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DLN: 93492061001522

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 Check if applicable **C** Name of organization D Employer identification number Arıse Inc Address change 04-2914511 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 467 State St PO Box 5423 Initial return (413) 734-4948 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Springfield, MA 01101 Number 🕨 Application pending I Website: ▶ r/a H Check ► If the organization is not required to attach Schedule B J Tax-Exempt status(check only one) — 501(c)(3) 501(c)() ★(insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or

more,	, file	Form 990 instead of Form 990-EZ		61,538
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction Check if the organization used Schedule O to respond to any question in this Part I	tions for Pa	art I)
	1	Contributions, gifts, grants, and similar amounts received	1	61,538
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b		
Revenu	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
œ œ	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	ь	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,538
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
φ.	13	Professional fees and other payments to independent contractors	13	11,430
Expenses	14	Occupancy, rent, utilities, and maintenance	14	9,578
유 교	15	Printing, publications, postage, and shipping	15	1,040
_	16	Other expenses (describe in Schedule O)	16	48,084
	17	Total expenses. Add lines 10 through 16	17	70,132
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,594
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
بغ		end-of-year figure reported on prior year's return)	19	9,423
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	829

Check if the organization used	Schedule O to respond to	any question in t	:hıs Part I	II		
(See the instruct	nons for Part II)		(A) Be	gınnıng of year		(B) End of year
22 Cash, savings, and investments .				19,050	22	829
23 Land and buildings					23	
24 Other assets (describe in Schedule O)				24	
25 Total assets				19,050	25	829
26 Total liabilities (describe in Schedule	0)			9,627	26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		9,423	27	829
Check if the organization used What is the organization's primary exempt SERVICE EDUCATION Describe what was achieved in carrying our describe the services provided, the number	Schedule O to respond to purpose?	any question in t	clear and	concise manner,	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) ganizations and section 47(a)(1) trusts, tional for others)
program title 28 Economic justice and education Econom (Grants \$) If thi	nic justice and education s amount includes foreign (grants, check her	re	. ▶┌	28a	
(Grants \$) If the 30	s amount includes foreign (grants, check her	re	. ▶┌	29a	
(Grants \$) If the	s amount includes foreign (grants, check her	re	. ▶ ┌	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign (grants, check her	 re	▶ ┌	31a	
32 Total program service expenses (add lin					32	
Part IV List of Officers, Directors, Tru Check if the organization used			•	*		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, er	(d) Contribution nployee benefit p leferred compens	lans 8	
See Additional Data Table						

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νο
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		N o
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		110
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ELLEN GRAVES Telephone no	<u>(41</u>	3)734	<u>-4948</u>
	467 STATE STREET Located at ► SPRINGFIELD, MA ZIP + 4	► 01	104	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Νο
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	ı		
44-	Did the expansation mountain any depart adjugged funds 2 If "Ver" Form 000 must be completed instead of		Yes	No
-14 d	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		No
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d		No

