		X	X
(2) Timothy A. Metz Payment Obligations	X		10,812	10,812		X	X		X	
(3) Peter R. Ryce Payment Obligations	X		15,000	15,000		X	X		X	
(4) Stephen Dazey Purchase Reimburse	X		5,800	1,900		X	X			X
(5) Stephen Dazey Purchase Reimburse	X		21,333	21,333		X	X			X
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
Total				\$ 54,045						

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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)	N/A	
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

(HTA)

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
(1) Kathryn Lobato	Exec. Direc. & Former Se	39,242	Executive Director Wages		X
(2) Jenny Metz	Wife of Board Member	2,493	Event Production Fee	X	
(3) Timothy A. Metz	Bd. Member - Former Bd.	6,380	Professional Fee		X
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Part II Line 5 This amount owed to former Board Member & Operations Manager has been
 earned as an Accounts Payable. During this year it was transferred over to an unsecured,
 long-term Loan Payable.

Part IV Line 3 Payment made to the business entity, Restoration Forestry, Inc., in which
 the Park's former Board President, Timothy A. Metz is also the President of this company
 The work conducted was made for the Park's Forest Stand Improvement Project.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Southern Humboldt Community Park

75-3073362

Form 990 Part II Line 4d.) Other Program Services: Newsletter - \$2219 / Website - \$2061 /

Playground - \$1460

Form 990 Part VI Section B Line 11b) The preliminary Form 990 & required schedules are

provided to & reviewed by a designated Board Officer prior to the return being finalized. All

financial data & information reported on the return is reviewed with the tax preparer and then

the final return is prepared. It is the responsibility of the Board Secretary to provide

copies of the return to the other officers and board members

Form 990 Part VI Section B Line 12c.) A Conflict of Interest Policy was adopted in 2009 and

all board members were issued copies. Any new Board Member is issued a copy of this policy

with their initial Board of Directors package. The Secretary, Treasurer & Executive Director

are responsible for monitoring & bringing to the attention of the Board of Directors any

possible conflict of interest matter that may arise

Form 990 Part VI Section B Line 15a.) The process of determining compensation for the

Executive Director included a review of the ED's qualifications, a setting of responsibilities

& determining a reasonable pay rate for the level of experience & responsibility. The ED's

salary & job description was negotiated by the personnel committee & the President of the

Board of Directors. This committee set the rate of compensation & determined it to be

reasonable & equivalent to rates of pay of other similarly qualified Executive Directors in

the county. The Board of Directors determined that the final compensation rate of the ED would

be contingent on the availability of funds for the position. Final job responsibilities &

salary level was negotiated to match the organization's current available funds.

Form 990 Part VI Section C Line 19) The Park does not have an office site open to the public.

The Park does maintain and provide copies of all governing documents, minutes of meetings &

financial statements in a binder at the local public library available to the public for

review. The Park also maintains a web site in which these documents are available as well. The

State of California posts copies of this IRS Form 990 on it's Registry of Charitable Trusts

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

(HTA)

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	Dep Exp 2011	
	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	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	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	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	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	0.88	0.88
01/06	Pumphouse Screws	39 Yrs.	297.79	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	7.64	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	0.00	205.51	274.01	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	183.88	183.88
10/07	Playground Fence	7 Yrs	21,886.27	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	504.44	3026.61	3026.61	3026.61	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	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	474.97	474.97

