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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

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

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: BROWNS VALLEY PTO. D Employer identification number: 68-0338537. E Telephone number: (707) 453-6205. F Group Exemption Number.

G Accounting method: [X] Cash [ ] Accrual Other (specify)
H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

I Website: N/A
J Organization type (check only one): [X] 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 47,483

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

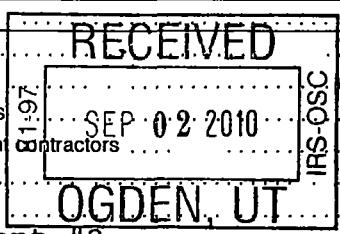
Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Special events and activities; 6a Gross revenue (not including \$ of contributions reported on line 1); 6b Less: direct expenses other than fundraising expenses; 6c Net income or (loss) from special events and activities; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)

SCANNED SEP 24 2010



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**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	X

50 Complete this table for the 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
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000		

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 of officer: *Tracy Mitchell* Date: *5/15/2010*  
*current PTO President signing in lue of Mr Mitchell*

TRACY MITCHELL PRESIDENT  
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: 07-15-2009  
 Check if self-employed:   
 Preparer's Identifying No. (See instr.): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: H&R BLOCK US TAX SERVICES  
 2026 Nut Tree Rd  
 EIN: \_\_\_\_\_ Phone no: 707-448-7011

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

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>Name of the organization</b> BROWNS VALLEY PTO	<b>Employer identification number</b> 68-0338537
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**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: (Please check only **one** organization)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports.

(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 US?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
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 . . . . .			85,125	44,424	47,483	177,032
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1-5 . . . . .			85,125	44,424	47,483	177,032
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						177,032

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .			85,125	44,424	47,483	177,032
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12.) . . . . .						177,032

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	100.0000 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

19a **33 1/3 % support tests -- 2008.** 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 -- 2007.** 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.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Triathlon (event type)	Basket Raffle (event type)	5 (total number)	(Add col. (a) through col. (c))
1	Gross receipts .....	29,396	5,991	12,096	47,483
2	Less. Charitable contributions .....				
3	Gross revenue (line 1 minus line 2) .....	29,396	5,991	12,096	47,483
DIRECT EXPENSES	4	Cash prizes .....			
	5	Non-cash prizes .....			
	6	Rent/facility costs .....			
	7	Other direct expenses .....	697		180
8	Direct expense summary. Add lines 4 through 7 in column (d) .....				( 877 )
9	Net income summary. Combine lines 3 and 8 in column (d) .....				46,606

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) thru col. (c))
		1	Gross revenue .....		
DIRECT EXPENSES	2	Cash prizes .....			
	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

		Yes	No
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? .....	9a	X
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
b	If "Yes," Explain: _____ _____		
11	Does the organization operate gaming activities with nonmembers? .....	11	X
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? .....	12	X

- 13** Indicate the percentage of gaming activity operated in.
- a** The organization's facility . . . . . 

<b>13a</b>		%
<b>13b</b>		%
  - b** An outside facility . . . . . 

<b>13b</b>		%
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	Yes	No
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶ _____  Address ▶ _____		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	<b>X</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b> If "Yes," enter name and address:  Name ▶ _____  Address ▶ _____		
<b>16</b> Gaming manager information.  Name ▶ _____  Gaming manager compensation ▶ \$ _____  Description of services provided ▶ _____  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	<b>X</b>
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		



# SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization BROWNS VALLEY PTO			Employer Identification Number 68-0338537

Description of Other Expenses	Amount
PE, MUSIC & RESOURCES	800
PTO TODAY	199
INSURANCE	245
MISCELLANEOUS	25
TEACHER PAYOUTS	6,643
CHILDCARE @ PTO MEETINGS	425
TEACHER APPRECIATION DAY	1,020
FIELD DAY	252
READING ON THE GRASS	313
EDUCATIONAL ASSEMBLIES	1,448
SCIENCE NIGHT	731
HARVEST FESTIVAL EXPENSE	8,368
FRANCHISE TAX BOARD	25
<b>Total</b>	<b>20,494</b>



