			EXTENDED TO AUGUST 15, 20 Return of Organization Exempt Fror	25 n Income Tax	OMB No. 1545-0047		
Fo	<b>Q</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		<b>2023</b>		
			Do not enter social security numbers on this form as it ma				
	artment o nal Reve	Open to Public Inspection					
Α	For th	e 2023 calend	ar year, or tax year beginning $OCT\ 1$ , $\ 2023$ and endin	g SEP 30, 2024			
	Check if applicab	le: C Name of	organization	D Employer identific	ation number		
	Addre	ENVT	SIONING ACCESS, INC.				
	Chang Name Chang		usiness as	13-314698	38		
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/				
	Final	5/1	CAMBRIDGE STREET	617-787-4			
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	557,133.		
	Amer returr	DODI	ON, MA 02134	H(a) Is this a group re	turn		
	Applition		nd address of principal officer: DIANE NAHABEDIAN	for subordinates?	? Yes X No		
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates inc	cluded? Yes No		
Ι	Tax-ex	empt status:			ist. See instructions		
	Websi		ENVISIONINGACCESS.ORG	H(c) Group exemption			
	Form o <b>art I</b>	f organization: Summary	X Corporation Trust Association Other L	Year of formation: 1982 M	State of legal domicile: MA		
F		-		UTNO ACCECC OFF	ידים מ		
ą	1		e the organization's mission or most significant activities: <b>ENVISIO</b> IVE SOLUTIONS THROUGH NEW TECHNOLOGIE		EKS		
an,	2				ata		
ver	2	<ul> <li>2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asse</li> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li> <li>3 3</li> </ul>					
ć	4		ependent voting members of the governing body (Part VI, line 1b)		<u> </u>		
a v	5		of individuals employed in calendar year 2023 (Part V, line 2a)		14		
oitio	6		of volunteers (estimate if necessary)		1		
Activities & Governance	7 a		business revenue from Part VIII, column (C), line 12		0.		
-	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year		
٩	8	Contributions	and grants (Part VIII, line 1h)	1,654,023.	457,581.		
lue Iue	9	•	ce revenue (Part VIII, line 2g)	0.	0.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		99,552.		
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<u> </u>		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,250.		
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3)	-	25,250.		
	45		compensation, employee benefits (Part IX, column (A), lines 5-10)	799,807.	888,225.		
Fxnenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.		
ueu ueu	b		ng expenses (Part IX, column (D), line 25) 123,686.				
ř	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	597,316.	572,318.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,397,123.	1,485,793.		
	19	Revenue less	expenses. Subtract line 18 from line 12	332,406.	-928,660.		
Net Assets or	CES .			Beginning of Current Year	End of Year		
sets	20	Total assets (F	Part X, line 16)	6,288,821.	5,398,233.		
tAs	21		(Part X, line 26)	1,196,209.	993,757.		
-Ne	22		iund balances. Subtract line 21 from line 20	5,092,612.	4,404,476.		
	art II						
Un	ter pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and st	atements, 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	Signature of officer			Date			
Here	DIANE NAHABEDIAN, EXECUTI	VE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	JONATHAN VITALE	JONATHAN VITALE	02/26	/25 self-employed P01922134			
Preparer	Firm's name RAFFOL AND COMPAN	Y INC		Firm's EIN 47-1096596			
Use Only	Firm's address 105 CHESTNUT ST	SUITE 11					
	NEEDHAM, MA 02492			Phone no. 781 – 444 – 4926			
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par		LONING ACCESS,		13-3146988 Page
	t III Statement of Program S	-	in this Part III	X
1	Briefly describe the organization's mis			<u>Δ</u>
•			IS TO PROVIDE ENHAN	CED QUALITY OF
	LIFE AND OPPORTUNIT	IES FOR INDIVI	DUALS, AND COMMUNITI	ES LIVING WITH
	PHYSICAL DISABILITI	ES. THE ORGANI	ZATION IS ACCOMPLISH	ING THIS MISSION
			HNOLOGY INITIATIVE TO	
2		gnificant program services du	iring the year which were not listed on th	
				Yes X No
~	If "Yes," describe these new services			ces? Yes X No
3	If "Yes," describe these changes on S		s in how it conducts, any program servi	
4	-		each of its three largest program service	s as measured by expenses
-			the amount of grants and allocations to	• •
	revenue, if any, for each program sen			
4a		1,220,455. including		
			DREMOST, AN ORGANIZA	
			ICAL DISABILITIES NET	
			LF-EMPOWERMENT TO LIV	
			FION, ORIGINALLY KNOW D IN 1979 TO RAISE AN	
		•	ME ASSISTANCE TO PEOD	
			NVISIONING ACCESS WE	
			TABLISHING AN INNOVA	
			E TECHNOLOGY INITIAT	
			LVE OUR RECIPIENTS, N	
			S DEVELOPING TECHNOL	
			ACCESS TO EMPLOYMEN	F, EDUCATIONAL,
4c	(Code:) (Expenses \$	including	grants of \$ )	(Revenue \$
4c	(Code: ) (Expenses \$	including	grants of \$ )	(Revenue \$
	(Code: ) (Expenses \$	including	grants of \$ )	(Revenue \$
4c	(Code:) (Expenses \$ ) (Expenses \$ 	including	grants of \$)	(Revenue \$
	Other program services (Describe on	Schedule O.)		(Revenue \$
4d	Other program services (Describe on (Expenses \$	Schedule O.)	) (Revenue \$	(Revenue \$
	Other program services (Describe on	Schedule O.)	) (Revenue \$	(Revenue \$

