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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

AI	ror the	2014 calendar year, or tax year beginning and	enaing	_						
В	Check if applicable	C Name of organization ALTERNATIVE AND DIRECT INVESTMENT		D Employer identific	cation number					
	Addres	ADIEKNATIVE AND DIRECT INVESTMENT								
X	Name change			51-0	470980					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
L	Final return/	10401 NORTH MERIDIAN SUITE 202		317-	663-4180					
_	termin ated			G Gross receipts \$	2,440,673.					
닏	return	INDIANAPOLIS, IN 40230		H(a) Is this a group re						
F Name and address of principal officer:0 01114 TIANKE 5014 for subordinates										
_		SAME AS C ABOVE	er 507	-						
		empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) e: ► WWW.REISA.ORG	or 527	7	list (see instructions)					
		organization: X Corporation Trust Association Other	I Vear	of formation: 2003 M	State of legal domicile: DE					
	art I	Summary	Lica	oriorination. 2003 IV	Otate of legal dofficie. 22					
_		Briefly describe the organization's mission or most significant activities. THE	REAL E	STATE INVES	TMENT					
Activities & Governance	'	SECURITIES ASSOCIATION IS A NATIONAL TRA	DE ASS	OCIATION SE	RVING					
T a	1 .	Check this box if the organization discontinued its operations or dispo								
ove	1	Number of voting members of the governing body (Part VI, line 1a)		3	16					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16					
es &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	5					
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	240					
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
			-	Prior Year	Current Year					
ē	1	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.					
Revenue		Program service revenue (Part VIII, line 2g)		2,138,451.	2,440,070.					
Вè	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	-1,740. 0.	-1,403.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	2,136,711.	2,432,587.					
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.					
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		395,297.	543,016.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
ŭ	17	Other are and (Deat IV) as being (A) loss and add add (A46 O45)		1,577,142.	1,612,532.					
	18	Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e) Total expenses. Add lines 13-17 (must equal Part IX, Column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 RECEIVED	[1,972,439.	2,155,548.					
		Revenue less expenses Subtract line 18 from line 12 RECEIVED		164,272.	277,039.					
Net Assets or Fund Balances		8	ပ္ပ Be	eginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16) AUG 1 4 2015	8	1,085,392.	1,478,316.					
AB	21	Total liabilities (Part X, line 26)	RS-OSC	161,098.	276,983.					
		Net assets or fund balances Subtract line 21 from line 20	<u> </u>	924,294.	1,201,333.					
_	art II	Signature Block UGDEN, UT								
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowleage and belief, it is					
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	-1.1.7.7	 					
٥.		Signature of officer		8/11/2015						
Sig		JOHN WARRISON, EXECUTIVE DIRECTOR								
He	re	Type or print name and title								
_	Print/Type preparer's name Prepareria suppature Date Check PTIN									
Pai	d	Print/Type preparer's name MICHELLE SINER MICHELLE SINER	ر, صد ا	08/05/15 if self-employs	P00050193					
	parer	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN	31-0905417					
	Only		UITE 3	300						
	-	INDIANAPOLIS, IN 46240		Phone no. (3	17) 469-0169					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
		7-14 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2014)					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	SECURITIES ASSOCIATION, INC.	51-0470980	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE REAL ESTATE INVESTMENT SECURITIES ASSOCIATION IS A	NATIONAL TRA	DE
	ASSOCIATION SERVING PROFESSIONALS WHO OFFER AND DISTRIB		
	OF REAL ESTATE INVESTMENT SECURITIES.	OIE ADD TORM	
	OF REAL ESTATE INVESTMENT SECORTITES.		
2	Did the organization undertake any significant program services during the year which were not listed on		[TF]
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported	ora, and rotal oriportors,	
			١
+a	(Code) (Expenses \$		<u> </u>
	THE YEAR. THESE CONFERENCES ARE FOR MEMBER COMPANY OWNE		
	INFORM MEMBERS AND OTHERS ON SUBJECTS RELATED TO REAL E	STATE INVEST	MENT.
	SECURITIES ISSUES.		
		"	
	(6.1		
4b	(Code) (Expenses \$ including grants of \$) (Rever	iue \$,
			_
		·	
4c	(Code) (Expenses \$) (Rever	ıue \$	—— '
			-
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) {Revenue \$)	

4e Total program service expenses ▶

Form 990 (2014) SECURITIES A
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_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		<u> </u>
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	441		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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	X	
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	X_	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	l	x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ĺ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	广		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	<u> </u>
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
		rorm	フゴリ	(2014)

51-0470980 Page 4

Form 990 (2014) SECURITIES ASSOCIATION Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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		Х
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
U	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ٿ		
	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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	_	<u>I</u> (2014)
		FOIII	550	(2014)

