# EXTENDED TO NOVEMBER 15, 2016 Short Form

# **Return of Organization Exempt From Income Tax**

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.

Denartment of the Treasury Internal Revenue Service

Form 990-EZ

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending											
ВО	Check if applicable: C Name of organization							D Employer identification number			
تا	<u> </u>	est change	<u> </u>								
	<b>5</b>	change REASON ALLIANCE LTD				47-1933964					
X	_				Room/suite			number			
X   Initial return   Number and street (or P.O. box, if mail is not delivered to street address)   Room/suite   E								917-549-2052			
$\vdash$	ร์	City or town, state or province, country, and ZIP or foreign postal code					F Group Exemption				
F	7	SOMERVILLE, MA 02143					Number >				
G A		nting Method: X Cash Accrual Other (specify)			-			X if the organization is			
		e: <b>&gt;</b>						ed to attach Schedule B			
		empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.)	4	947(a)(1)	or 527		•	, 990-EZ, or 990-PF).			
			Other		V. L.	1		, 555 55 55			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or			assets (Part I						
		obs ob, so, that is to mind a to dotor mine group receipts it groups are \$500,000 or more, file Form 990 instead of Form 990-EZ	111070	01 11 10101			<b>▶</b> \$	0.			
$\overline{}$	irt I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	(see the instru	ictions	for Par				
1		Check if the organization used Schedule 0 to respond to any question in this Part I									
	1	Contributions, gifts, grants, and similar amounts received			•		1				
	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	1	1	1-11111111111111111		-	<del></del>			
		Less: cost or other basis and sales expenses					1				
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u> </u>	d			5¢				
	C	• •		***********	,,,,,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_				
	6	Gaming and fundraising events									
ďe	ä	Gross income from gaming (attach Schedule G if greater than	6a	1							
Revenue		\$15,000) Gross income from fundraising events (not including \$					· i				
Re			0100	i id juu (içri	a						
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	6b	I							
		gross income and contributions exceeds \$15,000)	6c	<del>                                     </del>			1				
	G	Less; direct expenses from gaming and fundraising events  Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		na Se\	<del></del>		6d				
			7a				- 60	· <del></del>			
	7a	Gross sales of inventory, less returns and allowances		├	<del></del> -		1				
	b	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	10	L	<del></del>		70				
	0	•					7c 8				
	8	Other revenue (describe in Schedule 0)					9	<del></del>			
_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					10				
	10	Grants and similar amounts paid (list in Schedule 0)					11				
	11	Benefits paid to or for members					12				
ses	12		Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors								
Expenses	13			13							
	14	Occupancy, rent, utilities, and maintenance		15							
_	15	Printing, publications, postage, and shipping  Other expanses (describe in Schedule (1))		16							
	16	Other expenses (describe in Schedule 0)				_	17				
_	17	Total expenses, Add lines 10 through 16					18				
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					19				
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))					19	1			
Net Assets		(must agree with end-of-year figure reported on prior year's return)						0.			
ž	20	Other changes in net assets or fund balances (explain in Schedule O)				_	20 21	<u>-</u>			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20  Penantural Reduction Act Notice see the separate instructions	.,	<u>.,</u>			٤١	Form <b>990-EZ</b> (2015)			

	1 990-EZ (2015) REASON ALLIANCE LTD		<del> </del>	4 /	13333	O4 rage z
P	art II Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part II			
			(A) Beginning of year	i	(B) E	nd of year
22	Cash, savings, and investments			22		
23				23		
24				24	<del>                                     </del>	
25				25	<del></del>	0.
				• 26	<del></del>	0.
26	, (				-	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	ho /			<del> </del>	
Ρ,	art III Statement of Program Service Accomplishmen					penses for section
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part III			and 501(c)(4)
Wha	at is the organization's primary exempt purpose?				organizatio	ons; optional for
Desc	cribe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expe	enses. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant informati					
28						
	10 A A Mall Andrews			_	28a	
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	208	
29			-			
			<u> </u>			
		<del></del>				
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u></u>	· []	29a	
30						
		-				
	(Grants \$ ) If this amount includes foreign g	rante chack here			30a	
					1004	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, cneck nere			31a	
					امما	
32	Total program service expenses (add lines 28a through 31a)	· · · · · · · · · · · · · · · · · · ·		▶	32	
32 Pá	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	nployees (list each	- betserrequico ton fi neve eno n	see the	instructions for	Part IV)
32 Pa	Total program service expenses (add lines 28a through 31a)	nployees (list each	- betserrequico ton fi neve eno n	see the	32 instructions for	
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32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	nployees (list each ond to any ques (b) Average hours per week devoted i	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	instructions for calth benefits, ributions to cyce benefit	(e) Estimated amount of other
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	990-EZ (2015) REASON ALLIANCE LTD 47-193:			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
			Yes	
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 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	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)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	_	х
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	+		
b	Did the organization file Form 1120-POL for this year?	37Ь	-	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			X
	in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes " complete Schedule I. Port II and enter the total amount involved	38a		
þ	11 165, Complete Schodule L, 1 arthand sixtor the total amount and sixtor the total am	- ·		,
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  N/A			
	Initiation less and capital contributions motored an initial	┥.,		
	Gross receipts, included on line 3, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911	•		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>	-	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	700		
C	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  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed		1	
a	<u> </u>			
_	by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		í	
е	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   MA			
	The organization's books are in care of CEVIN SOLING [elephone no. > 917-54]	19-2	052	
72 0	Located at ► 519 SOMERVILLE AVE #288, SOMERVILLE, MA ZIP+4 ►	0214	3	_
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	-	X
	If "Yes," enter the name of the foreign country:	İ		l
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>	<del> </del>	X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
	If "Yes," enter the name of the foreign country:			$\Box$
43	Section 4947(a)(1) nonexempt charitable trusts liling Form 990-EZ in Ileu of Form 1041 - Check liere	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	11/1	<u> </u>	
			Yes	No
	A heart of the second H West I Form 000 must be appropriated at		1.00	+
44 a	Did the organization maintain any donor advised funds during the year? It "Yes," Form 990 must be completed instead of	442		X
	Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	<u> </u>	<del> </del> -	1
Ь		44b	<del>                                     </del>	X
	of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
d	in Schedule O	44d		
<b>4</b> E -	in Schedule O	45a		X
5 C₽ -	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	a relativity in 1 and 1 anni and mine assume that the state of the sta	Form	990-F7	(2015)