Form	990	(2023)

Form 990 (2023) ENVISIONING ACCESS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1.5		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
		17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
10		18		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
19		40		Х
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	~	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 Form		(2023)
332003	12-21-23	rorm	550	(2023)

4

Form **990** (2023)

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Form	990	(2023)

rai	Checklist of Required Schedules (continued)			
20	Did the examination report more than \$5,000 of grants or other explotence to an fair demonstration in dividuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		- 23
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		<b>.</b>	Yes	No
		3		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 1b 1</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	5		
C	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23			(2023)
	5			, <i>-</i> /

## 16130226 163577 13-3146988

2023.05060 ENVISIONING ACCESS, INC. 13-31461

	990 (2023) ENVISIONING ACCESS, INC.		13-3146	988	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Vee	Na
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	I	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
14a				14a		Х
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					<b>17</b>
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	(0000)
332005	12-21-23			Form	220	(2023)

## 16130226 163577 13-3146988

6 2023.05060 ENVISIONING ACCESS, INC. 13-31461

Form	990	(2023)

## ENVISIONING ACCESS, INC.

Check if Schedule O contains a response or note to any line in this Part VI

13-3146988 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any of	ther			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S					X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?					X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			. 0		
7a	more members of the governing body?	•		. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders,	or			
	persons other than the governing body?			. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			. 8a	X	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O					Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			•/		Yes	N
02	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
D				10b		
		u boforo filio				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fillin	g the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			<b>12b</b>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,				
	on Schedule O how this was done					
13	Did the organization have a written whistleblower policy?				X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by indeper	ndent			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization				X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
<b>16</b> 2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				
Ja				16a		x
<b>۲</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		nation	. 108		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		Jation			
				401		
00	exempt status with respect to such arrangements?	<u></u>		. 16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>MA</u>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (se	ction 501(c	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other <i>(explain</i> )	n on Schedu	le O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finar	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and reco	ords			
	THE ORGANIZATION - 617-787-4419					
	541 CAMBRIDGE STREET, BOSTON, MA 02134				_	
	5 12-21-23			Ган	n <b>990</b>	(20)

Form 990 (	
Part VII	Co

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dii	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		96	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIANE NAHABEDIAN	40.00	-	-		-	- 0				
EXECUTIVE DIRECTOR		]			х			182,029.	0.	0.
(2) LISA BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(3) KHRISTINE CARROLL	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MICHELLE CUNNEEN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SARAH DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) SUSAN KEYES	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(7) ROBERT SANDERS	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(8) DAN SKEHAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) DANIEL STEGER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KEITH TOMLINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JUDI HINDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ROBIN DOROGUSKER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JILL ROCCA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ALEX JAMES MAJOR, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) GLENN GOMES-CASSERES	1.00									
DIRECTOR		Х						0.	0.	0.
			-							
		1								
	1			-		1		1	1	- 000 (2222)

8

332007 12-21-23

Form 990 (2023)

	990 (2023) ENVISION	ING ACCE	ISS	5,	IN	c.				13-31	469	88	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee			than ( is both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Estir amo	<b>F)</b> nateo unt o her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compe fron organ and r organi	n the izatic elate	on ed
1b	Subtotal								182,029.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 182,029.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable				2
	compensation from the organization											Y	es	No
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s			•	•	-		Ŭ				3		х
4	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4	2	
Sec	rendered to the organization? <i>If "Yes." con</i> tion B. Independent Contractors	nplete Schedule	<del>e J f</del> e	or si	ıch i	<u>bers</u>	on					5		X
1	Complete this table for your five highest co									, ,	ensatic	on from	I	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.           (A)         (B)         (C)           Name and business address         NONE         Description of services         Compensation													
			INC		2						00	mpena		
								_						
								_						
2	Total number of independent contractors (i	0	ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation				(	,				F	orm <b>9</b> 9	<b>90</b> (2	023)