51-0470980

Page **5**

Form 990 (2014)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Series The number reported in Box 3 of Form 1986. Enter 0-if not applicable 1a 8 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V								
Enter the number of Forms W2G included in line 1a. Enter-0-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with markup withholding rules for reportable payments to vendors and reportable gamming (gambling) with markup with or within the year covered by this return life of for the calendar year ending with or within the year covered by this return life at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Dif the organization have unrelated business gross income of \$1,000 or more during the year? 4c. At any time during the calendar year, did the organization in 1900 or more during the year? 4d. 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. 4d. 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. 5 If "Yes," enter the name of the foreign country. 6 Sa. Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5 Law Sa Was the organization in the organization the Form 1886. 6 Law Sa Was the organization in the organization the form 1886. 6 Law Sa Was the organization in the organization the form 1886. 7 Law Sa Was the organization in the organization the form 1886. 8 Law Sa Was the organization should the very solicitation an express statement that such contributions or gifts were not tax deductables a contribution of year than 1990. 9 Law Sa Was the organization should the very solicitation an express statement that such contributions or gifts were not tax deductables a contribution of year the such as of 35° made party as a ontribution of year the such as of 35° made party				Yes	No					
be Enter the number of Forms W-2G included in the 1a. Enter 0-if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
Capabiling) winnings to prize winners? 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 5	b									
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this required terral properties. See 1 the catendar year ending with or within the year covered by this required terral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-life (see instructions) 3 b. If the cagnization have unrelated business gross income of \$1,000 or more dumpt the year? 3 b. If Yes, 1 has a filled a Form 990-1 for this year? If 1%0, 1 for 93b, provide an explanation in 95-feedule 0 3 b. If Yes, 1 has a filled a Form 990-1 for this year? If 1%0, 1 for 93b, provide an explanation in 95-feedule 0 3 b. If Yes, 1 for 1 foreign country (such as a bank account, securities account, or other financial account)? 4 b. If Yes, 1 for the name of the foreign country. 5 b. Was the organization a party to a prohibeted in twas or a a party to a prohibeted tax shefter transaction of 1 filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a. Was the organization a party to a prohibeted in twas or a la party to a prohibeted tax shefter transaction? 5 b. X. 5 b. Did any taxable party notify the organization file Form 8896-17 5 c. If Yes, 1 for the 5a or 5b, did the organization file Form 8896-17 5 c. If Yes, 1 for the 5a or 5b, did the organization file Form 8896-17 5 c. If Yes, 2 for the organization in unclude with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 organizations that may receive deductible contributions an express statement that such contributions or grifts were not tax deductible? 9 organization shell may receive deductible contributions and express statement that such contributions or grifts were not tax deductible? 10 plus the organization shell expressed probable personal property for which it was required to the payor? 5 b. If Yes, 1 did the organization in mice wi	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
hield for the catendary year ending with or within the year covered by this return If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross more of \$1,000 or more during the year? 4b. If "Yes," is all file of Form 995 for this year? If "No," to line 3b, provide an explanation in Schedule O 4b. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account; or securities account, or other financial account; or securities are count in a foreign country. I when a bank account, securities account, or other financial account; or securities are often at the organization and party to a prohibited tax sheller transaction at any time during the tax year? 5a. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible for form 88617. 6b. St. Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions. 6c. B. Yes," or or or the state of the organization inority the donor of the value of the goods or services provided? 7b. If "Yes," indicate the number of Forms 8882 filed during the year. 7c. If the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c. If the organization curve and contribution of care, boots, and party as a contribution of care, boots and party as a contributio		(gambling) winnings to prize winners?	1c	X						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross nome of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest an, or a signature or other authority over, a financial account in a foreign country (such as a ben's ecount, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5c If "Yes," in the name of the foreign country. 5c If "Yes," to sens far you have the same of the foreign country. 5d Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," the ine Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," the ine Sar of 5b, did the organization file Form 88897. 5c If "Yes," the line Sar of 5b, did the organization file Form 88897. 5d If "Yes," the diste organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions under section 170(c). 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization necewer apy funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization exeewer any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization maintaining donor advised funds. Did above advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 5 Sponsoring organization have excess business holdings at any time during the year? 5 Section 501(c)(2) qualif		filed for the calendar year ending with or within the year covered by this return								
3a Det the organization have unreliated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-T for this year? If "No," to life 3b, provide an explication in Schedule O 4b A tarry 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 accounts (FBAR). 5c If "Yes," to lifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization have unrulal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions? 6c Deside the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive a psyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive a contribution of undersety, to pay premiums on a personal benefit contract? 7b Did the organization receive a contribution of undersety, to pay premiums on a personal benefit contract? 7c Did the organization receive a contribution of undersety, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of undersety, to pay premiums on a personal benefit contract? 7d Did the organization rece	b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X										
	С									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Form 990 (2014)

SECURITIES ASSOCIATION, INC.

51-0470980

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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	6		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	l	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u></u> .
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С				
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1		1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a	Х	L
b	Other officers or key employees of the organization	15b	↓	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b	1	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd fınar	ncial	
	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 books and records:		_	
	ALTERNATIVE AND DIRECT INVEST SEC - 317-663-4180			
	TUGUT NUKTO MEKTUTAN SUTTE ZUZ. INDPLS. IN 46ZYU			

ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION.

