

**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 2004 calendar year, or tax year beginning** OCT 1, 2004 **and ending** SEP 30, 2005

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> DOWNTOWN VISION, INC.		<b>D Employer identification number</b> 59-3473060
		Number and street (or P O box if mail is not delivered to street address) Room/suite 214 N. HOGAN ST. 120		<b>E Telephone number</b> (904) 634-0303
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32202		<b>F Accounting method.</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

**G Website:** WWW.DOWNTOWNJACKSONVILLE.ORG

**J Organization type** (check only one)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

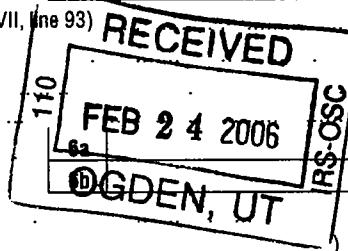
**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates   
**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 1,209,205.

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	40,455.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	307,832.		
	d	Total (add lines 1a through 1c) (cash \$ <u>348,287.</u> noncash \$ _____)	1d	348,287.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	827,776.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	23,936.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe <input type="checkbox"/> )	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b	Less: cost or other basis and sales expenses	8a				
c	Gain or (loss) (attach schedule)	8b				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
8d		8d				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11	9,206.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,209,205.			
Expenses	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,105,951.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	103,254.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,199,627.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,302,881.		



SCANNED MAR 14 2006

67

17

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	97,060.		
26	Other salaries and wages	26	408,907.		
27	Pension plan contributions	27			
28	Other employee benefits	28	74,447.		
29	Payroll taxes	29	46,783.		
30	Professional fundraising fees	30			
31	Accounting fees	31	5,222.		
32	Legal fees	32			
33	Supplies	33	38,300.		
34	Telephone	34	15,559.		
35	Postage and shipping	35	4,941.		
36	Occupancy	36	3,210.		
37	Equipment rental and maintenance	37	11,098.		
38	Printing and publications	38	4,157.		
39	Travel	39	25,914.		
40	Conferences, conventions, and meetings	40	21,714.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	27,046.		
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	321,593.		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,105,951.		

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a <b>PROVIDED MARKETING AND BUSINESS DEVELOPMENT, GUIDES/SECURITY/CLEANING, BEAUTIFICATION AND ADMINISTRATION TO THE CENTRAL BUSINESS DISTRICT OF THE CITY OF JACKSONVILLE</b> (Grants and allocations \$ _____)
b _____ (Grants and allocations \$ _____)
c _____ (Grants and allocations \$ _____)
d _____ (Grants and allocations \$ _____)
e Other program services (attach schedule) (Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	94.	45 98.
	46 Savings and temporary cash investments	562,903.	46 697,335.
	47 a Accounts receivable	47a 601,205.	
	b Less: allowance for doubtful accounts	47b 9,000.	47c 592,205.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	3,381.	53 3,381.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 138,432.		
b Less: accumulated depreciation STMT 3	57b 98,191.	57c 40,241.	
58 Other assets (describe <input type="checkbox"/> )		58	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>1,228,028.</b>	<b>59 1,333,260.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	28,401.	60 30,379.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> )		65
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>28,401.</b>	<b>66 30,379.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	1,199,627.	67 1,302,881.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b>	<b>1,199,627.</b>	<b>73 1,302,881.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>1,228,028.</b>	<b>74 1,333,260.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A; section 4955 N/A		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	19
91	The books are in care of TERRY LORINCE Telephone no. 634-0303		

Located at 214 N. HOGAN ST. JACKSONVILLE, FL ZIP + 4 32202

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PRIVATE ASSESSMENTS					778,006.
b TRANSPORTATION GRANT					37,301.
c FARMERS' MARKET					12,469.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	23,936.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS REVENUE			01	9,206.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		33,142.	827,776.
105 Total (add line 104, columns (B), (D), and (E))					860,918.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 A	ENHANCEMENT AND IMPROVEMENT OF THE BUSINESS CONDITIONS OF THE CENTRAL
93B	BUSINESS DISTRICT OF THE CITY OF JACKSONVILLE
93C	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Robert F. Covino* Date: 2/17/06 Type or print name and title: \_\_\_\_\_