		2023) ENVISIONING A	CCESS,	INC.		13-3146	988 Page 9
Par	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any	y line in this Part VIII		. <u></u>	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
С Д С О С	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
inil, (	е	Government grants (contributions) 1e					
rion S	f	All other contributions, gifts, grants, and					
ġĘ		similar amounts not included above 1f	457,581	<u>L.</u>			
ontro	g	Noncash contributions included in lines 1a-1f					
<u> </u>	h	Total. Add lines 1a-1f					
			Business Co	de			
ice	2 a						
erv ue	b						
ven S	ب د						
gra Re	d						
Program Service Revenue	e f	All other program service revenue			+	-	
_	a	Total. Add lines 2a-2f					
$\neg$	3	Investment income (including dividends, intere		···			
	-	other similar amounts)		58,918.			58,918.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Persona				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory <b>7a 40</b> ,634.					
	b	Less: cost or other basis					
venue		and sales expenses					
		Gain or (loss)		10 624			10 624
Ř.		Net gain or (loss)		40,634.			40,634.
Other Re	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	- 4	Part IV, line 19	1				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u></u>				
		Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10k	b				
$\square$	с	Net income or (loss) from sales of inventory					
ø			Business Co	de			
e	11 a						
lane	b						
Miscellaneous Revenue	С				+		
Mis	d	All other revenue			L		
- 1	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions			0.	0.	99,552.

## 332009 12-21-23

## 16130226 163577 13-3146988

<sup>10</sup> 2023.05060 ENVISIONING ACCESS, INC. 13-31461

ENVISIONING ACCESS, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schodulo O contains a response				
Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25,250.	25,250.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	160,715.	135,001.	11,250.	14,464.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	532,583.	447,369.	37,281.	47,933.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	136,259.	119,907.	8,176.	8,176.
10	Payroll taxes	58,668.	49,281.	4,107.	5,280.
11	Fees for services (nonemployees):				<b>/</b>
a	Management				
b	Legal	700.		700.	
	Accounting	52,228.		52,228.	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,480.		10,480.	
' g		10,1000		10,1000	
9	column (A), amount, list line 11g expenses on Sch 0.)	2,062.	1,133.	929.	
12	Advertising and promotion	2,002.	1,100.	525.	
	-	33,349.	9,707.	2,028.	21,614.
13	Office expenses	48,986.	40,169.	2,020•	8,817.
14	Information technology	40,000.	40,109.		0,017.
15	Royalties	119,194.	115,927.		3,267.
16		7,729.	7,033.		696.
17	Travel	1,129.	7,033.		090.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,979.	27 500	1 400	
20		49,919.	27,580.	1,499.	900.
21	Payments to affiliates	176 000	1 6 9 6 9 2	0.040	E 20E
22	Depreciation, depletion, and amortization	176,830.	162,683.	8,842.	5,305.
23	Insurance	17,759.	13,319.	3,907.	533.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND MATERIALS	46,719.	45,317.		1,402.
b	VETERINARY SERVICES	20,666.	20,666.		
с	OTHER EXPENSES	5,637.	113.	225.	5,299.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,485,793.	1,220,455.	141,652.	123,686.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form <b>990</b> (2023)
		11			· · · · · · · · · · · · · · · · · · ·

11

2023.05060 ENVISIONING ACCESS, INC. 13-31461

16130226 163577 13-3146988

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year Cash - non-interest-bearing Savings and temporary cash investments

1,237,609. Pledges and grants receivable, net 3 939,831. 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 22,225. 32,771. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 5,139,048. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 2,943,333. 2,357,978. 10c 2,195,715. b Less: accumulated depreciation 1,401,843. 1,670,885. Investments - publicly traded securities 11 11 289,324. 332,073. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 7,771. 9,700. 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,288,821. 5,398,233. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 60,224. 104,505. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 991,313. 889,252. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 144,672. 25 0. of Schedule D 1,196,209. 993,757. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,914,308. Net assets without donor restrictions 3,284,457. 27 27 Net assets with donor restrictions 1,808,155. 1,490,168. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,092,612. 4,404,476. Total net assets or fund balances 32 32 6,288,821. 5,398,233. 33 33 Total liabilities and net assets/fund balances Form 990 (2023)

ENVISIONING ACCESS, INC.

13-3146988 Page 11

272,973.

688,552.

1

2

(B) End of year

164,810.

62,994.