INC. 51-0470980

Form 990 (2014) 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization	n nor any related	orga	anıza	ation	COL	mpe	nsat	ed any current officer, of	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		ገ e than	опе	Reportable	Reportable	Estimated
	hours per					ıs bot or/trus		compensation	compensation	amount of
	week	 	1	I	I	I	l l	from	from related	other
	(list any hours for	Jirect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related) ie or (stee			sate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	truste	al trus) se	mper	1	(,,		and related
	below	Individual trustee or director	Institutional trustee	 	텵	est co	i i			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former	_	_	
(1) TOM VOEKLER	1.00									
PRESIDENT		X		Х				0.	0.	0
(2) MIKE BENDIX	1.00									
PRESIDENT-ELECT		X		Х				0.	0.	0.
(3) JOHN GRADY	1.00							_	_	
VICE PRESIDENT		X	L	Х				0.	0.	0.
(4) KEITH LAMPI	1.00	1								
SECRETARY		X		X			<u> </u>	0.	0.	0
(5) MARK KOSANKE	1.00	ļ								
IMMEDIATE PAST PRES/TREASURER		X	L	Х		_	$ldsymbol{ld}}}}}}$	0.	0.	0
(6) FRED BAERENZ	1.00	ļ								
DIRECTOR		X			_	_		0.	0.	0 .
(7) CATHERINE BOWMAN	1.00	ļ								
DIRECTOR	1	X				<u> </u>		0.	0.	0
(8) AUSTIN DUTTON	1.00	ļ					١		_	
DIRECTOR		X	<u> </u>		_	<u> </u>	ļ	0.	0.	0
(9) BARBARA HALPER	1.00	 	ļ						_	_
DIRECTOR	1	X	ļ	_		-	_	0.	0.	0
(10) PETER MAGNUSON	1.00	ļ								
DIRECTOR	1 2 2 2	Х	_	_	╙	igspace	_	0.	0.	0
(11) CORY NEUMILLER	1.00	١					İ			
DIRECTOR	1 00	X	\vdash	_	├	-	<u> </u>	0.	0.	0
(12) DEREK O'LEARY	1.00	١.,			İ					
DIRECTOR-AT-LARGE	1 00	X	<u> </u>	<u> </u>	_	_	<u> </u>	0.	0.	0
(13) DEREK PETERSON	1.00	١			1					_
DIRECTOR	1 00	X	↓	┞	┞		<u> </u>	0.	0.	0
(14) BRAD UPDIKE	1.00	١.,		1						<u> </u>
DIRECTOR	1 00	X	├	⊢	⊢	_	↓	0.	0.	0
(15) TODD VAN PELT	1.00	٠.,						_	_	
DIRECTOR	1 00	X	├	\vdash	\vdash	\vdash		0.	0.	0
(16) DARRYL STEINHAUSE	1.00	٠,								
LEGAL COUNSEL	40.00	X	 	\vdash	╀	+	-	0.	0.	0
(17) JOHN HARRISON	40.00	1		.				160 500		22 250
EXECUTIVE DIRECTOR/CEO		1	<u> </u>	X	L.		<u></u>	168,580.	0.	22,350 Form 990 (2014

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Form 990 (2014) SECURITI	ES ASSO	CIA	AT]	101	١,	II.	1C	•	51-04	70	980	_ Pa	age 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)			() Pos	C) Ition			(D)	•			(F)		
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	,		mate		
	week		, unless person is both an cer and a director/trustee)			from	from related	'	amount of other					
	(list any	ector					ŀ	the	organizations		comp	ensa	tion	
	hours for related	Individual trustee or director	, 8			ated		organization	(W-2/1099-MIS	C)		m the		
	organizations	rustee	l trusti		8	Suadu		(W-2/1099-MISC)			-	nızatı relate		
	below	dual t	Institutional trustee	<u>_</u>	Key employee	stcor	5				organ			
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former					_		
		_			_	$ldsymbol{f eta}$								
		Ì					l							
		<u> </u>		_		┢	_							
		1												
		<u> </u>	-			\vdash	-							
		1												
		L	L_			$oxed{oxed}$								
		_	L	<u> </u>										
		ł												
		-		-	-	┢	-							
		l												
			_			\vdash				1				
				,										
1b Sub-total							>	168,580.		0.	22	, 3	50.	
c Total from continuation sheets to Part V	II, Section A						▶	0.		0.		_	0.	
d Total (add lines 1b and 1c)							<u> </u>	168,580.		0.	22	, 3.	50.	
2 Total number of individuals (including but i	not limited to th	ose	liste	ed a	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	е			1	
compensation from the organization												/es	No	
3 Did the organization list any former officer	director or tri	ister	e ke	V er	mnic	WAA	or	highest compensated e	mnlovee on	Γ				
line 1a? If "Yes," complete Schedule J for s	•		o, ite	,, c.	p.c	,,	, 0.	riigiloot oompondated d	mpleyee on		3	ľ	X ´	
4 For any individual listed on line 1a, is the s			omp	ensa	atior	n and	d otl	her compensation from	the organization	Ì				
and related organizations greater than \$15	0,000? If "Yes,	° co	mple	ete S	Sche	edule	e J f	for such individual	-	Į	4	x		
5 Did any person listed on line 1a receive or	•				•		elat	ed organization or indiv	idual for services				,	
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son					5		_X_	
Section B. Independent Contractors									4400.000					
Complete this table for your five highest co the organization. Report compensation for										pens	ation fro	om		
(A)	trie Caleridar y	ear	enui	ng v	VILII	OI W	1010	(B)	уеаг.		(C)			
Name and business	address	NO	INC	Ξ				Description of s	services	С	ompen		n	
					-		T			-				
							Ţ						_	
							\dashv							
									l					
	<u> </u>						\dashv		- -					

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014) SECURIT:
Part VIII | Statement of Revenue

SECURITIES ASSOCIATION, INC.

