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1564NGE OF ACCOUNTING PERIOD

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009 @pm@public

			The organization may have to use a copy of this return to satisfy state			Inspection		
<u>A</u>	For the 200	9 calendar y	ear, or tax year beginning $07/01/09$, and ending $12/31/09$)				
В (Check if applicat	ole. Please	C Name of organization		D Employ	er identification number		
Π.	Address change	use IRS	SIGMA ALPHA IOTA PHILANTHROPIES, IN	IC I	, ,			
\equiv	_	label or	Doing Business As	· · · · · · · · · · · · · · · · · · ·	23_5	7391912		
'ש	Name change	print or		December 1				
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho			
一.	Termination	Specific	1 TUNNEL ROAD		828-	<u>-251-0606</u>		
닏	Terrimacon	Instruc-	City or town, state or country, and ZIP + 4	L	G Gross receip	ts\$ 272,468		
\bigsqcup	Amended return	tions.	ASHEVILLE NC 28805-1229					
\Box	Application pend	_{lino} F Nam	e and address of principal officer		H(a) Is this a	group return for		
	· + p. · · · · · · · · · · · · · · · ·		TH SIEBER JOHNSON	ĺ	affiliates	Yes X No		
			TUNNEL ROAD	-	H(b) Are all a included	ffiliates 🗂 🗂		
			HEVILLE NC 28805	İ				
_	Tay ayamat				II NO, a	attach a list. (see instructions)		
	Tax-exempt:							
	Website:		SAI-NATIONAL.ORG			xemption number		
	Type of organiz			ear of formation $ 1 $	975 N	M State of legal domicile NC		
P.P.	art I	Summa	<u>ry</u>					
	1 Briefl	ly describe t	he organization's mission or most significant activities:					
a)	AI	OVANCE 2	ALL PHASES OF MUSIC AND TO RAISE STANDARDS OF					
ĕ		JSIC.						
Ē								
Š	2 Chos	uk thia hay N	if the expenientian depositioned its enceptions or deposed of more than OF	0/ -5.44	-4-			
Activities & Governance			if the organization discontinued its operations or disposed of more than 25	% of its net ass	1 1	-		
•ర	I	-	members of the governing body (Part VI, line 1a)		3	7		
ies			endent voting members of the governing body (Part VI, line 1b)		4	7		
₹	5 Total	number of	employees (Part V, line 2a)		5	0		
ğ	6 Total	number of	volunteers (estimate if necessary)		6	450		
•	7a Total	gross unre	ated business revenue from Part VIII, column (C), line 12		7a			
	b Netu	inrelated bu	siness taxable income from Form 990, T, time 34 F OF IV (FF)		7b	0		
			RECEIVED	Prior Year		Current Year		
•	8 Conti	ributions an	d grants (Part VIII, line 1h)	162	,666	107,668		
Ž	1	ram service		, 933	18,000			
Revenue	1		revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d) AUG 3 1 2010		,561	-48,549		
2			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,862	270		
			add lines 8 through 11 (must equal Part VIII, column Att, live 12)	140	1,176	77,389		
			ar amounts paid (Part IX, column (A), lines 1–3)		<u>_</u> _			
	14 Bene	fits paid to	or for members (Part IX, column (A), line 4)					
S	15 Salar	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	12	,500			
Ľ	16a Profe	essional fund	draising fees (Part IX, column (A), line 11e)					
Expenses	b Total	fundraising	expenses (Part IX, column (D), line 25) ▶	ARL ARK	· 1888	AND MEL AND		
ω	17 Othe	r expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		,051	248,315		
	1		Add lines 13–17 (must equal Part IX, column (A), line 25)		,551	248,315		
			penses Subtract line 18 from line 12		, 375	-170,926		
58	70 1.010		periode Cabalact into 10 Holl line 12	Beginning of Curr		End of Year		
alets	20 Total	assets (Pa	rt X, line 16)	2,197		2,132,905		
Net Assets or Fund Balances	21 Total		Part X, line 26)		,661	545,065		
E G	22 Not a	-	nd balances Subtract line 21 from line 20		,864	1,587,840		
	artills.			1,020	, 004	1,307,040		
PO CP	al ration		re Block			·		
	ŀ	Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a netrue, correct, and complete Declaration of preparer (other than officer) is based on all infor	and statements, as	nd to the best	of my knowledge		
		, ,		mation of which p	I Parl	3 ~/12		
Sig			with Kieber Johnson		<u> </u>	X2/10		
He	re <u>⇔</u>	Signatu	re of officer		Date	/		
	501	RU	TH SIEBER JOHNSON EXECUT	rive dir	ECTOR			
	`~	Type or	print name and title					
	~	D '	Date	Check II		Preparer's identifying number		
Pai	iď	Preparer's signature		l self-		(see instructions)		
Pre	eparer's ⊢	3.9.10101C	08/24		T	P00454591		
	e Only	Firm's name		LLC	EIN ▶	<u> 56-2171567</u>		
	۱ ت	ıf self-emplo	yed), 48 PATTON AVE STE 400		Phone			
	ш	address, and	ASHEVILLE, NC 28801-3300		no 🕨	<u>828-259-9900</u>		
Мау	/ tto IRS dis	scuss this re	eturn with the preparer shown above? (see instructions)			X Yes No		
-			rwork Reduction Act Notice, see the separate instructions.			Form 990 (2099)		