Part X Balance Sheet

Form 990 (2023)

1

2

Form	990 (2023) ENVISIONING ACCESS, INC.	13-31469	88	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,133.
2	Total expenses (must equal Part IX, column (A), line 25)			,793.
3	Revenue less expenses. Subtract line 2 from line 1			,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5,		,612.
5	Net unrealized gains (losses) on investments	5	197	<u>,775.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	42	,749.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10 4,	404	<u>,476.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>
		F	Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	Э.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a -	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na		
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	oasis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	Jule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public

Inspection Employer identification number

## Name of the organization

Nai			FNN7T	SIONING AC	THES THE					3-3146988
Pa	art I					omploto th	vic part \ S			7-2140300
	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 12, check only one box.)									
1										
2		-	A school described in secti				11170(b)(1	·)(A)(I)·		
2		-	A hospital or a cooperative				(h)(1)(A)(ii	i)		
4		_	A medical research organization					•	ii) Enter	the hospital's name
-	L		city, and state:			acconsea				the neopital e name,
5		_	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit	t describe	ed in
Ŭ		_	section 170(b)(1)(A)(iv). (C							
6		٦	A federal, state, or local gov		nental unit described in	section 17	'0(b)(1)(A)	(v).		
	X	_	An organization that norma	•				.,	aeneral r	oublic described in
			section 170(b)(1)(A)(vi). (C	•		5			5	
8		-	A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		-	An agricultural research org			-	ed in conju	inction with a la	nd-grant	college
			or university or a non-land-g				-		-	-
			university:					-	-	
10			An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	support fi	rom gross investment
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orgar	nization a	ıfter June 30, 1975.
		_	See section 509(a)(2). (Cor	mplete Part III.)						
11		_	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry	y out the	purposes of one or
			more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 50	9(a)(3). (	Check the box on
	_		lines 12a through 12d that						-	
а			<b>Type I.</b> A supporting orga	-	-	•	-			
			the supported organization			majority o	f the direc	tors or trustees	of the su	ipporting
	Г		organization. You must o							
b			<b>Type II.</b> A supporting org	-				•		-
			control or management o			ame perso	ns that col	ntrol or manage	the supp	orted
	Г		organization(s). You mus	-		in connect	ion with a		intograto	od with
c	· L		Type III functionally inte its supported organization					-	Integrate	u wiiri,
c	• F		] Type III non-functionally		-				d organiz	zation(s)
Ľ	• _		that is not functionally int						-	
			requirement (see instructi			•		-	an accorner	
e	, <b>Г</b>		Check this box if the orga		•				Type III	
			functionally integrated, or					· ) [ ·, · ) [ ··,		
f	En	ntei	r the number of supported c	raanizationa	, , , , , , , , , , , , , , , , , , , ,					
ç	J Pr	ovi	ide the following informatior							·
		(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of m	-	(vi) Amount of other
			organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
Tota	al									

Part II

ENVISIONING ACCESS, INC.

13-3146988 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		4055006	4 4 4 9 6 9 7	4 6 5 4 9 9 9	4	
	include any "unusual grants.")	2422557.	1857326.	1043697.	1654023.	457,581.	7435184.
2	Tax revenues levied for the organ-						
	ization'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	2422557.	1857326.	1043697.	1654023.	457,581.	7435184.
_	Total. Add lines 1 through 3	2422557.	105/320.	1043097.	1054025.	457,501.	/435104.
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)						
6							7435184.
	Public support. Subtract line 5 from line 4. ction B. Total Support						7455104.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2422557.	1857326.	1043697.	1654023.	457,581.	7435184.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42,554.	37,085.	55,279.	57,408.	58,918.	251,244.
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 VI.)						
11	Total support. Add lines 7 through 10						7686428.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.73 %
	Public support percentage from 2022					15	97.28 %
16a	<b>33 1/3% support test - 2023.</b> If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2022.</b> If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-				
18	Private foundation. If the organizatio	T UIU HOL CHECK A		a, 100, 178, 01 170	, oneok this box a		(Form 990) 2023

332022 12-21-23

11	Net income from
	and the state of the second state of

Schedule A (Form 990) 2023

Section A. Public Support Calendar year (or fiscal year beginning in)

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)

#### n unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12

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

	or loss from the sale of capital assets (Explain in Part VI.)		
13			
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	501(c)(3) organizati	on,
	check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation	
k	o 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	orted organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	structions	

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(b) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2019

(a) 2019

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(f) Total

(f) Total

(e) 2023

(e) 2023

(Complete only if you checked the box on line 10 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.)