						Yes	No
	y related organization a controlle Form 990 and Schedule R must be	· -		fsection 512(b)(13)? <i>If</i>			
·		,		strolled aptitus with the	45		Νo
	ne organization receive any payn ing of section 512(b)(13)? <i>If 'Ye</i>				45a		N c
	ne organization engage, directly dates for public office? If "Yes,"		. •	ehalf of or in opposition to	46		N c
art VI	Section 501(c)(3) orga			=		-	a
	All section 501(c)(3) orgai 47-49b and 52.	nizations and section 4	947(a)(1) nonexem	pt cnaritable trusts must	answ	er que	stior
	Check if the organization used	d Schedule O to respond to	any question in this P	art VI			
						Yes	No
Dıd th	ne organization engage in lobbyir	ng activities? If "Yes," coi	mplete Schedule C, Pai	rt II	47		No
Is the	e organization a school described	d in section 170(b)(1)(A)(п)? If "Yes," complete S	Schedule E	48		Νo
a Didth	ne organization make any transfe	ers to an exempt non-char	ıtable related organızat	tion?	49a		Νo
	s," was the related organization	·	_		49b		
	lete this table for the organization	J		than officers directors true	-toos =	nd kay	l
•	oyees) who each received more t	<u>-</u>		•			
•	and address of each employee	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	-	E) Exper	
pai	d more than \$100,000	devoted to position	(C) Compensation	deferred compensation		erallowa	
NE							
			I				
0(f) Tota	al number of other employees pa	nd over \$100,000			·		
L Comp of con	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
L Comp	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "	ractors who each received n		an \$10 Compen	
L Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
L Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Comp of con (a) Na	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Comp of com	lete this table for the organization	on's five highest compens n Ifthere is none, enter "N	None "				
1 Compoficing of Control (a) Na	lete this table for the organization of the organization from the organization arms and address of each independent of the organization of the org	on's five highest compens n If there is none, enter "I ndent contractor paid mor	e than \$100,000 over \$10				
L Compofcon (a) Na ONE	lete this table for the organization npensation from the organization name and address of each indeper	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving	e than \$100,000 over \$10				
1 Compoficion (a) Na ONE 1(d) Tota 2 Did mus der penalt owledge a	elete this table for the organization of the organization from the organization arms and address of each independent of the organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section A	over \$10 0 501(c)(3				
L Compoficon (a) Na ONE L(d) Tota 2 Did mus der penalt	elete this table for the organization of the organization from the organization arms and address of each independent of the organization complete Schest attach a completed Schedule	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section A	over \$10 0 501(c)(3				
L Compofcom (a) Na ONE L(d) Tota Did mus der penalt owledge ar	elete this table for the organization of the organization arme and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete for the organization of the organization complete Schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete schedule the schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete schedule the schedule the schedule that I have not belief.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section A	over \$10 0 501(c)(3				
. Compofcom (a) Na NE . (d) Tota Did mus der penalt wiedge an	all number of other independent of the organization from the organization fame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I having belief, it is true, correct, and complete it is true, correct.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section A	over \$10 0 501(c)(3				
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1 Composition of contact (a) Na ONE 1(d) Total contact (a) Total contact (b) Total contact (b) Total contact (c) Total	al number of other independent of the organization from the organization fame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and continue to the organization of the organization of the organization complete Schedule ties of perjury, I declare that I have not belief, it is true, correct, and continue the organization of the	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving edule A? NOTE: All Section A e examined this return, including the complete. Declaration of prep	over \$10 n 501(c)(3 				
Compoficon (a) Na ONE L(d) Tota Did mus der penalt owledge an owledge. gn ere	al number of other independent of the organization arms and address of each independent of the organization complete. So the organization complete Schedule stattach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete of officer ELLEN GRAVES OFFICE MANAGER Type or print name and title Preparer's signature NICHOLAS LAPIER	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving edule A? NOTE: All Section A e examined this return, including the complete. Declaration of prep	over \$10 n 501(c)(3 n				
L Composition of control (a) Na ONE L(d) Total control (a) Did must be wisedge as wisedge. gn ere	al number of other independent of the organization from the organization arme and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and continue of officer ELLEN GRAVES OFFICE MANAGER Type or print name and title Preparer's signature NICHOLAS LaPIER Firm's name (or yours NICHOLAS I fi self-employed), NICHOLAS I	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section A e examined this return, inclu omplete. Declaration of prep	over \$10 n 501(c)(3 n				

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Form 990-EZ (2010)

DLN: 93492061001522

OMB No 1545-0047

Open to Public

Inspection

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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. See separate instructions.

