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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)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

C Name of organization: NEW VISION DEVELOPMENT INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 320 BLUE HILL AVENUE. City or town, state or country, and ZIP + 4: DORCHESTER, MA 02121.

D Employer identification number: 31-1749227. E Telephone number: (617) 442-5711. 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: Cash [] Accrual [x] Other (specify).

I Website: N/A

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): [x] 501(c)(2) (insert no) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

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

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory.

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

(See the instructions for Part II.)

Table with 7 rows for Balance Sheets (lines 22-27) comparing beginning and end of year values for assets and liabilities.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? AFFORDABLE HOUSING			
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, or other relevant information for each program title			
28 ECONOMIC DEVELOPMENT AND REHABILITATION OF AFFORDABLE HOUSING (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
See Additional Data Table				

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

		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		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		No
35	<i>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 your reason for not reporting the income on Form 990-T</i>		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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 unpaid at the start of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>		
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		No
41	List the states with which a copy of this return is filed ▶ <u>MA</u>		
42a	The books are in care of ▶ <u>THE CORPORATION</u> Telephone no ▶ <u>(617) 442-5711</u> 320 BLUE HILL AVENUE Located at ▶ <u>DORCHESTER, MA</u> ZIP + 4 ▶ <u>02121</u>		
42b	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.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> 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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

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: ***** Date: 2010-05-12

WALTER LITTLE TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: THERESA J CREEDEN CPA Date: 2010-05-12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SANDBERG GONZALEZ & CREEDEN PC, 331 PAGE STREET 2ND FLOOR, STOUGHTON, MA 02072

Preparer's PTIN (See Gen Inst X): EIN: Phone no: (781) 344-0850

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

Additional Data

Software ID:
Software Version:
EIN: 31-1749227
Name: NEW VISION DEVELOPMENT INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
DR CHRIS THOMPSON 320 BLUE HILL AVE DORCHESTER, MA 02124	PRESIDENT 1	0		
JOHN BARBOUR 320 BLUE HILL AVE DORCHESTER, MA 02121	VICE PRES 1	0		
WALTER LITTLE 320 BLUE HILL AVE DORCHESTER, MA 02121	TREASURER 1	0		
NANCY SMITH 320 BLUE HILL AVE DORCHESTER, MA 02121	CLERK 1	0		
KEVIN DEPINA 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
BRUCE BICKERSTAFF 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
ROBERT FRANCIS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
VIRGIL GLENN 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
SERGIO GONCALVES 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
MURPHY GREGORY 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
MILTON SAMUELS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
ROBERT SMITH 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
REV BOBBIE THOMAS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
EMMANUEL TIKILL 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		
ROBERT WORKMAN 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1	0		

TY 2008 Compensation Explanation

Name: NEW VISION DEVELOPMENT INC

EIN: 31-1749227

Person Name	Explanation
DR CHRIS THOMPSON	
JOHN BARBOUR	
WALTER LITTLE	
NANCY SMITH	
KEVIN DEPINA	
BRUCE BICKERSTAFF	

Person Name	Explanation
ROBERT FRANCIS	
VIRGIL GLENN	
SERGIO GONCALVES	
MURPHY GREGORY	
MILTON SAMUELS	
ROBERT SMITH	

Person Name	Explanation
REV BOBBIE THOMAS	
EMMANUEL TKILL	
ROBERT WORKMAN	

TY 2008 Other Liabilities Schedule

Name: NEW VISION DEVELOPMENT INC

EIN: 31-1749227

Description	Beginning of Year Amount	End of Year Amount
DUE TO AFFILIATES	67,845	67,845
	67,845	67,845