(c) 2021

(c) 2021

(d) 2022

(d) 2022

12	Other income. Do not include gain									
	or loss from the sale of capital									
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)									
14	First 5 years. If the Form 990 is for the	e organization's first	t second third four	b or fifth	tax year as a section	501(c)(3)	organization			
17	•	0		,	,	,	0	,		
<u> </u>	check this box and stop here						<u></u>			-
<u>5e</u>	ction C. Computation of Public	Support Perce	entage							-
15	Public support percentage for 2023 (lin	ne 8, column (f), divi	ided by line 13, colur	nn (f))		15			%	)
16	Public support percentage from 2022	Schedule A, Part III.	, line 15			16			%	)
Sec	ction D. Computation of Invest	tment Income I	Percentage							
17	Investment income percentage for 20	23 (line 10c, columr	n (f), divided by line 1	3, column	(f))	17			%	)
18	Investment income percentage from 2	2022 Schedule A, Pa	art III, line 17			18			%	)
19a	33 1/3% support tests - 2023. If the	organization did not	t check the box on li	ne 14, and	line 15 is more than	33 1/3%	, and line 17	is not		
	more than 33 1/3%, check this box an	d stop here. The or	rganization qualifies	as a public	ly supported organiz	ation				
b	33 1/3% support tests - 2022. If the	organization did not	t check a box on line	14 or line	19a. and line 16 is m	ore than	33 1/3%. an	d		
	line 18 is not more than 33 1/3%, chec	0					-			
20	<b>Private foundation.</b> If the organization		u u	•					· 🛏	
				100, 0100					· <u> </u>	
	23 12-21-23		16				Schedule A	Form 990	) 2023	ſ
33202										
	226 163577 13-314698	•			NVISIONING		~~		8-31	

(b) 2020

NC. 13-31461 ENVISIONING ACCESS, INC.

Yes

No

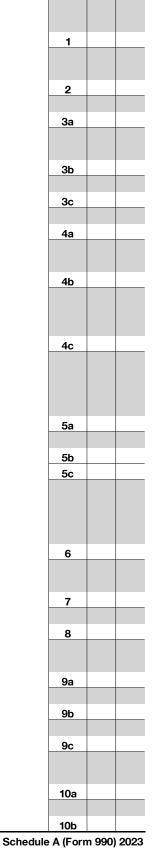
## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17

ENVISIONING ACCESS, INC.

1

2

1

Yes No

Yes No

#### Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s)

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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18

	Current Year
ype III supporting orga	nization (see
	· ·

Section A - Adjusted Net Income

4 Add lines 1 through 3.

Net short-term capital gain

Depreciation and depletion

7 Other expenses (see instructions)

2 Recoveries of prior-year distributions 3 Other gross income (see instructions)

6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

maintenance of property held for production of income (see instructions)

1

1

5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

ENVISIONING ACCESS, INC.

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(B) Current Year

(optional)

(B) Current Year

(A) Prior Year

1

2

3 4

5

6

7

8

Schedule A (Form 990) 2023

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years

### ENVISIONING ACCESS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amount for 2023 h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j

1

**Current Year** 

(iii)

Distributable

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Section D - Distributions

2

3

6 7

8

9

Schedule A	(Form 990) 2023	ENVISIONING	ACCESS,	INC.	13-3146988 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	r <b>mation.</b> Provide the ex 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 , lines 2 and 3; Part IV, Sec	planations requ 9a, 9b, 9c, 11a, ction E, lines 1c.	ired by Part II, line 10; Part 11b, and 11c; Part IV, Sect , 2a, 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
	\$ <b>}</b>				
332028 12-21-2	23				Schedule A (Form 990) 2023
			21		

00		Sunnlement	al Financial Statements		OMB No. 1545-0047			
	SCHEDULE D       Supplemental Financial Statements         Form 990)       Complete if the organization answered "Yes" on Form 990,							
	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury I Revenue Service		Ittach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection			
Nam	e of the organizati		TNC		identification number 3-3146988			
Par	t I Organiza	ENVISIONING ACCESS ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac					
I UI		on answered "Yes" on Form 990, Part IV, lin		oounto.				
				b) Funds and	d other accounts			
1	Total number at e	nd of year		•				
2		of contributions to (during year)						
3		of grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fund	ls				
			exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be used or					
			r donor advisor, or for any other purpose conferri	•				
Par	impermissible priv				Yes No			
			ganization answered "Yes" on Form 990, Part IV,	line 7.				
1		servation easements held by the organization of land for public use (for example, recrea			tant land area			
		of natural habitat	Preservation of a certit					
	=	n of open space						
2			fied conservation contribution in the form of a cor	nservation ea	asement on the last			
	day of the tax yea				at the End of the Tax Year			
а	Total number of c	onservation easements		2a				
b				2b				
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic struc	ture listed in the National Register		2d				
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	the tax			
-	year							
4		where property subject to conservation eas						
5	-	tion have a written policy regarding the per			Yes No			
6		forcement of the conservation easements it or hours devoted to monitoring inspecting	handling of violations, and enforcing conservatio					
U				in casemente	during the year			
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ements duri	ng the year			
					<b>C</b>			
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h				Yes No			
9			on easements in its revenue and expense statem					
			note to the organization's financial statements that	t describes	the			
Par	organization's acc t III Organiza	counting for conservation easements.	Art, Historical Treasures, or Other S	imilar Ass	ente			
1 41		f the organization answered "Yes" on Form						
19			8, not to report in its revenue statement and bala	nce sheet w	orks			
Ĩŭ			blic exhibition, education, or research in furtheran					
			ncial statements that describes these items.					
b			8, to report in its revenue statement and balance	sheet works	s of			
	-		exhibition, education, or research in furtherance					
	provide the follow	ing amounts relating to these items.						
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		\$				
	(ii) Assets include	ed in Form 990, Part X		\$				
2			asures, or other similar assets for financial gain, p	provide				
		unts required to be reported under FASB A						
а								
b	Assets included in	n Form 990, Part X		\$				