Form 990-	EZ (2015)	REASON	ALLIANCE	LTD				47-193	3964		Page 4
				tical campaign activiti	es on behalf of or	in oppositio	n to candidates for	public office?		Yes	, .
	es," complete Sc	hedule C, Part I							46		X
Part V			organizations (				At a taleine for lim	oo CO and E1			
				nswer questions 47 O to respond to any							[
	Check IT I	ne organizatio	n used Schedule (	J to respond to any	queauon <u>in trai</u>	Stait VI .		***************************************		Yes	No
47 Did 1	the organization	engage in Jobb	ving activities or have	a section 501(h) elec	ction in effect duri	ing the tax ye	ear? If "Yes," comple	ete Sch. C, Pari	47		X
48 Is th	e organization a	school as desc	ribed in section 170(	b)(1)(A)(ii)? If "Yes," (	complete Schedul	e E			48		X
49a Did (	the organization	make any trans	fers to an exempt no	n-charitable related or	rganization?				49a	<b> </b> -	X
b If "Y	es," was the rela	ted organization	n a section 527 organ	ization?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				49b	aivad n	
50 Com	plete this table (	for the organiza	tion's five highest co	mpensated employees	s (other than offic	ers, directors	s, trustees and key	emproyees) who	eacuset	eiveu ii	IOIE
than				there is none, enter *	(b) Averag	e hours	(C) Reportable	(d) Health ben	efits, (	e) Estin	nated
	per week devoted to compensation (Forms w2/1099-MISC)			i ampioves per	efit an	amount of other					
			NON	E	posit	ion	<u></u>	plans, and defi compensati		ornpens	auon ———
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f Tota	al number of oth	er employees p	aid over \$100,000			<b>-</b>	¢40	- 0.000 at compo	ocation f	om the	
				mpensated independe	ent contractors wi	no each rece	iveo more man \$ 10	o,ooo oi compe	isanun n	Olli file	
orga	anization. If there	e is none, enter	"None." NON is of each independen			í h	) Type of service		(c) Comp	ensatio	)n
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d Tota	al number of oth	er independent	contractors each rec	elving over \$100,000			🕨				
<b>52</b> Did	the organization	n complete Schi	edule A? Note: All se	ction 501(c)(3) organ	izations must atta	ich a			г,	res [	X No
	npleted Schedul	e <u>A</u>				ulan and atal	omente, and to the	hest of my know			
Under pe	naities of perjur	y, i declare that	I have examined this	return, including acco in officer) is based on	ompanying scried all information of	uies anu siai f which nren:	ernenis, and to die aver has anv knowle	dae.	ricoge ai	Q DOLLO	1, 11 10
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Sign	Signature	al officer				· · · · ·		Date			
Here CEVIN SOLING, DIRECTOR											
	Type or p	rint name and title				10-1-	Check	if PTI			
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-	Preparer DAVID E. MOND, CFA  Firm's came > ADELMAN KATZ & MOND LLP  Firm's EIN > 13-260										
Use O	Use Only Firm's address ► 230 WEST 41ST - SUITE 1500 Phone no. 212-38								1		
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May the	IRS discuss this		preparer shown abo					<u></u>	X		No
				-					Form	990-E	<b>Z</b> (2015)

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**SCHEDULE O** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

QMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization  REASON ALLIANCE LTD	Employer identification number 47-1933964			
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:			
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,			
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR.	ACT.			
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,			
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.				
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