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Form 990-EZ

Short Form 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)

OMB No. 1545-1150

2009

Open to Public Inspection

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, 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.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method: [X] Cash [] Accrual Other (specify).

I Website: N/A. J Tax-exempt status (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527. H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 44,084

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

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 44,084. Expenses total: 29,760. Net assets at end of year: 82,881. Includes handwritten notes like 'See attachment #1' and 'See attachment #3'.

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

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 77,783 (beginning), 84,772 (end). Net assets: 70,277 (beginning), 82,881 (end).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED DEC 28 2010

Handwritten mark resembling a stylized arrow or '2'.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #9 Telephone no. Located at ZIP + 4		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

	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 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 a section 527 organization?	49b	X

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d 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.

Sign Here

▶ *Lee Majors*
Signature of officer

11/18/2010
Date

▶ LEE MAJORS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <i>Cheryl M. Reile</i>	Date 11-16-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
Firm's name (or yours if self-employed), address, and ZIP+4 ▶ H&R BLOCK 2026 Nut Tree Rd Vacaville, CA 95688	EIN ▶	Phone no. ▶	707-448-7011

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BROWNS VALLEY PTO

Employer identification number

68-0338537

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (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

(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	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		85,125	44,424	47,483	44,084	221,116
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						
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 Total. Add lines 1 through 5		85,125	44,424	47,483	44,084	221,116
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						221,116

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		85,125	44,424	47,483	44,084	221,116
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 Total support. (Add lines 9, 10c, 11, and 12.)		85,125	44,424	47,483	44,084	221,116

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 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

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

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

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public

Inspection

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization

BROWNS VALLEY PTO

Employer Identification Number

68-0338537

Description of Other Revenue	Amount
6TH GRADE TRIP REFUNDS	6,000
Total	6,000

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO			Employer Identification Number 68-0338537

Description of Changes	Total Amount
FRANCHISE TAX BOARD (LATE FEE)	-60
INTERNAL REVENUE SERVICE (PENALTIES)	-2,275
PRIOR YEARS' RECONCILIATION	615
Total	-1,720

SCHEDULE OF OTHER LIABILITIES

Attachment 5: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization BROWNS VALLEY PTO	Employer Identification Number 68-0338537

Description of Liability	Beginning of Year	End of Year
LOAN BALANCE (SHADE STRUCTURE)	6,891	1,891
RECONCILIATION	615	
Totals	7,506	1,891

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO		Employer Identification Number 68-0338537	

Description of Other Expenses	Amount
BABYSITTING	400
BANK CHARGES	182
BASKET RAFFLE	265
DINNER NIGHTS	1,020
FIELD DAY	91
HARVEST FESTIVAL	1,173
OFFICE EXPENSE	276
PTO PAPER	166
SANTA DINNER	65
TEACHER APPRECIATION DAY	135
TRIATHLON	304
Total	4,077

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid
 Open to Public Inspection For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

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

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCHOLARSHIPS	6TH GRADERS		
SCHOLARSHIPS	HIGH SCHOOL SENIORS		
SUPPORT OF SCHOOL, TEACHERS & STUDENTS MEMORIAL	BROWNS VALLEY ELEMENTARY 333 WRENTHAM DRIVE VACAVILLE, CA 95688 ALEXIS CLARA FOUNDATION		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CAMP SCHOLARSHIPS & TRANSPORTATION	6,000	CASH VALUE		2010-05
	COLLEGE SCHOLARSHIPS	2,000	CASH VALUE		2010-05
	CASH PAYMENTS	17,036	CASH VALUE		
	MEMORIAL FOR DEATH OF STUDENT	45	CASH VALUE		
Total		25,081			2009-11

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO				Employer Identification Number 68-0338537

Primary Purpose

BOOSTER CLUB FOR BROWNS VALLEY ELEMENTARY SCHOOL

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO			Employer Identification Number 68-0338537

Part III - Statement of Program Service Accomplishments

Grants and allocations	25,036	Amount includes foreign grants	Program service expenses	4,077
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Exempt Purpose Achievements

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

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO			Employer Identification Number 68-0338537

Part III - Statement of Program Service Accomplishments

Grants and allocations	45	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

CONTRIBUTED TO THE ALEXIS CLARA FOUNDATION IN MEMORY OF ALEXIS CLARA, A THIRD GRADE STUDENT, WHO DIED OF H1N1 VIRUS.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
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Name of Organization	Employer Identification Number
BROWNS VALLEY PTO	68-0338537

Part III - Statement of Program Service Accomplishments

Grants and allocations	202	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

CONTRIBUTED TO FAMILIES IN NEED DURING THE HOLIDAY SEASON.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009 , and ending 06-30-2010 .	
Name of Organization BROWNS VALLEY PTO		Employer Identification Number 68-0338537

(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
LEE MAJORS 512 Graylyn Court Vacaville, CA 95688	PRESIDENT 2.00	0	0	0
CHRISSY COBB 642 Harwinton Court Vacaville, CA 95688	VICE PRESIDENT 2.00	0	0	0
BONITA BROUGHTON 621 Christine Drive Vacaville, CA 95687	SECRETARY 2.00	0	0	0
CAROLYN PFISTER 7514 English Hills Road Vacaville, CA 95688	SECRETARY 2.00	0	0	0
JOSE HERNANDEZ 707 Tuliamore Court Vacaville, CA 95688	TREASURER 2.00	0	0	0
BILL SARTY 572 Graylyn Court Vacaville, CA 95688	TEACHER LIAISON 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization BROWNS VALLEY PTO				Employer Identification Number 68-0338537

Part V - Line 42a

Individual Name JOSE HERNANDEZ
or
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)

2009

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return BROWNS VALLEY PTO	Business or activity to which this form relates FOR Section 179 Summary	Identifying number 68-0338537
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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		
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	
6	(a)	(b)	(c)
(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost	
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 2008 Form 4562	10	66,891	
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	0	
13 Carryover of disallowed deduction to 2010 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

2009 Federal Depreciation Schedule

BROWNS VALLEY PTO
68-0338537

11-16-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
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