<b>b</b> Assets	included in	n Form	990	Parl

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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Sche		NING ACCESS				13-31			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	n how they further th	e organization's ex	empt purpos	se in Part 2	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatior	answered "Yes" o	n Form 990,	Part IV, lir	ne 9, or		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other assets no	ot included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
	Ending balance						_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds Complete if						( ) =		
		(a) Current year	(b) Prior year	(c) Two years back					
	Beginning of year balance	215,859.	201,062.	237,988	. 21	14,176.		215,	795.
	Contributions	20 726	14 505	26.026					
	Net investment earnings, gains, and losses	39,736.	14,797.	-36,926	•	28,974.		8,	915.
	Grants or scholarships								
е	Other expenditures for facilities					F 1 C 0		1.0	F 2 4
_	and programs					5,162.		10,	534.
	Administrative expenses	255,595.	215,859.	201.062		27 000		214	176
-	End of year balance	,	,	,	• 2.	37,988.		214,	176.
2	Provide the estimated percentage of the curr			) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	% %							
C		, -							
2-	The percentages on lines 2a, 2b, and 2c shou		tion that are hold or	d administered for	the				
Ja	Are there endowment funds not in the posses organization by:	ssion of the organiza	illon that are new ar	iu auministereu ior	uie		Г	Yes	No
	(i) Unrelated organizations?						3a(i)	X	
							3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the						0.0		·
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part 3	X, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	k valu	
		basis (investr			depreciation		(,	, raid	•
1a	Land		10	0,000.			100	),0	00.
	Buildings			5,000.	265,41	17.		-	83.
	Leasehold improvements				,601,70		2,024		
	Equipment			4,313.	53,16				45.
	Other			3,047.	23,04				0.
	Add lines 1a through 1e. (Column (d) must e						2,195	5,7	15.
						Schedule	D (Form	990)	2023

Schedule D (Form 990) 2023 ENVISIONING ACCESS, INC	90) 2023 ENVISIONING ACCESS, INC.
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Part VII	Investr	nents -	Other S	Securitie	S			-					
	Complete	e if the orc	anization	answered	"Yes"	on Form	990.	Part IV.	line 11b.	See	Form 990	Part X	line 12

eenprete in the english and the end of		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) PERPETUAL TRUST	332,073.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	332,073.	

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities	
Part X Other Liabilities	

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

 1.
 (a) Description of liability
 (b) Book value

 (1)
 Federal income taxes
 (a)

 (2)
 (b)
 (c)

 (3)
 (c)
 (c)

 (4)
 (c)
 (c)

 (5)
 (c)
 (c)

 (6)
 (c)
 (c)

 (7)
 (c)
 (c)

 (8)
 (c)
 (c)

 (9)
 (c)
 (c)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

.....

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 ENVISIONING ACCESS, INC.		13-3146988 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	=	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

## CHANGE IN BENEFICIAL TRUST

332054 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Co to unuu ira	Attach to Form .gov/Form990 for		ation		Open to Public Inspection
Name of the organization	on		GO to www.irs	.gov/Form990 for	the latest morma	ation.		Employer identification number
	ENVISIONI	NG ACCESS	, INC.					13-3146988
Part I General In	formation on Grants a	nd Assistance						
•	ation maintain records t		0		<b>o o i</b>	0		
	ward the grants or assis IV the organization's pro							Yes X No
Part II Grants and	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
	dress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
WAIPOINT				25,000.	0.			VISORS PROJECT INVESTMENT TO CREATE A VISUALLY IMPAIRED SCENE AND OBJECT RECOGNITION SYSTEM.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

1.