		Check if Schedule O contains a	response	or note to any lir	ne in this Part VIII			
		Ondon's Goriodic Communication		<u></u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts İts	1 :	a Federated campaigns	1a					
ran		b Membership dues	1b					
اغ ق		c Fundraising events	1c	- ·				
i its		d Related organizations	1d					
aj,		e Government grants (contributions)	1e			:		
Sign		f All other contributions, gifts, grants, and						
ž ja		similar amounts not included above	1f					
걸								
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f \$h Total. Add lines 1a-1f						
<u> </u>		II Iotal: Add lines 1a-11		Business Code				
	2	a ANNUAL CONFERENCE/	SYMP		2,008,458.	2.008.458		
ķ		b MEMBERSHIP DUES &		541900	390,907.			
Ser		c RECOVERED BAD DEBT		900099	40,505.			
E S		d MISCELLANEOUS		900099	200.	200.	_	
Program Service Revenue		е						
F.		f All other program service revenue			-			
		g Total. Add lines 2a-2f			2,440,070.			
_	3	Investment income (including divide	nde inter					
	3	other similar amounts)	nus, mier	cst, and	603.			603.
	4	Income from investment of tax-exen	not bond i	rocoods				
	5	Royalties	ipt bond p	Droceeus -				
	3	·	Real	(ii) Personal				
		-) neai	(ii) Personai				
		a Gross rents		+				
		b Less. rental expenses		 				
		Rental income or (loss) d Net rental income or (loss)			ł			
			oourition.	(v) Othor			<u>-</u>	
	•		ecurities	(II) Other				
		assets other than inventory						
		b Less cost or other basis		8,086.				
		and sales expenses		-8,086.				
		c Gain or (loss)		0,000.	-8,086.			-8,086.
		d Net gain or (loss)	.t. /t	<u> </u>	0,000.			0,000.
ine.	8	a Gross income from fundraising ever		1				
Other Reven		including \$	of	•				
Re		contributions reported on line 1c). S						
her		Part IV, line 18	а					
ŏ		b Less. direct expensesc Net income or (loss) from fundraisin	b o overte					1
			_					
	9	a Gross income from gaming activities						
		Part IV, line 19	a		1			
		b Less: direct expenses	b		1			
		c Net income or (loss) from gaming ac		<u> </u>		-		+
	יטו	a Gross sales of inventory, less return						
		and allowances	а		1			
	i	b Less: cost of goods sold	b	·	1			
	-	c Net income or (loss) from sales of in	ventory	<u> </u>	 			
į	44	Miscellaneous Revenue		Business Code	1			
	11			-				
		ь						
	1	C						
		d All other revenue						
		e Total. Add lines 11a-11d			2 422 507	2,440,070.	0.	-7,483.
43200	12 9	Total revenue See instructions.			<u>,432,36/.</u>	<u> </u> 2,440,0/0•	<u> </u>	
43200 11-07	- 14							Form 990 (2014)

Form 990 (2014)

Part IX | Statement of Functional Expenses

ect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A)	
_		(A)	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скрепаса	general expenses	СХРСПОСО
•	and domestic governments. See Part IV, line 21			İ	
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	168,580.			
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	287,656.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,002.			
10	Payroll taxes	32,778.			
11	Fees for services (non-employees):				
а	Management	44 400		ļ l	
b	5	11,193.			
С	Š	28,949.			
d	, ,				
e	ı ı				
f	/// 44	-			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	73.			
12	Advertising and promotion	125,034.			
13	Office expenses	142,630.			
14	Information technology	19,926.			
15	Royalties				
16	Occupancy	49,413.			
17	Travel	60,040.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,002,757.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,865.			
23	Insurance	11,025.			
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)	61 621			
a	ODEDIM OLDS DEED	61,631. 39,819.		 	
b	DDOBBOOTONAL DEVELOPMEN	18,611.			
C	COMPAGE TAROR	6,630.		-	
d		11,936.			
	All other expenses	2,155,548.			
<u>25</u> 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				

Form 990 (2014)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	253,692.	1	0.
	2	Savings and temporary cash investments	428,082.	2	1,379,207.
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net	252,416.	4	16,042.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ś		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	100,351.	9	59,796.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 81, 255			
	Ь	Less accumulated depreciation 10b 62,045	46,790.	10c	19,210.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,061.	15	4,061. 1,478,316.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,085,392.	16	1,478,316.
	17	Accounts payable and accrued expenses	18,062.	17	24,143.
	18	Grants payable		18_	
	19	Deferred revenue	140,879.	19	246,667.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ę		key employees, highest compensated employees, and disqualified persons.	1		
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	2,157.		6 172
		Schedule D	161,098.	25	6,173. 276,983.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶	101,090.	26	270,303.
	ļ	, , ,			
ces		complete lines 27 through 29, and lines 33 and 34.	924,294.	27	1,201,333.
an	27	Unrestricted net assets	724,274.	28	1,201,333.
Ba	28	Temporarily restricted net assets		29	
ဋ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		• •			
S	20	and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	-	32	
Se	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	924,294.	33	1,201,333.
		Total liabilities and net assets/fund balances	1,085,392.		1,478,316.
	34	rotal liabilities and het assets/fund baidiffes	2,000,002.	, , , ,	5 990 (004.4)

51-0470980 SECURITIES ASSOCIATION, Page **12** Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,432,587. Total revenue (must equal Part VIII, column (A), line 12) 2,155,548. 2 Total expenses (must equal Part IX, column (A), line 25) 2 277,039 3 Revenue less expenses. Subtract line 2 from line 1 3 924,294 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 1,201,333. 10 column (B)) Part XII Financial Statements and Reporting $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 in Schedule O X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

Both consolidated and separate basis

X

X

2c

За

consolidated basis, or both X Separate basis

Act and OMB Circular A-133?

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
	ne of organization ALTERNA	TIVE AND DIRECT I	NVESTMENT	Em	ployer identification number
	SECURIT	IES ASSOCIATION,	INC.		51-0470980
Pa	art I-A Complete if the org	janization is exempt unde	r section 501(c) o	or is a section 527	organization.
3	Provide a description of the organiz Political expenditures Volunteer hours		. •	•	\$
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax	, ,			\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	•	\$
	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
	Was a correction made?				L_ Yes
_	of If "Yes," describe in Part IV.	anization is exempt unde	rocation E01/a	overet section FO	4/5\/2\
	· · · · · · · · · · · · · · · · · · ·	ganization is exempt unde			
	Enter the amount directly expended		•		\$
2	Enter the amount of the filing organ	lization's funds contributed to other	er organizations for sec	_	•
_	exempt function activities		. E 4400 DOI		\$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	a on Form 1120-POL,	_	
	line 17b	4400 DOL ()			\$Yes No
	Did the filing organization file Form			*!!	
5	Enter the names, addresses and er made payments. For each organiza			•	• •
	contributions received that were pr	•	* *		•
	political action committee (PAC). If	• •		•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(d) Name	(b) Address	(0) 2.11	filing organization's	contributions received and
				funds. If none, enter -(
					delivered to a separate political organization
					If none, enter -0
				_	

