



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under 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 (see instructions)
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 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

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

G Accounting method: Cash, Accrual, Other (specify)

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

I Website: N/A

J Tax-Exempt status (check only one): 501(c)(3), 501(c)(2), 4947(a)(1), 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

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

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Contributions, program service, membership, investment, gaming, fundraising, inventory sales, other revenue, total revenue). Rows 10-17: Expenses (grants, benefits, salaries, professional fees, occupancy, printing, other expenses, total expenses). Rows 18-21: Net Assets (excess/deficit, beginning of year, other changes, end of year).

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,957	22 3,957
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	3,957	25 3,957
26 Total liabilities (describe in Schedule O)	67,845	26 67,845
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-63,888	27 -63,888

Part III Statement of Program Service Accomplishments

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

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

AFFORDABLE HOUSING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 (describe in Schedule O) (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)

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
See Additional Data Table				

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

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

		Yes	No
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		No

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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

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

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

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

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 Yes No

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

Sign Here	***** Signature of officer	2013-03-20 Date
	WALTER LITTLE TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature THERESA J CREEDEN	Date 2013-03-20	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SANDBERG & CREEDEN PC 331 PAGE ST STE 2 STOUGHTON, MA 020721172	EIN ▶		
	Phone no ▶ (781) 344-0850			

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

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
NEW VISION DEVELOPMENT INC

Employer identification number

31-1749227

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DUE TO AFFILIATES 67,845 67,845

TY 2011 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	
ROBERT FRANCIS	
VIRGIL GLENN	
SERGIO GONCALVES	
MURPHY GREGORY	
MILTON SAMUELS	
ROBERT SMITH	
REV BOBBIE THOMAS	
EMMANUEL TIKILL	
ROBERT WORKMAN	

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 00	0		
JOHN BARBOUR 320 BLUE HILL AVE DORCHESTER, MA 02121	VICE PRES 1 00	0		
WALTER LITTLE 320 BLUE HILL AVE DORCHESTER, MA 02121	TREASURER 1 00	0		
NANCY SMITH 320 BLUE HILL AVE DORCHESTER, MA 02121	CLERK 1 00	0		
KEVIN DEPINA 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
BRUCE BICKERSTAFF 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
ROBERT FRANCIS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
VIRGIL GLENN 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
SERGIO GONCALVES 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
MURPHY GREGORY 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
MILTON SAMUELS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
ROBERT SMITH 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
REV BOBBIE THOMAS 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
EMMANUEL TIKILL 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		
ROBERT WORKMAN 320 BLUE HILL AVE DORCHESTER, MA 02121	DIRECTOR 1 00	0		