332102 11-01-23

#### ENVISIONING ACCESS, INC. Schedule I (Form 990) 2023

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	

13-3146988

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	202		ົງງ	)	
-	-	Compensated Employees		<b>ZU</b>	Ľ٦	)	
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organization	1	Employer id			nber	
		ENVISIONING ACCESS, INC.	13-3	14698	8		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary spending account Personal services (such as maid, chauffeur, ch		ur, chef)				
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
•							
3	,	y, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/F and the Director but any later is Part III	on to				
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
		ompensation consultant					
	X Form 990 of o	ther organizations	committee				
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a re						
а	-			4a		х	
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X	
c	-	eive payment from an equity-based compensation arrangement?				X	
•	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	งท				
	contingent on the r						
а	-					Х	
b	Any related organiz	ation?				Х	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	งท				
	contingent on the n	et earnings of:					
а	The organization?			6a		Х	
		ation?				X	
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 5 and 6? If "Yes," describe in Part III		7		Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	пе				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?					
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

13-3146988

Page **2** 

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits		in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DIANE NAHABEDIAN	(i)	160,715.	0.	21,314.	0.	0.	182,029.	0.
EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[11]							ula I (Earm 990) 202

Schedule J (Form 990) 2023

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

ENVISIONING ACCESS, INC.

13-3146988 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITIES TO ADULTS WITH DISABILITIES TO GAIN INDEPENDENCE TO LIVE LIFE AS THEY CHOOSE. FORMERLY KNOWN AS HELPING HANDS: MONKEY HELPERS, THE BOSTON-BASED ORGANIZATION WAS FOUNDED IN 1979 TO RAISE AND TRAIN CAPUCHIN MONKEYS TO ADMINISTER DAILY IN-HOME ASSISTANCE TO PEOPLE WITH PHYSICAL DISABILITIES. TODAY, THROUGH OUR INNOVATIVE TECHNOLOGY INITIATIVE WE UTILIZE AUGMENTED/VIRTUAL/ASSISTIVE REALITY, AND ROBOTIC TECHNOLOGIES TO ENHANCE OUR CLIENTS' OUALITY OF LIFE. OUR PILOT PROJECTS INVOLVE OUR RECIPIENTS WHO ARE EXPERTLY ADVISING COMPANIES AND RESEARCHERS DEVELOPING VIRTUAL/AUGMENTED/ASSISTIVE REALITY, AI AND ROBOTICS TECHNOLOGIES AS REAL-WORLD SOLUTIONS THAT PROVIDE ACCESS TO EMPLOYMENT, EDUCATIONAL, HEALTH AND SOCIALIZATION OPPORTUNITIES FOR PEOPLE LIVING WITH DISABILITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROJECTS THAT INVOLVE OUR RECIPIENTS WHO ARE EXPERTLY ADVISING COMPANIES AND/OR RESEARCHERS ON THESE TECHNOLOGIES THAT WILL ASSIST THOSE LIVING WITH PHYSICAL DISABILITIES WITH THEIR DAILY LIVING NEEDS. THE PRIMARY FOCUS IS ON EXAMINING DIFFERENT TYPES OF ASSISTIVE ROBOTIC TECHNOLOGIES AND EXPLORING THE VARIOUS USES OF AUGMENTED/VIRTUAL REALITY. ENVISIONING ACCESS, INC. WAS FORMERLY KNOWN AS HELPING HANDS: MONKEY HELPERS FOR THE DISABLED, INC., WHICH WAS FOUNDED IN BOSTON, MA IN 1979 TO RAISE AND TRAIN CAPUCHIN MONKEYS TO PROVIDE DAILY IN-HOME ASSISTANCE TO PERSONS LIVING WITH PHYSICAL DISABILITIES.

FORM 990, PART III, LINE 4A, **PROGRAM SERVICE ACCOMPLISHMENTS:** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23 36