Schedule C (Form 990 or 990-EZ) 2014	SECURITIES	ASSOCIATION	, INC.	51-(1470980 Page 2
Part II-A Complete if the org	janization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5/68 (c	election under
section 501(h)).		 			
	=		Part IV each affiliated	group member's nar	ne, address, EIN,
	re of excess lobbying	•			
B Check ► if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		T # 3 4 # 1
	ts on Lobbying Expe ditures" means amo	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	ience public opinion	(grass roots lobbying)		-	
b Total lobbying expenditures to infli	•				
c Total lobbying expenditures (add li	•	ay (an oot lood) ing,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure		d)			
f Lobbying nontaxable amount. Enter	,	•	h columns.		
If the amount on line 1e, column (a) of		bying nontaxable am			
Not over \$500,000		the amount on line 1e			1
Over \$500,000 but not over \$1,000		00 plus 15% of the exc		i	
Over \$1,000,000 but not over \$1,5	ĺ	00 plus 10% of the exc	,		
Over \$1,500,000 but not over \$17.		00 plus 5% of the exce		!	
Over \$17,000,000	\$1,000				
	•				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h or	line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under			
(Some organizations t				of the five columns l	below.
		ate instructions for li			
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
		I			1

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

51-0470980 Page 3

Schedule C (Form 990 or 990-EZ) 2014 SECURITIES ASSOCIATION, INC. 51-047098

[Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?				<u> </u>	
	Publications, or published or broadcast statements?					
T	Grants to other organizations for lobbying purposes?				-	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			 		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total Add lines 1c through 1i	 -				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	 				
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/-1/		-4'		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1_1_		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," OR	(b) Par			
1	Dues, assessments and similar amounts from members		1	390	907.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a), 4 25.	
	Carryover from last year		2b		1,038.	
С	Total		2c		L,463.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	19	7,545.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4	81	L,918.	
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pai	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds	ıp lıst); Part II-	A, lines 1	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
				•		
					-	
				-		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION, INC.

Employer identification number 51-0470980

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		\Box , \Box .
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about control 170/b/(4)/P/w/2	ove satisfy the requirements of section 170(f))	4)(D)(I)
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	tion eacements in its revenue and evnence st	
3	include, if applicable, the text of the footnote to the organization	· ·	·
	conservation easements.	adori 3 ilifariciai statements triat describes trie	organization's accounting to
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures, or Other	er Similar Assets.
_	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	•	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS		
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part Y		

Schedule D (Form 990) 2014 SECURITIES ASSOCIATION, INC.

51-0470980 Page 2

Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	<u>ical Tr</u>	easures, o	r Other	<u>Simila</u>	<u>r Asse</u>	ts (continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the	following that	t are a sigr	nificant u	se of its	collection	rtems	
	(check all that apply):										
а	Public exhibition	d	Loa	an or exc	hange progra	ms					
b	Scholarly research	е	☐ Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ilections and explain	how they	further t	he organizatio	on's exemp	ot purpos	se in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, histo	rıcal trea	sures, or othe	er sımılar a	ssets		_		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organiza	ation's co	ollection?				Yes	No_	
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	-	te if the or	ganızatıo	n answered "	Yes" to Fo	orm 990,	Part IV, I	ne 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for co	ntribution	s or other as:	sets not in	cluded		_		
	on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing tab	le.							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for esc	row or ci	ustodial acco	unt liability	?		Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation I	nas been	provided in F	Part XIII					
Pa	t V Endowment Funds. Complete	the organization ans	swered "Ye	es" to Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) Prio	r year_	(c) Two year	s back (d	Three ye	ars back	(e) Four y	ears back	
1a	Beginning of year balance										
b	b Contributions										
С	c Net investment earnings, gains, and losses										
d	d Grants or scholarships										
е	e Other expenditures for facilities										
	and programs										
f											
g	End of year balance							, and the second			
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a	a)) held as:			_			
а											
b											
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that a	re held a	ind administe	red for the	organiza	ation	_		
	by.								Y	es No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Scheduk	e R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment fun	ds.							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, III	ne 11a. S	ee Form 990,	, Part X, lın	e 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Acc	umulated	a 🗀	(d) Book	value	
		basis (investm	nent)	basıs	(other)	depre	eciation	L_			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				7,763.		23,63			,125.	
е	Other			4	3,492.		38,40	7.		,085.	
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part 3	X. column	(B), line 1	10c)				19	,210.	

Schedule D (Form 990) 2014 SECURITIES ASSOCIATION, INC.

Part VII Investments - Other Securities.

51-0470980 Page 3

Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value			l-of-year market value
(1) Financial derivatives			· 	
(2) Closely-held equity interests				
(3) Other				<u></u>
(A)				
(B)				
(C)			·	
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		•	•	
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 P	art X. line 13	
(a) Description of investment	(b) Book value			I-of-year market value
	(.,,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		 		
(3)		-		· · · · ·
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, F	art X, line 15.	· · · · · · · · · · · · · · · · · · ·
(a)	Description			(b) Book value
(1)				. <u>.</u>
(2)				. <u> </u>
(3)				
(4)				
(5)				
(6)				
(7)				•
(8)				
(9)	-			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)	· · · -	•	·
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990 Part IV line	11e or 11f See Form	990 Part X line 25	
(a) Danamakan at babilita		(b) Book value	000,1 410 71, 1110 20	
		(2) 2001. 14.40		
(1) Federal income taxes (2) DEFERRED RENT		6,173.		
		0,1/3.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	6,173.		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's fi	nancial statements	that reports the