Preparer's signature: *Robert F. Covino, CPA* Date: 2/15/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: SMOAK, DAVIS & NIXON LLP  
1514 NIRA STREET  
JACKSONVILLE, FLORIDA 32207-8690

EIN: \_\_\_\_\_ Phone no.: (904) 396-5831

2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER SOFTWARE/WEBSITE	VARIABLES		.000	16	19,298.			19,298.	14,790.		4,508.
2	COMPUTER	VARIABLES		.000	16	16,969.			16,969.	9,071.		1,358.
3	FURNITURE & FIXTURES	VARIABLES		.000	16	28,063.			28,063.	10,758.		5,046.
4	LEASEHOLD IMPROVEMENTS	VARIABLES		.000	16	33,897.			33,897.	14,384.		5,891.
5	EQUIPMENT	VARIABLES		.000	16	40,205.			40,205.	22,142.		10,243.
	* TOTAL 990 PAGE 2 DEPR					138,432.		0.	138,432.	71,145.	0.	27,046.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	118,609.			
PROFESSIONAL FEES	83,447.			
INSURANCE	4,604.			
BANK CHARGES	1,259.			
DUES & SUBSCRIPTIONS	3,819.			
LICENSES & PERMITS	70.			
COMPUTER EXPENSE	3,084.			
OTHER EXPENSES	40,674.			
BEAUTIFICATION IMPROVEMENTS	28,264.			
ARTWALK EXPENSE	37,763.			
<b>TOTAL TO FM 990, LN 43</b>	<b>321,593.</b>			

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 2
----------	--	-------------

## EXPLANATION

DOWNTOWN VISION, INC.'S PURPOSE IS TO ENHANCE AND IMPROVE THE BUSINESS CONDITIONS IN THE CENTRAL BUSINESS DISTRICT OF THE CITY OF JACKSONVILLE.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT 3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
COMPUTER SOFTWARE/WEBSITE	19,298.	19,298.	0.	
COMPUTER	16,969.	10,429.	6,540.	
FURNITURE & FIXTURES	28,063.	15,804.	12,259.	
LEASEHOLD IMPROVEMENTS	33,897.	20,275.	13,622.	
EQUIPMENT	40,205.	32,385.	7,820.	
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>138,432.</b>	<b>98,191.</b>	<b>40,241.</b>	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TERRY LORINCE 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	EXECUTIVE DIRECTOR 40	97,060.	6,913.	1,080.
MICHAEL HARRELL 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	CHAIRMAN 1	0.	0.	0.
BARRY VAUGHN 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	VICE CHAIRMAN 1	0.	0.	0.
JOHN WELCH 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	SECRETARY 1	0.	0.	0.
JEREMY SMITH 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	TREASURER 1	0.	0.	0.
AL BATTLE 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
MICHAEL MUNZ 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
HONORABLE SUZANNE JENKINS 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
MIKE JENNINGS 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
MARK FARRELL 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
LINDA LANIER 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.

MICHAEL STEWART 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
JIM BAILEY 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
STEPHEN A. CROSBY 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
STEPHEN M. GOLDMAN 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
DIEDRA KYLE 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
NEIL KING 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
JOHN KIDDY 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
ROBERT WHITE 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
JOE HOCKENBURY 214 N. HOGAN ST. SUITE 120 JACKSONVILLE, FLORIDA 32202	BOARD MEMBER 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>97,060.</u>	<u>6,913.</u>	<u>1,080.</u>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>DOWNTOWN VISION, INC.</b>	Employer identification number <b>59-3473060</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>214 N. HOGAN ST., NO. 120</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSONVILLE, FL 32202</b>	



**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 1    |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8879 |

- The books are in the care of ▶ TERRY LORINCE  
Telephone No. ▶ 634-0303 FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until MAY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2004, and ending SEP 30, 2005.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.