Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2023 calenda	ar year, or tax year beginning	07/01/2023	and er	nding	06	/30/202	24	
B Check if applicable:			C Name of organization				D Empl	oyer ide	entification number	
	Address change ARISIA INCORPORATED						04-3031143			
Ц,	Name cha	ange	Number and street (or P.O. box if mail is no	t delivered to street address)	R	oom/suite	E Telep	E Telephone number		
=	Initial return 519 Somerville Ave PMB 371							91	7-727-4742	
=		n/terminated	City or town, state or province, country, and	d ZIP or foreign postal code			F Grou	ıp Exer	nption	
=	Amended Applicatio	n pending	Somerville, MA 02143				Nun	•	•	
		ting Method:	✓ Cash ☐ Accrual Other (spec	cifv):		н	Check	if the	organization is not	
		: www.aris				"			ach Schedule B	
			eck only one) — 🗹 501(c)(3) 🗌 501(c)	() (insert no.) 49	947(a)(1) or [527	(Form 9			
			Corporation Trust					,		
		•	7b to line 9 to determine gross receipts			re. or if tot	al assets			
			5500,000 or more, file Form 990 instead	•				. \$	92,208	
_	art I	,	e, Expenses, and Changes in							
			the organization used Schedule			•			•	
	1	Contribution	ons, gifts, grants, and similar amour	nts received				1	9,461	
	2	Program se	ervice revenue including governme	nt fees and contracts				2	81,404	
	3	Membersh	ip dues and assessments					3	1,270	
	4	Investment	income					4	9	
	5a	Gross amo	unt from sale of assets other than i	inventory	5a		0			
	b	Less: cost	or other basis and sales expenses		5b		0			
	С							5с	0	
	6	Gaming and fundraising events:								
_	а	Gross inco	ome from gaming (attach Sche	dule G if greater tha	an					
Revenue		\$15,000) .			6a		0			
Ve	b		me from fundraising events (not ind			contributi	ons			
Be		from fundraising events reported on line 1) (attach Schedule G if the								
		sum of suc	h gross income and contributions	exceeds \$15,000)	6b		0			
	С	Less: direc	t expenses from gaming and fundr	aising events	6c		0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					ubtract			
		line 6c) .						6d	0	
	7a	Gross sales	s of inventory, less returns and allo	wances	7a		0			
	b	Less: cost	of goods sold		7b		0			
	С	Gross prof	it or (loss) from sales of inventory (s	subtract line 7b from lir	ne 7a)			7c	0	
	8	Other rever	nue (describe in Schedule O)					8	64	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d					9	92,208	
	10		l similar amounts paid (list in Sched					10	2,700	
	11	Benefits pa	aid to or for members					11	0	
es S	12	Salaries, of	ther compensation, and employee	benefits				12	0	
Expenses	13	Profession	al fees and other payments to inde	pendent contractors .				13	0	
tbe	14	Occupancy	, rent, utilities, and maintenance					14	17,652	
ũ	15	Printing, pu	ublications, postage, and shipping					15	268	
	16	Other expe	enses (describe in Schedule O) .Se	ee Schedule O, Statemer	nt 1	<u></u>	<u> </u>	16	95,953	
_	17		nses. Add lines 10 through 16 .					17	116,573	
Ś	18	Excess or (deficit) for the year (subtract line 1	7 from line 9)				18	-24,365	
set	19	Net assets	or fund balances at beginning of	year (from line 27, co	lumn (A)) (r	nust agre	e with			
As		end-of-yea	r figure reported on prior year's ret	turn)				19	93,285	
Net Assets	20	Other chan	iges in net assets or fund balances	(explain in Schedule C))			20	-1	
Z	21		or fund balances at end of year. Co					21	68,919	
_			· · · · · · · · · · · · · · · · · · ·	<u> </u>						

Form 990-EZ (2023)

Page 2

Part III Balance Sheets (see the instructions for Part II)