Name of the organization ENVISIONING ACCESS, INC.	Employer identification numb 13-3146988
HEALTH, AND SOCIALIZATION OPPORTUNITIES. WE ARE FOCUSING C	N THE VARIOUS
USES OF AUGMENTED/VIRTUAL REALITY, AS WELL AS, DIFFERENT I	YPES OF
ASSISTIVE ROBOTIC TECHNOLOGIES TO ENHANCE OUR CLIENTS' QUA	LITY OF LIFE.
INNOVATIVE TECHNOLOGY INITIATIVE:	
THE GOAL OF OUR NEW INNOVATIVE TECHNOLOGY INITIATIVE IS TO	OFFER NEW
FECHNOLOGIES, NOW COMING ON THE MARKET AT A RAPID PACE, TH	IAT HELP
EMPOWER INDIVIDUALS WITH PHYSICAL DISABILITIES TO LIVE MOR	E INDEPENDENT
AND ENGAGED LIVES. AS WHEN WE TRAINED SERVICE MONKEYS FROM	I THE 1980S
THROUGH THE MID-2000S, OUR GOAL TODAY IS TO PROVIDE TOOLS	THAT ALLOW
INDIVIDUALS WITH PHYSICAL DISABILITIES TO HAVE OPPORTUNITI	ES TO PURSUE
MEANINGFUL CAREERS, ADVANCED EDUCATIONAL DEGREES, AND FULF	ILLING
PERSONAL LIVES. THROUGH THE INNOVATIVE TECHNOLOGY INITIATI	VE, WE ARE
LOOKING TO TAKE THE 40+ YEARS OF EXPERIENCE, INTELLECTUAL	PROPERTY, AND
INSIGHTS WE HAVE GAINED IN SERVICE TO THE DISABILITY COMMU	NITY AND
OFFER IT IN COLLABORATION WITH ROBOTICS, AR, VR, AND AI RE	SEARCH
ORGANIZATIONS, FIRMS, AND SERVICE PROVIDERS.	
THE INNOVATIVE TECHNOLOGY INITIATIVE SERVES AS THE HUB OF	ALL THE
ORGANIZATION'S PILOT PROJECTS, VETTING EACH PROJECT AND EN	ISURING THAT
EACH PILOT MEETS THE STRINGENT CRITERIA ENVISIONING ACCESS	REQUIRES.
THE INNOVATIVE TECHNOLOGY INITIATIVE IS THE CORE OF THE WO	ORK AT
ENVISIONING ACCESS.	
TO CONTINUE THE DYNAMIC TRANSITION, WE ARE:	
ENGAGING IN RESEARCH OF TECHNOLOGY THAT IS AVAILABLE IN T	HE AREAS OF
ROBOTICS AND VIRTUAL REALITY;	
LOOKING FOR WAYS TO INFLUENCE THE DEVELOPMENT OF NEW TECH	
ARE IMPORTANT TO THOSE LIVING WITH PHYSICAL DISABILITIES;	
BRINGING ON ADVISORY COMMITTEES WITH EXPERTS IN THE FIELD	) TO ADVISE US Schedule O (Form 990) 20

16130226 163577 13-3146988

<sup>2023.05060</sup> ENVISIONING ACCESS, INC. 13-31461

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization ENVISIONING ACCESS, INC.	Employer identification number 13-3146988
ON TECHNOLOGIES THAT ARE AVAILABLE FOR THOSE LIVING WITH P	HYSICAL
DISABILITIES AND/OR MAY BE LOOKING TO INVENT TECHNOLOGY FOR	R THOSE
LIVING WITH PHYSICAL DISABILITIES;	
RELYING ON ITS INSTITUTIONAL KNOWLEDGE OF HOW THE ORGANIZ	ATION HAS
TRAINED THE MONKEYS AND WHAT THEIR RECIPIENT'S NEED AS THE	Y TRANSITION
TO A NEW PHASE;	
COLLABORATING WITH TECHNOLOGY COMPANIES, UNIVERSITIES, EN	TREPRENEURS
AS WELL AS NEW RECIPIENTS TO EXPERIMENT WITH ROBOTICS AND	VIRTUAL
REALITY THAT WILL AID INDIVIDUALS LIVING WITH A PHYSICAL D	ISABILITY;
CONSIDERING SPECIFIC NEW TECHNOLOGIES THAT COULD INCLUDE	DIFFERENT
TYPES OF ROBOTICS ARMS, EXOSKELETONS, ADAPTIVE WHEELCHAIRS	, AND
ASSISTIVE TECHNOLOGIES.	
ADDITIONALLY, WE ARE PROVIDING HEALTH AND WELLNESS CARE FOR	R ALL OUR
RETIRED MONKEYS IN A STATE-OF-THE ART CARE FACILITY. WE AN	RE COMMITTED
TO PROVIDING A SAFE AND HEALTHY ENVIRONMENT FOR ALL OUR POR	ST-SERVICE
MONKEYS UNTIL THE END OF THEIR NATURAL LIVES INCLUDING THO	SE IN OUR
MONKEY LIVING CENTER, THOSE STILL WITH RECIPIENTS AS WELL	AS THE
CAPUCHINS IN SPECIAL CARE/FOSTER HOMES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEW	WED BY THE
EXECUTIVE DIRECTOR AND TREASURER AND THEN CIRCULATED TO THE	E FINANCE
COMMITTEE AND BOARD OF DIRECTORS.	

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY REVIEW OF INFORMATION ON A YEARLY BASIS.

	FORM 990,	PART VI	, SECTION	в,	LINE	15:	
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332212 11-14-23

Schedule O (Form 990) 2023

COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION AND OFFICERS
COMPENSATION APPROVED BY BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO
AVAILABLE TO THE GENERAL PUBLIC ON THE MASSSACHUSETTS ATTORNEY GENERAL'S
DIVSION OF PUBLIC CHARITIES WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN BENEFICIAL INTEREST 42,749.

ENVISIONING ACCESS, INC.

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Schedule O (Form 990) 2023

Name of the organization