Employer identification number

rise .	Inc								04-29145	11	
Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	anızatıons	must comp	lete this pa			
he	organi			e foundation becaus							
1	Г	A churc	:h, conventı	on of churches, or as	sociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	I in section 170(b)(1)(A)(ii). (At	tach Schedu	le E)				
3	Γ	A hosp	ıtal or a coo	perative hospital ser	vice organiz	atıon descri	bed in sectio i	n 170(b)(1)(A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	ribed in sec f	tion 170(b)(1	L)(A)(iii). Er	nter the
5	Γ	Anorga	nızatıon op	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unit descr	ıbed ın
	_			A)(iv). (Complete Pa	-						
6	<u> </u>			local government or	_						
7	ı	describ	ed ın	at normally receives A)(vi) (Complete Pa		l part of its s	support from	a governmei	ntal unit or fr	om the gene	ral public
8	г			described in section	· ·	Al(vi) (Com	nnlete Part II)			
9	<u> </u>		•	at normally receives			•	-	utions, mem	hership fees	and gross
	•	_		ities related to its ex					•	· ·	-
		ıts sup	oort from gro	oss investment incor	ne and unrel	ated busines	ss taxable ind	come (less s	ection 511 t	ax) from bus	inesses
		acquire	d by the org	janization after June	30,1975 S	ee sect ion 5	09(a)(2). (Co	omplete Part	: III)		
10	Г	Anorga	anızatıon org	janized and operated	l exclusively	to test for p	ublic safety	Seesection	509(a)(4).		
11	Γ	one or i	more publici	ganized and operated y supported organiza bes the type of supp b Type II	atıons descri ortıng organı	bed in section	on 509(a)(1)	or section 5 s 11e throug	09(a)(2) Se h 11h	e section 50	•
e f	Γ	other th	nan foundatı 509(a)(2)	ox, I certify that the on managers and oth received a written de	ner than one	or more pub	licly supporte	ed organizati	ons describe	d in section	509(a)(1) or
			his box						C.1		Г
g			ugust 17, 2 g persons?	2006, has the organi	zation accep	ted any gift	or contribution	on from any o	of the		
h		(i) a pe and (III) (ii) a fa (iii) a 3	rson who di) below, the mily membe 5% control	rectly or indirectly co governing body of the er of a person describ led entity of a persoing information about	e the suppor ped in (i) abo n described i	ted organıza ve? n (ı) or (ıı) a	tion? bove?	oersons des	cribed in (ii)	11g(11g(i 11g(i	ii)
				/i::\							T
	(i) Name suppor rganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) organicol in the U	e Ion In anized	(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	

Total

Part II 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.)

	action A Public Support	or garnzadon i	ans to quanty t	maci die tests	naced below, pie	Lase com	picte	1 41 (111.)
	ection A. Public Support		T	<u> </u>	<u> </u>		—	
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and		1	1				
	membership fees received (Do not		1	1				
	include any "unusual							
_	grants ")	<u> </u>	+	+	+		\longrightarrow	
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities						1	
,	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	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)		1	1				
6	Public Support. Subtract line 5 from							0
	line 4		1	1	1			
	ection B. Total Support				<u></u>			
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	.0	(f) Total
_	ın) ►				, ,		\longrightarrow	
7	A mounts from line 4						\longrightarrow	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
_	sources Net income from unrelated						-+	
9	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 IV)							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	s, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fıfth tax year as a	501(c)(3)	organiz	zation,
	check this box and stop here							▶ □
	ection C. Computation of Pub			44 1 (6)				
14	Public Support Percentage for 2010			11 column (f))		14		0 %
15	Public Support Percentage for 2009	Schedule A, Par	rt II, line 14			15		
16a	33 1/3% support test—2010. If the	-		,	line 14 is 33 1/3%	or more,	check t	
	and stop here. The organization qua	•	, ,,					► □
Ь	33 1/3% support test—2009. If the	-			5a, and line 15 is 3	33 1/3% or	more,	. —
	box and stop here. The organization							▶-
17a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organizat			•		-	-	L . J
	in Part IV how the organization mee	ts the "facts and	circumstances"	test The organiz	ation qualifies as	a publicly :	support	_
L	organization	-2000 If+ba a	numation did nat	ahaak a hay as lu	no 12 165 164 -	r 1 7 a a a d	lune	▶□
D	15 is 10% or more and if the organ	_						
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							,
	supported organization	ion meets the la	acts and Circuilis	tances lest life	a organization qual	mes as a h	Jubilety	′ ▶□
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16h 17a o	or 17b, check this	box and se	e.	- 1
	instructions	on all not check	a box on fine 15	, 100, 100, 1700	I / D, CHECK HIIS	201 ullu 30	-	▶ □

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

(Complete only if ye	ou checked the box	on line 9 of Part I or if the	e organization failed to qu	alify unde
Part II. If the organ	iization fails to qualif	v under the tests listed be	elow, please complete Par	t II.)