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	Dep. Exp 2011	
	EQUIPMENT																	
12/01	Portable Restroom	3 Yrs	1965.55	(GDS)Macrs	Gen	0	163.80	655.18	655.18	491.39	0.00							
12/01	Stove	7 Yrs	941.70	(GDS)Macrs	Gen	0	33.63	134.53	134.53	134.53	134.53	134.53	134.53	100.90	0.00			
03/03	Tappan 30" Range	7 Yrs	259.01	(GDS)Macrs	Gen	0	0.00	0.00	27.75	37.00	37.00	37.00	37.00	37.00	37.00	9.26	0.00	0.00
03/03	Servel Refrigerator	7 Yrs	1085.37	(GDS)Macrs	Gen	0	0.00	0.00	116.29	155.05	155.05	155.05	155.05	155.05	155.05	38.78	0.00	0.00
06/03	4 - Picnic Tables	7 Yrs.	1930.50	(GDS)Macrs	Gen	0	0.00	0.00	149.38	275.79	275.79	275.79	275.79	275.79	275.79	126.38	0.00	0.00
03/04	Mower	7 Yrs	500.00	(GDS)Macrs	Gen	0	0.00	0.00	0.00	59.52	71.43	71.43	71.43	71.43	71.43	71.43	11.90	0.00
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	30.49	0.00
09/05	Playground Equipment	15 Yrs.	5260.55	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	87.68	350.70	350.70	350.70	350.70	350.70	350.70	0.00
12/06	Generator	7 Yrs	2353.55	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	28.02	336.22	336.22	336.22	336.22	336.22	0.00
06/08	Generator Discounted	7 Yrs.	-864.69	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	-123.53	-123.53	-123.53	-123.53	-123.53	0.00
10/12	Honda Water Pump	7 Yrs.	366.75	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.20	52.39	52.39	52.39	0.00
10/12	Garbage Receptacles	3 Yrs.	924.74	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10/12	Garbage Receptacles	3 Yrs.	924.74	(GDS)Macrs	P/grnd	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	FURNITURE & FIXTURES																	
06/03	Portable Toilet Unit	3 Yrs	2200.00	(GDS)Macrs	HAF	0	0.00	0.00	397.22	733.33	733.33	336.12	0.00					
06/03	Trail Signs	7 Yrs	1525.61	(GDS)Macrs	Gen	0	0.00	0.00	108.97	217.94	217.94	217.94	217.94	217.94	217.94	109.00	0.00	0.00
09/03	Window Blinds	7 Yrs.	764.89	(GDS)Macrs	Gen	0	0.00	0.00	36.42	109.27	109.27	109.27	109.27	109.27	109.27	72.85	0.00	0.00
09/03	Range Hood	7 Yrs.	171.59	(GDS)Macrs	Gen	0	0.00	0.00	8.17	24.51	24.51	24.51	24.51	24.51	24.51	16.36	0.00	0.00
09/03	Used Cabinet	7 Yrs	99.98	(GDS)Macrs	Gen	0	0.00	0.00	4.76	14.28	14.28	14.28	14.28	14.28	14.28	9.54	0.00	0.00
11/03	Shelf Units	7 Yrs.	225.19	(GDS)Macrs	Gen	0	0.00	0.00	4.02	32.17	32.17	32.17	32.17	32.17	32.17	28.15	0.00	0.00
01/04	3 Shelving Units	7 Yrs.	225.19	(GDS)Macrs	Gen	0	0.00	0.00	0.00	32.17	32.17	32.17	32.17	32.17	32.17	32.17	0.00	0.00
02/04	Picnic Table	7 Yrs.	144.78	(GDS)Macrs	Gen	0	0.00	0.00	0.00	18.96	20.68	20.68	20.68	20.68	20.68	20.68	1.74	0.00
04/04	Storage Cabinet	7 Yrs	341.03	(GDS)Macrs	Gen	0	0.00	0.00	0.00	32.48	48.72	48.72	48.72	48.72	48.72	48.72	16.23	0.00
04/04	Tent Building	7 Yrs	431.00	(GDS)Macrs	Gen	0	0.00	0.00	0.00	41.05	61.57	61.57	61.57	61.57	61.57	61.57	20.53	0.00
05/04	Cabinets & Countertops	7 Yrs	393.56	(GDS)Macrs	Gen	0	0.00	0.00	0.00	32.80	56.22	56.22	56.22	56.22	56.22	56.22	23.44	0.00
05/04	Used Gas Dryer	7 Yrs.	150.00	(GDS)Macrs	Gen	0	0.00	0.00	0.00	12.50	21.43	21.43	21.43	21.43	21.43	21.43	8.92	0.00
06/04	Fan & Light	7 Yrs.	107.47	(GDS)Macrs	Gen	0	0.00	0.00	0.00	7.68	15.35	15.35	15.35	15.35	15.35	15.35	7.69	0.00
11/04	Cabinets	7 Yrs	1077.35	(GDS)Macrs	Gen	0	0.00	0.00	0.00	12.83	153.91	153.91	153.91	153.91	153.91	153.91	141.06	0.00
12/06	Water Heater	7 Yrs.	423.76	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	60.54	60.54	60.54	60.54	60.54	0.00
12/06	Bathroom Fixtures	7 Yrs.	1292.66	(GDS)Macrs	Gen	0	0.00	0.00	0.00	0.00	0.00	0.00	184.67	184.67	184.67	184.67	184.67	0.00
	Total Depreciation Expense		650981.47				19375.42	20060.89	21146.00	24518.24	26196.41	26500.57	27512.82	30508.58	30756.95	30301.28	28742.25	