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2010

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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 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 the 2010 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

VALLEY VISION

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 1765

D Employer identification number

02-0489972

City or town, state or country, and ZIP + 4

NORTH CONWAY, NH 03860-1765

E Telephone number

603-356-8941

F Group Exemption
Number ►G Accounting Method. Cash Accrual Other (specify) ►

I Website: ► VALLEYVISION.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 132,997.

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

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	128,818.
2	Program service revenue including government fees and contracts	2	3,699.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	480.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,997.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	80,567.
13	Professional fees and other payments to independent contractors	13	2,258.
14	Occupancy, rent, utilities, and maintenance	14	26,291.
15	Printing, publications, postage, and shipping	15	421.
16	Other expenses (describe in Schedule O)	16	29,916.
17	Total expenses. Add lines 10 through 16	17	139,453.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,456.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,668.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,212.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED JUL 06 2011

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	SEE SCHEDULE O	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,462.	22 13,659.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	40,744.	24 35,553.
25	Total assets	58,206.	25 49,212.
26	Total liabilities (describe in Schedule O)	2,538.	26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,668.	27 49,212.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **PUBLIC TELEVISION STATION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	THE ORGANIZATION PROVIDES TELEVISION PROGRAMS OF LOCAL EDUCATIONAL, GOVERNMENTAL AND PUBLIC INTEREST IN THE MOUNT WASHINGTON VALLEY AREA OF NORTHERN NEW HAMPSHIRE.		
	(Grants \$) If this amount includes foreign grants, check here ►	28a	107,478.
29			
	(Grants \$) If this amount includes foreign grants, check here ►	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ►	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ►	31a	
32	Total program service expenses (add lines 28a through 31a)		32 107,478.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KARLA FICKER, 224 LOVEWELL POND ROAD, FRYEBURG, ME 04037	PRESIDENT 4.00	0.	0.	0.
RICK WEST SKYLINE DRIVE, INTERVALE, NH 03845	DIRECTOR 1.00	0.	0.	0.
BOB BERNHARDT, 1624 WESTSIDE ROAD, NORTH CONWAY, NH 03860	DIRECTOR 1.00	0.	0.	0.
ROGER WHEELER PO BOX 561, FRYEBURG, ME 04037	DIRECTOR 1.00	0.	0.	0.
ERIN BOTT, 1156 BRIDGTON ROAD, FRYEBURG, ME 04037	VICE PRESIDENT 3.00	0.	0.	0.
MIKE DIGREGORIO 49 POLLARD STREET, CONWAY, NH 03818	DIRECTOR 1.00	0.	0.	0.
MARLETTA MADUSKUIE, 1864 CHOCORUA MOUNTAIN HIGHWAY, SILVER LAKE, NH	DIRECTOR 1.00	0.	0.	0.
DIANA STEVENSON P.O. BOX 527, CONWAY, NH 03818	SECRETARY 3.00	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X
34		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O why the organization did not report the income on Form 990-T

33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

35a		X
35b	N/A	

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

36		X
37b		X

b Did the organization file Form 1120-POL for this year?

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 tax year covered by this return?

38a		X
38b	N/A	

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter.

38b	N/A	
39a	N/A	

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

39a	N/A	
39b	N/A	

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.

39b	N/A	
40b		X

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 ► 0.

40c		0.
40d		

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.

40d		0.
40e		X

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

41 List the states with which a copy of this return is filed ► NH

42a The organization's books are in care of ► POLLY HURTEAU Telephone no ► 603-356-8941 Located at ► 2888 WHITE MOUNTAIN HIGHWAY, NORTH CONWAY, NH ZIP + 4 ► 03860

42b		X
42c		

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)?

42c		X
43		

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.

43		
44a		

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 ►

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 N/A

44a		
44b		X
44c		X
44d		

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b		X
44c		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c		X
44d		

c Did the organization receive any payments for indoor tanning services during the year?

44d		
Form 990-EZ (2010)		

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

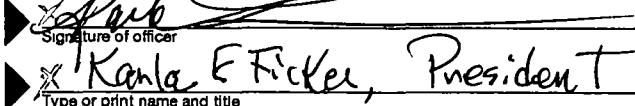
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Yes No
Date 10/6/15

Sign Here

Signature of officer

 Kanla E Ficker, President

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	DAVID A. CAPUTO, CPA	 CPA	5.11.11		P00184707
	Firm's name ► GAMWELL, CAPUTO, SIEK & CO, PLLC				Firm's EIN ► 02-0522664
	Firm's address ► 41 WASHINGTON ST. SUITE 10 CONWAY, NH 03818				Phone no. 603-447-3356

May the IRS discuss this return with the preparer shown above? See instructions

032174
03-04-11

Yes No
Form 990-EZ (2010)

Public Charity Status and Public Support

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.