Se	ction A. Public Support	1	,				
Cale	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	in) F Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,578	72,642	68,095	85,803	61,538	352,656
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	64,578	72,642	68,095	85,803	61,538	352,656
	Amounts included on lines 1, 2,	01,370	72,012	00,033	03,003	01,330	332,030
	and 3 received from disqualified persons Amounts included on lines 2 and 3						
Б	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						352,656
	from line 6)						,
	ction B. Total Support	(-) 2006	(1-) 2007	(-) 2000	(4) 2000	(-) 2010	(6) T - t - l
	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	64,578	72,642	68,095	85,803	61,538	352,656
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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						(
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						(
13	Total support (Add lines 9, 10c,	64,578	72,642	68,095	85,803	61,538	352,656
14	11 and 12) First Five Years If the Form 990 is fo check this box and stop here	r the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a	section501(c)(3) organization, ▶┌
<u>Se</u>	ction C. Computation of Publi Public Support Percentage for 2010			3 column (f))		45	100,000,00
16	Public support percentage from 2009		-	.5 column (i))		15	100 000 %
-0	. abno support percentage nom 2005	John Curie M, Fal	iciii, iiiie 13			16	100 000 %
Se	ction D. Computation of Inve	stment Incon	ne Percentag	е			
17	Investment income percentage for 20	010 (line 10c coli	umn (f) divided by	line 13 column	(f))	17	0 %
18	Investment income percentage from	2009 Schedule A	, Part III, line 17	,		18	
19a	33 1/3% support tests—2010. If the					han 33 1/3% and	line 17 is not

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

►V 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000149

Software Version: 2010.2.15

EIN: 04-2914511

Name: Arise Inc

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARY ELIZABETH BEWSEE 467 STATE STREET SPRINGFIELD, MA 01104	PROGRAM DIRECTOR 030 00	0		
ELLEN GRAVES 467 STATE STREET SPRINGFIELD, MA 01104	OFFICE MANAGEMENT 035 00	11,430		
LAMONT SCOTT 467 STATE STREET SPRINGFIELD, MA 01104	PROGRAM DIRECTOR 001 00	0		
JUDY ALEXANDER 30 MONMOUTH ST SPRINGFIELD, MA 01109	DIRECTOR 001 00	0		
DEE DEE HASKELL 1315 BERKSHIRE AVE SPRINGFIELD,MA 01109	DIRECTOR 001 00	0		
DONALD B JAMES 90 KENYON STREET SPRINGFIELD, MA 01109	DIRECTOR 001 00	0		
KEITH PETERS 501 WORTHINGTON ST SPRINGFIELD, MA 01105	DIRECTOR 001 00	0		
MICHAELANN BEWSEE 25 CHURCHILL STREET SPRINGFIELD,MA 01108	Exec Director 030 00	0		
HOLLY RICHARDSON 1695 MAIN STREET SPRINGFIELD, MA 01103	DIRECTOR 001 00	0		
RUBEN SANTIAGO 70 CHESTNUT ST SPRINGFIELD, MA 01103	DIRECTOR 001 00	0		
KEELY MALONE 500 HANCOCK STREET SHUTTSBURY,MA 01072	DIRECTOR 001 00	0		
CHRISTINE COOK 253 FERNBANK AVE SPRINGFIELD,MA 01119	DIRECTOR 001 00	0		

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DLN: 93492061001522

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
Arise Inc	
	04-2914511

ldentifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,966 Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,771 Form 990-EZ, Part I, Line 16, Other Expenses Food 973 Form 990-EZ, Part I, Line 16, Other Expenses Other Admin 2,538 Form 990-EZ, Part I, Line 16, Other Expenses Transportation 390 Form 990-EZ, Part I, Line 16, Other Expenses Consultant 24,445 Form 990-EZ, Part I, Line 16, Other Expenses Consultant 24,445 Form 990-EZ, Part I, Line 16, Other Expenses Dues and Subscriptions 345 Form 990-EZ, Part I, Line 16, Other Expenses Stipends 6,705 Form 990-EZ, Part I, Line 16, Other Expenses Utilities 1,986 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 267 Form 990-EZ, Part I, Line 16, Other Expenses Riso 627 Form 990-EZ, Part I, Line 16, Other Expenses Committee 2,180 Form 990-EZ, Part I, Line 16, Other Expenses CHILDCARE 383 Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Charge 77 Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Charge 77 Form 990-EZ, Part I, Line 16, Other Expenses Stop the Bio Mass 548 Form 990-EZ, Part I, Line 16, Other Expenses Speaker 100 Form 990-EZ, Part II, Line 26, Liabilities Ioans Beginning of year 9,627, End of year 0