		A PHILANTHROPIES, INC 2	3-/391912	Page 2
		rvice Accomplishments		
· ·	the organization's mission. LL PHASES OF 1	MUSIC AND TO RAISE STAN	DARDS OF	
<u> </u>				<u></u>
2 Did the organizathe prior Form 9		int program services during the year which we	re not listed on	Yes X No
If "Yes," describ	e these new services on Sc			
3 Did the organiza services?	ation cease conducting, or m	nake significant changes in how it conducts, a	ny program	Yes X No
If "Yes," describ	e these changes on Schedu	ule O.		
Section 501(c)(3	3) and 501(c)(4) organization	s for each of the organization's three largest properties and section 4947(a)(1) trusts are required to	o report the amount of grants and	
allocations to ot	hers, the total expenses, an	d revenue, if any, for each program service re	ported.	
		88,126 including grants of \$ AND GRANTS IN ORDER TO D GROWTH AMONG MUSICAL)
				·
) (Expenses \$ PAN PIPES WHI AMONG STUDEN	41,518 including grants of \$ ICH FACILITATED COMMUNI IS OF MUSIC.) (Revenue \$,
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•		
		·		
	services. (Describe ın Sched) (Davague d	,
(Expenses \$ 4e Total program	service expenses ▶	ncluding grants of \$ 129,644) (Revenue \$)
-3 p8	ренеев		··· ··	Form 990 (2009)

	n 990 (2009) SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912		P	age :
P	art IVI Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	Ь.
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	Ь—
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	١
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	├	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		ŀ	۱
	Schedule C, Part II	4	 	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	l _		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		—-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	١.		
_	complete Schedule D, Part I	6	╁	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١_	l	_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	╂	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ľ	\ v
_	complete Schedule D, Part III	8	\vdash	X
9	Did the organization report an amount in Part X, line 21; 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	١.	1	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		┝≏
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	1	├──
• •	VII, VIII, IX, or X as applicable	11	x	
_	▶ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	7		13.
•	Schedule D, Part VI.	134 -		
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	Æs.	300	12
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	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.			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		100	a a
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		(c)	Ľ.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		. 352	6
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		, ·	3
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			18
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			13
	Schedule D, Parts XI, XII, and XIII.	12	Х	
I2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	5037	· -	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance]
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	├	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a2	1	1	1

Form 990 (2009)

20

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	- The file of the dame of the			
24	Did the executively and the CF 000 of secular 1.1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		v
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u>X</u>
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		v
24a		23		<u>X</u>
44 a	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			
		24-		v
ь	24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
		24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
А	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	^		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<u>X</u> _
20				v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	_26		<u>X</u>
21				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	*	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		2	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	202	المحاصرة ا	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		- 1
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form		(2000)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				т—	
1-	Enter the number reported in Poy 2 of Form 1006. Applied Commence and Transmitted of			<u> </u>	Yes	No
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	13	*,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	 \.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep			<u> </u>	.] ;	×
·	gaming (gambling) winnings to prize winners?	701 tabi	•	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			7,63	7/3	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			1. C
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					, W.
	instructions)					, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?				_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		┷
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			1	
	account)?					X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	Bank				
	and Financial Accounts.			الكلامات المستعدد الم	3 25	سمقي سن قدم
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		<u>5a</u> 5b	+	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			30	+	+^
C	Prohibited Tax Shelter Transaction?	arung		5c	İ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		- 00		+
- Cu	organization solicit any contributions that were not tax deductible?	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				1
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					- Sa
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods		12 m		
	and services provided to the payor?			7a	\bot	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	\bot	↓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?		ı	7c	C.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pro-	ersona	al .	<u>~</u>	i Villa	
_	benefit contract?	40		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7 <u>f</u>	+	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79	+	+
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	, 43		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			- W.	* 70	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	stare E. A. Anna P. Allian	(/ a)
9	Sponsoring organizations maintaining donor advised funds.			, · - to i		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			96		
10	Section 501(c)(7) organizations. Enter:			\ <u>\</u>	Ž.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:		ı			92
a	Gross income from members or shareholders	11a	<u></u>			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا				#36.
40	amounts due or received from them.)	11b	<u>. </u>		_	أتمحالا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 :	Í	12	<u>. </u>	213
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		_1'	■ 50 € 3