Га	Charle if the agreement on your Calcady la	,		7 a. d. 11		
	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			93,285	22	• • • • • • • • • • • • • • • • • • • •
23	Land and buildings				23	68,919 0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			93,285		68,919
26	Total liabilities (describe in Schedule O)				26	00,717
27	Net assets or fund balances (line 27 of column			93,285	-	68,919
Par	t III Statement of Program Service Accom	· ,				00/11/
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	•			quired for section
	cribe the organization's program service accomplis	shments for each of	its three largest n	rogram services	1	(c)(3) and 501(c)(4) anizations; optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				ers.)
28	Hosted our annual science fiction convention.					
	(Grants \$ 2,500) If this amount	includes foreign gra	nte chock horo		28a	05 555
29	Acquired Braille printer for use by our event and by				200	85,555
23	Acquired Braine printer for use by our event and by	educational and intera	iry events put on by	other horiprofits.		
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		29a	4,775
30	(Grante \$ 0) if the amount	molados foroigir gra	Tito, oriook rioro .			4,773
•						
	(Grants \$) If this amount	includes foreign gra	nts, check here .		30a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a t	hrough 31a)			32	90,330
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	y question in this l	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	(Estimated amount of other compensation
Mich	nael Sprague	5.00	0		0	0
	ident		-			
llene	e Tatroe	5.00	0		0	0
Vice	President					
Nich	olas Shectman	5.00	0		0	0
Trea	surer					
Racl	nel Tanenhaus	5.00	0		0	0
Cler	k					
Meg	an Lewis	5.00	0		0	0
Offic	cer At-Large					
	dy Abramo-Merrill	10.00	0		0	0
	vention Co-Chair					
	a Austein	10.00	0		0	0
	vention Co-Chair				_	
Jae		10.00	0		0	0
	vention Co-Chair	4.0	=		+	
	Meyer-Curley	10.00	0		0	0
Con	vention Co-Chair					
		-				
					+	
		1				
		L				

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
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		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
L		35a 35b		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	JOD		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
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		/
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40-	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:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	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	401		
_		40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		V
41	List the states with which a copy of this return is filed:	100		
42a		717-72	7-4742	2
	710.4	02	143	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		~
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			
	10 mm and 10 mm		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
^	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (20	023)							F	Page 4
									Yes	No
46		he organization engage, directly or ir								
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I				. 46		~
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52	de the core	nplete th	e tables	for lin	es
		50 and 51.								
		Check if the organization used Sch	nedule O to respond	I to any question i	n this	Part VI				. \square
									Yes	No
47		he organization engage in lobbying		section 501(h) elec	ction	in effect c	luring the	tax		
	year?	If "Yes," complete Schedule C, Par	tll					. 47		~
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sc	hedule E		. 48		~
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anizat	ion?		. 49a		~
b		es," was the related organization a se		_				. 49b		
50	Com	plete this table for the organization's	five highest compen-	sated employees (other	than office	ers, directo	ors, truste	es, an	id ke
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganiz	ation. If th	ere is non	e, enter " <mark>l</mark>	None."	,
			(b) Average	(c) Reportable		(d) Health				
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS		ontributions t enefit plans, a		(e) Estimat other co		
			devoted to position	1099-NEC)	0/ 50	compen		Other Cor	препза	lion
None										
f	Total	number of other employees paid over	er \$100 000							
51		plete this table for the organization'			ont oc	ntractore	who oach	roccivos	lmoro	thai
0.	\$100	,000 of compensation from the organ	nization. If there is no	ne. enter "None."	SIIL CC	Jilliaciois	WIIO Caci	i ieceivec	1111016	; uiai
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Compensat	ion	
None										
				1						
				1						
				-						
				1						
										-
				1						
d	Total	number of other independent contra	actors each receiving	over \$100,000						-
52		the organization complete Schedu	=		rganiz	rations m	ust attach	n a		
-		oleted Schedule A							s 🗆 i	No
Under n	enalties	of perjury, I declare that I have examined this	return, including accompan	ving schedules and stat	ements	s and to the	best of my kr	nowledge an	d belief	it is
		d complete. Declaration of preparer (other than						iowioago air	a bollor,	11.10
										-
Sign		Signature of officer				Date				-
Here		Nicholas Shectman, Treasurer								
-		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date		Cha-t-	PTIN		
Paid		. Med broken a regime					Check L	if · · · · · · · · · · · · · · · · · ·		
Prep		Firm's name	1			Firm	's EIN			
Use	Unly	Firm's address					ne no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions		- 11101		. Ye		Nο