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Name of the organization

VALLEY VISION

Employer identification number
02-0489972

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

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

(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									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,582.	161,674.	132,358.	128,660.	128,818.	651,092.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	99,582.	161,674.	132,358.	128,660.	128,818.	651,092.
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)						3,533.
6 Public support. Subtract line 5 from line 4						647,559.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	99,582.	161,674.	132,358.	128,660.	128,818.	651,092.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						4.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						651,096.
12 Gross receipts from related activities, etc. (see instructions)					12	26,206.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.46	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.21	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
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)						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

VALLEY VISIONEmployer identification number
02-0489972**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
<u>SMALL EQUIPMENT SOLD</u>	<u>480.</u>

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
<u>DEPRECIATION</u>	<u>12,929.</u>
<u>OTHER EXPENSES - Rent + Utilities</u>	<u>13,362.</u>
<u>TOTAL TO FORM 990-EZ, LINE 14</u>	<u>26,291.</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
<u>OFFICE EXPENSE</u>	<u>1,816.</u>
<u>OUTSIDE LABOR</u>	<u>385.</u>
<u>PROGRAM/PRODUCTION EXPENSES</u>	<u>2,994.</u>
<u>LOCAL TRAVEL REIMBURSEMENT</u>	<u>6,276.</u>
<u>INSURANCE</u>	<u>3,744.</u>
<u>INTERNET & WEB PAGE</u>	<u>1,124.</u>
<u>TELEPHONE</u>	<u>1,393.</u>
<u>MEETING EXPENSE</u>	<u>85.</u>
<u>EQUIPMENT REPAIRS</u>	<u>972.</u>
<u>PAYROLL TAXES</u>	<u>7,595.</u>
<u>DUES AND SUBSCRIPTIONS</u>	<u>369.</u>
<u>LICENSES & FEES</u>	<u>122.</u>
<u>MISCELLANEOUS</u>	<u>225.</u>
<u>BAD DEBTS</u>	<u>2,090.</u>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

VALLEY VISIONEmployer identification number
02-0489972SUPPLIES 726.TOTAL TO FORM 990-EZ, LINE 16 29,916.FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS RECEIVABLE</u>	<u>4,890.</u>	<u>5,198.</u>
<u>OTHER DEPRECIABLE ASSETS</u>	<u>35,854.</u>	<u>30,355.</u>
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>40,744.</u>	<u>35,553.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>PAYROLL TAX WITHHOLDINGS</u>	<u>2,498.</u>	<u>0.</u>
<u>ACCOUNTS PAYABLE & ACCRUED EXPENSES</u>	<u>40.</u>	<u>0.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>2,538.</u>	<u>0.</u>

FORM 990-EZ, PART V LINE 35, EXPLANATION FOR NOT REPORTING BUSINESS INCOME:

THE RECEIPTS ON LINE 2 REPRESENT SALES OF VIDEO TAPES FROM PROGRAMS THAT
ARE PART OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
BUILDINGS								
13	LEASEHOLD IMPROVEMENTS	090101SL	40.0016		7,662.		1,600.	192.
14	CARPETING	090101SL	10.0016		1,860.		1,550.	186.
* 990-EZ PG 1 TOTAL BUILDINGS								
					9,522.	0.	3,150.	378.
FURNITURE & FIXTURES								
12	COMPUTER & MONITOR	070100SL	5.00 16		1,338.		1,338.	0.
20	COPIER	110801SL	5.00 16		480.		480.	0.
21	PRINTER	110801SL	5.00 16		150.		150.	0.
29	OFFICE EQUIPMENT	012104SL	10.0016		163.		95.	16.
30	AIR CONDITIONER	080504SL	10.0016		447.		244.	45.
35	COMPUTER EQUIPMENT	082405SL	5.00 16		283.		247.	36.
39	COMPUTER	020606SL	5.00 16		349.		274.	70.
50	LAPTOP COMPUTER	052107SL	5.00 16		450.		233.	90.
* 990-EZ PG 1 TOTAL FURNITURE & FIXTURES								
					3,660.	0.	3,061.	257.
MACHINERY & EQUIPMENT								
1	STUDIO EQUIPMENT	070197SL	5.00 16		2,310.		2,310.	0.
2	STUDIO EQUIPMENT	070198SL	5.00 16		25,185.		25,185.	0.
3	PANASONIC VCR'S	030199SL	5.00 16		3,106.		2,899.	0.
4	UHF WIRELESS LAVALIER	030199SL	5.00 16		790.		737.	0.
5	COMPUTER, SCANNER, PRINTER	032399SL	5.00 16		4,980.		4,731.	0.
6	SONY CAMCORDER	050499SL	5.00 16		2,677.		2,586.	0.
7	STUDIO EQUIPMENT	070199SL	5.00 16		20,519.		20,519.	0.
8	CAMCORDER	020100SL	5.00 16		1,596.		1,596.	0.
9	WIRELESS SYSTEM, MICS	020800SL	5.00 16		984.		984.	0.
10	VIDEONICS GENERATOR	021700SL	5.00 16		2,496.		2,496.	0.
11	STUDIO EQUIPMENT	070100SL	5.00 16		4,923.		4,923.	0.
15	SONY DVCA, VCR & REMOTE	010501SL	5.00 16		4,314.		4,314.	0.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
16 DIGITAL EDITING DECK	011601SL	5.00	16		2,250.		2,250.	0.
17 SONY CAMCORDER	020901SL	5.00	16		3,596.		3,596.	0.
18 STUDIO EQUIPMENT	080201SL	5.00	16		11,560.		11,560.	0.
19 SONY EDIT CONTROLLER	032001SL	5.00	16		1,795.		1,795.	0.
22 AV SWITCHER	012402SL	5.00	16		257.		257.	0.
23 VIDEO EQUIPMENT	012402SL	5.00	16		4,534.		4,534.	0.
24 CANON ZOOM REMOTE	020702SL	5.00	16		393.		393.	0.
25 CAMERA	103102SL	5.00	16		3,428.		3,428.	0.
26 SOFTWARE	103102SL	5.00	16		342.		342.	0.
27 EDITING COMPUTER	013103SL	5.00	16		3,826.		3,826.	0.
28 COMPUTER EQUIPMENT	122203SL	5.00	16		4,197.		4,197.	0.
31 CAMERA	101504SL	5.00	16		1,963.		1,963.	0.
32 CAMERA EQUIPMENT	081604SL	5.00	16		1,774.		1,774.	0.
33 STUDIO EQUIPMENT	063004SL	5.00	16		2,203.		2,203.	0.
34 CAMERA	061305SL	5.00	16		2,065.		1,893.	172.
36 RECORD AND PLAYBACK MACHINE	111405SL	5.00	16		2,465.		2,054.	411.
37 STUDIO EQUIPMENT	063005SL	5.00	16		1,088.		981.	107.
38 NEXUS VIDEO CONTROL & DRIVES	030206SL	5.00	16		6,837.		5,241.	1,367.
40 STUDIO EQUIPMENT	053006SL	5.00	16		739.		530.	148.
41 07-C13 MIXER	042707SL	5.00	16		5,119.		2,731.	1,024.
42 07-C14 LOGO MAKER	042707SL	5.00	16		3,000.		1,600.	600.
43 07-C16 CAMCORDER	042707SL	5.00	16		1,339.		715.	268.
44 07-C17 CAMCORDER	042707SL	5.00	16		1,339.		715.	268.
45 07-C18 CAMCORDER	042707SL	5.00	16		1,339.		715.	268.
47 07-C53 TELEPROMPTER	050507SL	5.00	16		1,899.		1,013.	380.
48 STUDIO EQUIPMENT	051107SL	5.00	16		10,054.		5,363.	2,011.
49 STUDIO EQUIPMENT	063007SL	5.00	16		7,690.		3,845.	1,538.

Depreciation and Amortization Detail FORM 990-EZ PAGE 1

990-EZ

4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

VALLEY VISION

FORM 990-EZ PAGE 1

02-0489972

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 instructions)	1	500,000.
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	2,000,000.
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	

6 (a) Description of property	(b) Cost (business 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 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2011. Add lines 9 and 10, less line 12	13	

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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	11,443.

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 2010	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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		7,429	5 yrs.	MM	S/L	1,486
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 2010 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 instr.	22	12,929.
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	