

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

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 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Downtown Vision Inc. Number and street (or P O box if mail is not delivered to street address): 214 N Hogan St No 120. City or town, state or country, and ZIP + 4: Jacksonville, FL 32202

D Employer identification number: 59-3473060. E Telephone number: (904) 634-0303. F Accounting method: Accrual

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

G Web site: 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 is not a 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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,220,635

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? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. 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 (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue section includes lines 1-12, Expenses section includes lines 13-17, and Net Assets section includes lines 18-21. Total revenue is 1,220,635 and total expenses is 986,686, resulting in an excess of 233,949.

**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 (See the instructions.)

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
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) . . . . .	<b>25a</b> 118,577			
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) . . . . .	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c . . . . .	<b>26</b> 464,289			
<b>27</b> Pension plan contributions not included on lines 25a, b and c . . . . .	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27 . . . . .	<b>28</b> 62,974			
<b>29</b> Payroll taxes . . . . .	<b>29</b> 54,304			
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b> Accounting fees . . . . .	<b>31</b> 6,919			
<b>32</b> Legal fees . . . . .	<b>32</b>			
<b>33</b> Supplies . . . . .	<b>33</b> 24,005			
<b>34</b> Telephone . . . . .	<b>34</b> 18,487			
<b>35</b> Postage and shipping . . . . .	<b>35</b> 4,502			
<b>36</b> Occupancy . . . . .	<b>36</b>			
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b> 8,706			
<b>38</b> Printing and publications . . . . .	<b>38</b> 8,221			
<b>39</b> Travel . . . . .	<b>39</b> 8,820			
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b> 25,067			
<b>41</b> Interest . . . . .	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule) 	<b>42</b> 11,766			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b> 986,686			

**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 (See the instructions.)**

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.

What is the organization's primary exempt purpose? <b>▶</b> <u>Downtown Vision, Inc 's purpose is to enhance and improve the business conditions in the central business district of the City of Jacksonville</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Provided marketing and business development, guides/security/ cleaning, beautification and administration to the central business district of the city of Jacksonville  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b>	

**Part IV Balance Sheets (See the instructions.)**

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

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		85	<b>45</b>	85	
	<b>46</b> Savings and temporary cash investments . . . . .		739,234	<b>46</b>	992,078	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	642,131			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	9,000	651,181	<b>47c</b>	633,131
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			3,381	<b>53</b>	3,381
	<b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	138,484			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	122,691	22,236	<b>57c</b>	15,793	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )				<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			1,416,117	<b>59</b>	1,644,468	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		42,434	<b>60</b>	36,836	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )				<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			42,434	<b>66</b>	36,836	
<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>					
	<b>67</b> Unrestricted . . . . .		1,373,683	<b>67</b>	1,607,632	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			1,373,683	<b>73</b>	1,607,632
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			1,416,117	<b>74</b>	1,644,468	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	1,253,750
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	33,115
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	33,115
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	1,220,635
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	33,115
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	1,220,635

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	1,019,801
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	33,115
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	33,115
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	986,686
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	986,686

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Additional Data Table				



Part VI Other Information (continued)

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of Terry Lorince Telephone no (904) 634-0303
214 n hogan st Located at JACKSONVILLE, FL ZIP + 4 32202
91b 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?

**Part VI Other Information** (continued)

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States?

**91c**  Yes  No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**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**

**Part VII Analysis of Income-Producing Activities** (See 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Private Assessments					862,608
<b>b</b> Friday FestDowntown Live					728
<b>c</b> Farmers' Market					13,159
<b>d</b> Marketing Grant					8,850
<b>e</b>					6,046
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	48,256	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> Miscellaneous Revenue			03	74	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				48,330	891,391
<b>105</b> Total (add line 104, columns (B), (D), and (E))					939,721

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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
93 b	business district of the city of jacksonville

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	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	2008-05-09 Date
	Terry Lorince, Executive Director Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  Robert T Loverich	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Smoak Davis & Nixon LLP 1514 Nira Street Jacksonville, FL 322078690			EIN  Phone no  (904) 396-5831

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-3473060  
**Name:** Downtown Vision Inc

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Advertising	<b>43a</b>	61,947			
<b>b</b> Professional Fees	<b>43b</b>	31,522			
<b>c</b> Insurance	<b>43c</b>	6,610			
<b>d</b> Bank Charges	<b>43d</b>	1,316			
<b>e</b> Dues & Subscriptions	<b>43e</b>	7,168			
<b>f</b> Licenses & Permits	<b>43f</b>	3,596			
<b>g</b> Computer Expense	<b>43g</b>	2,245			
<b>h</b> Entertainment	<b>43h</b>	2,312			
<b>i</b> Other Expenses	<b>43i</b>	7,162			
<b>j</b> Artwalk Expense	<b>43j</b>	12,866			
<b>k</b> Downtown This Week	<b>43k</b>	14,268			
<b>l</b> State of Downtown	<b>43l</b>	3,234			
<b>m</b> Programming	<b>43m</b>	15,370			
<b>n</b> Recruiting fees	<b>43n</b>	433			

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Terry Lorince C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	Executive Director 40 00	98,511	20,066	0
STEPHEN A CROSBY C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	CHAIRMAN 1 00	0	0	0
mike jennings C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	VICE CHAIR 1 00	0	0	0
Barry Vaughn C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	PAST CHAIR 1 00	0	0	0
John welch C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	secretary 1 00	0	0	0
Jeremy smith C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	treasurer 1 00	0	0	0
Michael MUNZ C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	board member 1 00	0	0	0
Michael Harrell C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	Board member 1 00	0	0	0
JANICE LOWE C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	board member 1 00	0	0	0
JAMES SOUTHERLAND C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	Board member 1 00	0	0	0

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JIM BAILEY C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	board member 1 00	0	0	0
ED BONNEAU C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	board member 1 00	0	0	0
STEPHEN M GOLDMAN C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	board member 1 00	0	0	0
SCOTT STUCKEY C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	Board member 1 00	0	0	0
TRI VU C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	BOARD member 1 00	0	0	0
ROBERT WHITE C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 JAcksonville, FL 32202	BOARD MEMBER 1 00	0	0	0
HOnorable JAY JABOUR C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 JACKSONVILLE, FL 32202	Board member 1 00	0	0	0
CHRIS FLAGG C/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 Jacksonville, FL 32202	BOARD member 1 00	0	0	0
Ju'Coby pittman c/O DOWNTOWN VISION INC 214 N Hogan St Suite 120 jacksonville, FL 32202	board member 1 00	0	0	0

**TY 2006 Depreciation and Depletion Schedule****Name:** Downtown Vision Inc**EIN:** 59-3473060

<b>Asset</b>	<b>Amount</b>
COMPUTER	3,203
EQUIPMENT	3,720
FURNITURE & FIXTURES	4,843

**TY 2006 Land etc. Schedule**

**Name:** Downtown Vision Inc

**EIN:** 59-3473060

<b>Category /Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
COMPUTER SOFTWAREWEBSITE	19,298	19,298	0
COMPUTER	17,021	7,042	9,979
EQUIPMENT	28,063	25,137	2,926
FURNITURE & FIXTURES	33,897	31,009	2,888
LEASEHOLD IMPROVEMENTS	40,205	40,205	0