**PRIMARY EXEMPT PURPOSE**

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning 07-01 , and ending 06-30-2009.
Name of Organization BROWNS VALLEY PTO	Employer Identification Number 68-0338537

Primary Purpose

BOOSTER CLUB FOR BROWNS VALLEY ELEMENTARY SCHOOL

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
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Name of Organization BROWNS VALLEY PTO	Employer Identification Number 68-0338537
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Part III - Statement of Program Service Accomplishments			
Grants and allocations	4,000	Amount includes foreign grants	Program service expenses 83,600

Exempt Purpose Achievements

PROVIDED FUNDS FOR PROJECTS, EQUIPMENT, AND MATERIALS FOR THE SCHOOL AS WELL AS FOR RECOGNITION OF TEACHERS AND STUDENTS VIA SPECIAL EVENTS AND SCHOLARSHIPS.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization <b>BROWNS VALLEY PTO</b>	Employer Identification Number <b>68-0338537</b>
--	---

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
TRACY MITCHELL 512 Shannon Drive Vacaville, CA 95688	PRESIDENT 1.00	0	0	0
ROBYN ROZA-WILLIAMS 584 Santa Teresa Court Vacaville, CA 95688	VICE PRESIDENT 1.00	0	0	0
KIMBERLY KOELZER 524 Santa Teresa Court Vacaville, CA 95688	VICE PRESIDENT 1.00	0	0	0
KIMBERLY WYLIE 320 Limerick Way Vacaville, CA 95688	TREASURER 1.00	0	0	0
TYNETTE REYNON 916 Clifton Court Vacaville, CA 95688	SECRETARY 1.00	0	0	0
DEBORAH GAGNEBIN 291 Sunridge Way Vacaville, CA 95688	SECRETARY 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization BROWNS VALLEY PTO Employer Identification Number 68-0338537

Part V - Line 42a

Individual Name Kimberly Wylie

Business Name:

Street Address 333 Wrentham Drive

U.S. Address:

Zip code 95688 City Vacaville State CA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (707) 453-6205

Fax Number

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>BROWNS VALLEY PTO</b>	Business or activity to which this form relates <b>FOR FORM 990-EZ LINE 14</b>	Identifying number <b>68-0338537</b>
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions). . . . .	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	0
<b>6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost</b>		
See Section 179 Wrksht		
7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . ▶	13	66,891

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		<input type="checkbox"/>

**Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

## 2008 Federal Depreciation Schedule

BROWNS VALLEY PTO  
68-0338537

07-29-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990-EZ Line 14</b>										
SHADE STRUCTURE	06-16-09	200DBHY	7	66,891	0	66,891	0	0	0	0
1 Asset			Totals:	66,891	0	66,891	0	0	0	0
1 Asset			Grand Totals:	66,891	0	66,891	0	0	0	0

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

## 2008 AMT Depreciation Schedule

BROWNS VALLEY PTO  
68-0338537

07-29-2009

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
<b>Form 990-EZ Line 14</b>								
SHADE STRUCTURE	06-16-09	150DBHY	7	0	0	0	0	0
1 Asset	Totals:			0	0	0	0	0
1 Asset	Grand Totals:			0	0	0	0	0

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return <b>BROWNS VALLEY PTO</b>	Business or activity to which this form relates <b>FOR Section 179 Summary</b>	Identifying number <b>68-0338537</b>
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**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	66,891
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000
<b>6</b>	<b>(a) Description of property</b>	<b>(b) Cost (busn use only)</b>	<b>(c) Elected cost</b>
	See Statement below		66,891
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	66,891
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	66,891
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . ▶	13	66,891

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

**Section 179 Summary (from Asset Manager)**

Schedule or Form	Multiple	Description	Cost	Elected Cost	Comment
990EZ Ln1	1	SHADE STRUCTURE	66891	66891	
TOTAL TO SEC 179 SUMMARY LINE 6:				66891	