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

	SIA INCORPORATED					04-30	
Pai							ons.
The o	organization is not a private founda		,		-	•	
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section		,	,	,		
3	A hospital or a cooperative hos						(:::\
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	onal desc	nbea in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for t		college or university	owned o	r operate	ad by a government	al unit described in
	section 170(b)(1)(A)(iv). (Comp		conogo or university	ownou o	Горогии	a by a government	ar arm accombca m
6	☐ A federal, state, or local govern	,	mental unit described	l in secti o	on 170(b)	(1)(A)(v).	
7	An organization that normally						the general public
	described in section 170(b)(1)			•	J		0 1
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-graduniversity:		·	,			•
10	An organization that normally r receipts from activities related	eceives (1) more	than 33 ¹ /3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	support from gross investment	income and uni	related business taxal	ble incom	nė (less se	ection 511 tax) from	businesses
	acquired by the organization a		•		•	•	
11	An organization organized and	•	•	-			
12	 An organization organized and one or more publicly supported 						
	the box on lines 12a through 12						
а			*			•	
	the supported organization						
	supporting organization. You						
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of t				persons	that control or man	age the supported
	organization(s). You must	-	•				
С							ally integrated with,
	its supported organization(, ,	•		-		
d	Type III non-functionally i that is not functionally integ						
	requirement (see instruction						u an attentiveness
е	_ ` `	,	•		-		a II. Tupa III
·	functionally integrated, or T						еп, туре ш
f	Enter the number of supported of	• •					
g		•	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			asoro (666 mena6116116))				mica do do no,
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(D)							
(E)							
Tota							
10+0	•					ı	

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

(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.)

Secti	Section A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	45,020	2,476	33,807	26,740	10,731	118,774
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	132,144	19,468	38,722	58,908	81,404	330,646
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	177,164	21,944	72,529	85,648	92,135	449,420
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0.400	400	4 400			F 070
		3,192	192	1,192	393	303	5,272
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	0	0	0	0	0	0
С	Add lines 7a and 7b	3,192	192	1,192	393	303	5,272
8	Public support. (Subtract line 7c from	3,172	172	1,172	373	303	5,212
	line 6.)						444,148
Secti	on B. Total Support		•	!	•	<u>'</u>	· · ·
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	177,164	21,944	72,529	85,648	92,135	449,420
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	15	3	2	6	9	35
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	_	_	_	_	_	_
	Add lines 10a and 10b	0	0	0	0	0	0
C	Net income from unrelated business	15	3	2	6	9	35
11	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	U	0	0	0	U	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,			J			
	and 12.)	177,179	21,947	72,531	85,654	92,144	449,455
14	First 5 years. If the Form 990 is for the	•	first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8		-	15.55		15	98.82 %
16	Public support percentage from 2022 Sch			<u> </u>		16	98.9 %
	on D. Computation of Investment Inc				(5)	47	0/
17	Investment income percentage for 2023 (-		17	0.01 %
18	Investment income percentage from 2022 331/3% support tests—2023. If the organ					18 ore than 331/20/	0.01 %
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ /3% support tests—2022. If the organiz	_	_	-		_	_
	• • • • • • • • • • • • • • • • • • • •						
	line 18 is not more than 33½%, 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 .						

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

(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.)

Se

secti	on A. All Supporting Organizations		V	NI-
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		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
	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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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)			
50	purposes. Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	4c		
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			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 .	6		
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).	7		
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).	8		
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 .	9a		
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? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	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 .	9b 9c		
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	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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. 1 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. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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). 1 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 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С 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. Yes No 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. 2a 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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. 3a

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.

3b

Schedule A (Form 990) 2023 Page 6

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ				
Section A—Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3_	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7_	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C—Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization	

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 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. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

ARISIA INCORPORATED	04-3031143
Form 990-EZ, Part I, Line 8 - Credit card rewards	
Form 990-EZ, Part I, Line 10 - \$100 to Massachusetts Convention Fandom, Inc. \$100 to the Massachusett T	ribe at Ponkopoag. \$2500 to
Monique Garr.	
Form 990-EZ, Part I, Line 20 - Rounding error.	

Schedule O, Statement 1 ARISIA INCORPORATED

Form: **Form 990-EZ (2023)** EIN: **04-3031143**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Admin Expense	157
Bank Fees	199
Filing Fees	54
Insurance	2,063
Mailbox	713
Meeting Expense	80
Web Hosting	2,357
Convention Program Expense	85,555
Accessibility Program Expense	4,775
Total:	95,953

Schedule O, Statement 2 ARISIA INCORPORATED

Form: Form 990-EZ (2023) EIN: 04-3031143

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The purpose of Arisia is to conduct meetings, conferences, and conventions concerning science fiction fantasy, and other related subjects. To Promote the enhancement and furtherance of science fiction, fantasy, and related subjects in literature, artwork, films, theater, and other media. To sponsor, and promote the development of organized science fiction and fantasy fan activities, And to make grants for the foregoing purposes to appropriate organizations and activities.