Schedule D (Form 990) 2014 SECURITIES ASSOCIATION, INC. 51-0470980 Page 4

Parl	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn) .
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total r	revenue, gains, and other support per audited financial statements		1	2,440,673.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		_
е	Add lır	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	2,440,673.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b	Other	(Describe in Part XIII)	4b -8,086.		
С	Add lır	nes 4a and 4b		4c	-8,086.
5	Total r	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,432,587.
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	rn.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total e	expenses and losses per audited financial statements		1	2,163,634.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	red services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
C	Other	losses	2c		
ď	Other	(Describe in Part XIII.)	2d 8,086.		
		nes 2a through 2d		2e	8,086.
		act line 2e from line 1		3	8,086. 2,155,548.
		nts included on Form 990, Part IX, line 25, but not on line 1.			
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	4b		
		nes 4a and 4b	70	4c	0.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,155,548.
		Supplemental Information.		<u> </u>	2/200/0200
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	IV lines 1h and 2h Part V line	1 Part	Y line 2 Part YI
		the standard of Fart II, lines 3, 3, and 3, Fart III, lines 1a and 4, Fart III, lines 1a and 4, Fart III, lines 2d and 4b. Also complete this part to provide any additional forms of the standard of the stan		+, rait	A, IIIIe Z, Fait Ai,
111165 2	zu anu	1 4D, and Part XII, lines 20 and 4D Also complete this part to provide any addi	tional information.		
			·		
PAR	тх	, LINE 2:			
		, ======			
THE	AS	SOCIATION FILES ANNUAL RETURNS IN THE V	J.S. FEDERAL AND	IN	DIANA
_					
JUR	ISD	ICTIONS. CURRENTLY THE THREE PRIOR TAX	YEARS ARE OPEN	AND	SUBJECT TO
EXA	MIN	ATION BY THE INTERNAL REVENUE SERVICE	AND THE INDIANA	DEP	ARTMENT OF
REV	ENU	E. HOWEVER, THE ASSOCIATION IS NOT CURI	RENTLY UNDER AUD	IT I	NOR HAS IT
חחם	A	CAMBA DI MILEGE TIERTARIAMIANA DAGE	ON MUE EVALUAME	ONT /	OB
BEE	in C	ONTACTED BY THESE JURISDICTIONS. BASED	ON THE EVALUATI	ON (OF THE
ΔCC	יחפד	ATION'S TAX POSITIONS, MANAGEMENT BELI	EVES ALL STONTET	ר א אזי	T POSTTIONS
ADD	,OC1.	ATION B TAX POSTITIONS, MANAGEMENT BEST	TARD TONILI	CAN.	I FOBILIONS
ТАК	EN	WOULD BE UPHELD UNDER AN EXAMINATION.			
		WOOD DE CHALLE CHEEK IN LINE LINE LONG			
			•		
PAR	T X	I, LINE 4B - OTHER ADJUSTMENTS:			
LOS	S O	N DISPOSAL OF ASSETS			-8,086.

ALTERNATIVE AND DIRECT INVESTMENT 51-0470980 Page 5 SECURITIES ASSOCIATION, INC. Schedule D (Form 990) 2014 Part XIII | Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: 8,086. LOSS ON DISPOSAL OF ASSETS

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

ALTERNATIVE AND DIRECT INVESTMENT Empl
SECURITIES ASSOCIATION, INC. 5

Employer identification number 51-0470980

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization.			
а		4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The state of the state persons and provide the applicable anicality for each item.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
þ	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
þ	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

51-0470980

INC. SECURITIES ASSOCIATION,

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not 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-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred in prior Form 990
(1) JOHN HARRISON	Ξ	168,580.		0.	8,461.	13,889.	190,930.	0
EXECUTIVE DIRECTOR/CEO	(III	0	0	0.	• 0	0	0	0.
	(i)							
	[(II)							
	(i)							
	(11)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	l (III)							
	(i)							
	⊞							
	Ξ							
	<u> </u>							
	Ξ							
	<u> </u>							
	Θ							
	(1)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	(ii)							
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	⊞							
	Ξ							
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Schedule J (Form 990) 2014

ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION, INC.

Page 3 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. 51-0470980 Schedule J (Form 990) 2014

Part III | Supplemental Information

SCHEDULE 0

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

OMB No 1545-0047

Name of the organization

ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION,

Employer identification number 51-0470980

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROFESSIONALS WHO OFFER AND DISTRIBUTE ALL FORMS OF REAL ESTATE
INVESTMENT SECURITIES.
FORM 990, PART VI, SECTION A, LINE 6:
LINE 6 EXPLANATION - MEMBERS ARE PROFESSIONALS WHO OFFER AND MANAGE PRIVATE
PLACEMENTS, DIRECT PARTICIPATION PROGRAMS AND ALTERNATIVE INVESTMENTS.
FORM 990, PART VI, SECTION A, LINE 7A:
LINE 7A EXPLANATION - THERE IS AN ELECTRONIC VOTING SYSTEM IN PLACE THAT
MEMBERS USE TO ELECT BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:
LINE 11A EXPLANATION - THE EXECUTIVE DIRECTOR OF REAL ESTATE INVESTMENT
SECURITIES ASSOCIATION, INC. (REISA) SHALL ENSURE THAT TAX PAYMENTS AND
OTHER GOVERNMENT-REGULATED PAYMENT OR FILINGS REQUIRED BY REISA ARE FILED
IN A TIMELY AND ACCURATE MANNER. THE TREASURER WILL REVIEW THE 990
ELECTRONICALLY PRIOR TO BEING MAILED.
FORM 990, PART VI, SECTION B, LINE 12C:
REAL ESTATE INVESTMENT SECURITIES ASSOCIATION, INC. REQUIRES ALL BOARD
MEMBERS TO SIGN AN ANNUAL DECLARATION OF ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
REISA'S EXECUTIVE COMMITTEE IS RESPONSIBLE FOR DETERMINING THE COMPENSATION

OF THE EXECUTIVE DIRECTOR. A REVIEW OF THE EXECUTIVE DIRECTOR IS PERFOMRED

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION, INC.	Employer identification number 51-0470980
BECORTITED ASSOCIATION, INC.	J1-0470300
BY THE INCOMING AND OUTGOING PRESIDENTS. EXECUTIVE DIREC	TOR SALARIES IN
COMPARABLE POSITIONS THROUGHOUT THE MIDWEST ARE ALSO CONS	IDERED. A
RECOMMENDATION OF ANY PAY RAISE IS PRESENTED TO THE EXECU	TIVE COMMITTEE FOR
APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104 (D) OF T	HE INTERNAL
REVENUE CODE AND THE REGULATIONS THEREUNDER, COPIES OF TH	E IRS FORM 990 OF
REISA SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY	MANNER, AND
SUBJECT TO THE CHARGES PERMITTED BY LAW TO ANY INDIVIDUAL	S WHO REQUEST IT.
OTHER GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS SHALL	BE MADE AVAILABLE
FOR REVIEW BY APPOINTMENT WITH THE EXECUTIVE DIRECTOR.	
FORM 990, PART XII, LINE 2C: THE OVERSIGHT PROCESS AND THE SELECTION PROCESS DID NOT C	HANGE DURING
THE TAX YEAR.	

4562

Depreciation and Amortization (Including Information on Listed Property)

990

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

ALTERNATIVE AND DIRECT SECURITIES ASSOCIATION		ENT	FOR	M 990	PAGE 10		51-0470980
Part I Election To Expense Certain Property		9 Note: If you				t V before y	ou complete Part I.
Maximum amount (see instructions)		•				1	500,000.
2 Total cost of section 179 property placed	d in service (see	instructions)				2	
3 Threshold cost of section 179 property b		•				3	2,000,000.
4 Reduction in limitation Subtract line 3 fro			-0-			4	
5 Dollar limitation for tax year Subtract line 4 from line 1		·		e instructions		5	
6 (a) Description of prop			(b) Cost (busin		(c) Elect	ed cost	
	-						
7 Listed property Enter the amount from li	ne 20			7	•		
8 Total elected cost of section 179 propert		in column (c)	lines 6 and			8	
9 Tentative deduction. Enter the smaller of	-	in column (c),	illes o anu	1		9	
		110 Farm 4560				10	
10 Carryover of disallowed deduction from I	•			\ l E		<u> </u>	
11 Business income limitation. Enter the sm		•		•		11	
12 Section 179 expense deduction. Add line	•					12	
13 Carryover of disallowed deduction to 20 Note: Do not use Part II or Part III below for I				▶ 13			l
TA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		 				1	Ι
14 Special depreciation allowance for qualif	iea property (otn	ier than listed (property) pi	aced in servi	ce auring		
the tax year						14	
15 Property subject to section 168(f)(1) elec	tion					15	
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not			4			16	
Part III MACRS Depreciation (Do not	include listed pr		ion A	.)			
47 MARCO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·					1 47	22,559.
17 MACRS deductions for assets placed in	•					17_	42,333.
18 If you are electing to group any assets placed in service							
Section B - Assets F	(b) Month and	(c) Basis for de			1	Tation Syst	em I
(a) Classification of property	year placed in service	(business/inve only - see ins	stment use structions)	(d) Recover	(e) Conventio		(g) Depreciation deduction
19a 3-year property			3,669 .		MM	S/L	306.
b 5-year property							
c 7-year property							_
d 10-year property							
e 15-year property							
f 20-year property	[
g 25-year property				25 yrs.		S/L	
h Davidantal matel annual	/			27.5 yrs.	MM	S/L	
h Residential rental property	/			27.5 yrs.	. ММ	S/L	
	/			39 yrs.	ММ	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets Pla	aced in Service	During 2014	Гах Year U	sing the Alte	ernative Depre	eciation Sy	stem
20a Class life			•			S/L	
b 12-year				12 yrs.		S/L	
c 40-year	/			40 yrs.	MM	S/L	
Part IV Summary (See instructions.)							
21 Listed property. Enter amount from line 2	28					21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20 II	n column (a), and line 21	ı .		
Enter here and on the appropriate lines of						22	22,865.
23 For assets shown above and placed in s							

23

portion of the basis attributable to section 263A costs

ALTERNATIVE AND DIRECT INVESTMENT SECURITIES ASSOCIATION INC.

Form 4562 (2014)

SECURITIES ASSOCIATION, INC.

51-0470980 Page 2

	recreation, or a Note: For any w through (c) of S	imusement.) vehicle for wi Section A, all	hich you are u of Section B,	sing the and Sec	standare tion C if	d mileag applical	e rate or ble	dedu	cting lease	e expense	e, comp	^{lete} only	24a, 24		
			on and Other						ĭ					T., T	T
<u>24a</u>	Do you have evidence to s	•		ent use cla	aimedy	<u> </u>	es L	J No	+					」Yes ∟	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) Cost or her basis	- hus	(e) is for depre siness/inve use only	stment	(f) Recovery period	(g Meth Conve	nod/	Depre	h) ciation iction	Elec sectio	(i) cted n 179 est
2 5	Special depreciation alloused more than 50% in			property	placed	ın servic	ce during	the t	ax year an	d	25				-
	Property used more than			966 1169.							1 25				
20	Property used more tha	1 30/0 11 4 0				- 1		-	l	l					
_			-	%		-									
_			! 	%											
	Dung and control 500/ and			<u>%</u>						<u> </u>		<u> </u>		L	
27	Property used 50% or le	ess in a quai						-	I	100		1			
_				%					<u> </u>	S/L·		-			
_	· · · · · · · · · · · · · · · · · · ·			%					 	S/L·				1	
_		<u> </u>		%					l	S/L -	T			ł	
	Add amounts in column	• • •	•				, page 1				28	l	1		
<u>29</u>	Add amounts in column	(ı), line 26. E					on Use						29	L	
	mplete this section for verous employees, first ans					u meet a	an excep		o completi	ng this se	ection f	or those	vehicles	s.	
					a)	1	b)	Ι.	(c)	(d	-		e)	(1	
30	Total business/investment		luring the	Ver	nicle	Ver	hicle	<u> </u>	Vehicle	Vehi	cie	Ver	ncle	Veh	icie
	year (do not include com			<u> </u>						-				ļ	
31	Total commuting miles of	driven during	the year					ļ				ļ			
32 Total other personal (noncommuting) miles driven															
33 Total miles driven during the year.											ŀ				
	Add lines 30 through 32	2		1											
34	Was the vehicle availab	le for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rımarıly by a	more												
	than 5% owner or relate			ł	1										
36	Is another vehicle availa	able for perso	onal												
	use?	•											ŀ		
	swer these questions to ners or related persons.		- Questions										re not n	nore thar	1 5%
_	Do you maintain a writte	an nolicy sta	tement that o	rohibite :	all nerso	nal use i	of vehicle	es inc	cluding coi	mmitina	hy you	ır		Yes	No
Ji	employees?	on policy sta	tomont that p	JIIIJIIJ (*" hoiso	436 (C. VC(1101	JU, 1110	J.GGIIIG COI	uaang,	., you	•		1.03	†
30	Do you maintain a writte	en nolicy etc	tement that n	rohihite i	nereonal	use of	vehicles	exce	nt commun	tina by v	our				
50	employees? See the ins		•	-											
30	Do you treat all use of v							, 0, 17		31013					†
	Do you provide more th	=				ınforma	tion from	VOLIE	amployee	e about					+
40	the use of the vehicles,		-			iiiiOiiiia	tion iron	i youi	employee	3 about					
	•						ntion ilo	.o							+
41	Do you meet the require								oovorod v	ahiolog					
Б	Note: If your answer to	37, 38, 39, 4	10, 01 4 1 IS TE	s, don	ot comp	iele Sec	LIOITE	ii iiie	COVERED VE	enicies	_				_
	art VI Amortization (a)			(b)	T	(c)			(d)	1	(e)			(f)	
	Description o	of costs	Date	amortization begins		Amortizal amoun	ble t		Code section		Amortiza enod or pe	ntion	A f	mortization or this year	
42	Amortization of costs th	nat begins di	uring your 201	4 tax ye	ar:										
											_				
43	Amortization of costs th	nat began be	fore your 201	4 tax yea	ar							43			
<u>44</u>	Total. Add amounts in	column (f). S	ee the instruc	tions for	where t	o report						44			

"State of Delaware Secretary of State Division of Corporations Delivered 11:00 AM 11/20/2014 FILED 11:00 AM 11/20/2014 SRV 141440681 - 3669158 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT (A CORPORATION WITHOUT CAPTAL STOCK)

The corporation. Real Estate Investment Securities Association. Inc. organized and existing under the laws of the State of Delaware, hereby certifies as follows:

(1) That, at a meeting, a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows:

Article I is amended by striking the text of Article I and inserting the following text in lieu thereof, so that, as amended, the text of Article I shall read as follows:

The name of the corporation is Alternative and Direct Investment Securities Association. Inc.

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

Authorized Office

Name: John Patterrison -

Print of Type

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

		with the state of	J 22	med dediction to at www.iis.gov/ioini	10000 -		
If you ar	e filing for an Aut	omatic 3-Month Extension, complet	te only Pa	rt I and check this box			▶ [X]
		litional (Not Automatic) 3-Month Ex					
Do not con	nplete Part II unle	ss you have already been granted a	ın automa	itic 3-month extension on a previous	ly filed For	m 8868.	
Electronic	filing _(e-file) . Yo	u can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a	corporation
		or an additional (not automatic) 3-mor					
of time to f	ile any of the forn	ns listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 3	Transfers A	ssociated Wr	th Certain
Personal B	enefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of	this form,
visit <u>www.i</u>	rs.gov/efile and c	lick on e-file for Charities & Nonprofits	<u> </u>				
Partl	Automatic	c 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corporat	on required to file	Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		
Part I only						-	. ▶ 📖
All other co	orporations (includ	ding 1120-C filers), partnerships, REM	iCs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
to file ıncoı	me tax returns.				Enter file	r's identifying	number
Гуре or	Name of exemp		Employer identification number (EIN) or				
orint	ALTERNAT	NT					
	SECURITIES ASSOCIATION, INC.				51-0470980		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
iling your	10401 NORTH MERIDIAN SUITE 202					-	
eturn See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
1		OLIS, IN 46290	_				
							
Enter the F	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 1
			•				
Application			Return	Application			Return
s For			Code	is For			Code
Form 990 or Form 990-EZ			01	Form 990-T (corporation) 0			07
Form 990-BL			02	Form 1041-A 0			08
Form 4720 (individual)			03	Form 4720 (other than individual) 09			
Form 990-PF			04	Form 5227 10			
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069 11			
Form 990-T (trust other than above)			06	Form 8870 12			12
	(ALTERNATIVE AND					
• The boo	oks are in the care	of > 10401 NORTH MER			LS, I	N 46290	
Telepho	ne No. ► 317	-663-4180		Fax No. ▶ 317-815-08	71		
			in the Un				
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 							
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension							
	the organization						
	calendar year						
	tax year beginning , and ending						
	tax year begin		, w.			-	
2 If the	, ´	in line 1 is for less than 12 months, cl	heck reas	on: Initial return	Final retur	า	
	Change in acco				- 		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,				pubs, enter the tentative tax, less any		•	0.
nonrefundable credits. See instructions.						\$	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					_	٥
	stimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	<u> </u>	0.
	alance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						^
		tronic Federal Tax Payment System).			3c	\$	0.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							