Form 990 (2009) SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912 Page 6 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. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body b Enter the number of voting members that are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Х Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website |X| Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶ RUTH SIEBER JOHNSON

1 TUNNEL ROAD

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organizatio		nsat	e an			οπιο	er, d		/ E\	(F)		
(A) Name and Title	(B) Average	Pos	ition (C) k all t	lhat a	pply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
SUZANNE FLOYD							\vdash			1)		
DIRECTOR	5.00	X						ol	0	(
DARYLE GARDNER-BO		<u> </u>										
CHAIRMAN	5.00	X		Х				ol ol	0	(
KAREN KIMBALL												
VICE-CHAIR	5.00	Х		Х				l ol	0	(
KATE KIRKPATRICK		<u> </u>										
DIRECTOR	5.00	Х						ol	0	(
ELIZABETH NORDLIN												
NATL PRES	5.00	Х		Х		1		l ol	0	(
KIMBERLY S PHILII												
TREASURER	5.00	Х		Х				ol	0	(
AMY SAYLOR												
SECRETARY	5.00	X		Х				0	0	(
ARLENE JOSPE VERO	N											
CHAIRMAN	5.00	X		Х				0	0	(
							_					
			_									
	_	ļ										
										-		

Form 990 (2009)	SIGMA	ALPHA	IOTA	PHILANTHROPIES, IN	23-7391912

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	
_	(A) Name and Title	(B) Average hours per		_	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	·										
	·										
	· · · · · · · · · · · · · · · · · · ·										
	· · · · · · · · · · · · · · · · · · ·										
]									
			-						:		
1b	Total	J	L	<u> </u>	1	Щ.		•			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related of individual Did any person listed on line 1 services rendered to the organ	complete Schere 1a, is the sum rganizations great receive or acconization? If "Yes,	dule of re ater t	J for porta than comp	suci able \$150 bens	h ind com 0,00	lividu pens 0? If	ial satio "Ye: n an	on and other compensation s," complete Schedule J fo by unrelated organization fo	from r such	3 X 4 X 5 X
Sec 1	Complete this table for your five	ve highest comp	ensa	ted i	nder	pend	ent c	ontr	ractors that received more	than \$100,000 of	
	compensation from the organi Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
						_			<u> </u>		
					_			_			
	-										
2	Total number of independent	contractors (inclu	ıding	but	not	lımite	ed to	tho	se listed above) who receiv	ved	****
DAA	more than \$100,000 in compe	ensation from the	orga	aniza	ation	<u> </u>					Form 990 (2009)

-Form 990 (2009) SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912

Pa	Part VIII Statement of Revenue													
							(A) Total reven	ue	(B Relate exer funct rever	npt tion	(C) Unrelate busines revenue	s	exclud unde	(D) evenue ded from tax er sections 513, or 514
ts	1a	Federated can	npaigns	1a										
E	b	Membership d		1b								- 1		İ
BE'S	c	Fundraising ev		1c										ļ
ar a	d	Related organ		1d										ļ
S,	e	Government grants		1e										ļ
ron	f	All other contribution	` ′				2					1		6
t t		and similar amounts		1f		107,668								j
da	a	Noncash contributio	ns included in lines 1a-											
S E	h	Total. Add line				▶ 1	107	,668						
Program Service Revenue Contributions, gifts, grants						Busn. Code			ž					` `
ven	2a	RENT FRO	OM AFFILIATE	D ORG	ANIZA		18	,000		18,000				
Be	b													
ice	·													
Ser	d												_	
æ	е													
ogu	f	All other progr	am service reve	nue										
P	g	Total. Add line	es 2a-2f			>	18	,000	y					
	3	Investment inc	come (including	dividen	ds, intere	est, and								
		other similar amounts)					9	,169						9,169
	4	 Income from investment of tax-exempt bond pro Royalties 		roceeds 🕨										
	5													
			(ı) Real		(II) F	Personal	1. J. J. W.			,			,	Magne e
	6a	Gross Rents							<u> </u>		. `	* 4	,	
	þ	Less rental exps.					200		2,					
	С	Rental inc or (loss)											·	
	d 7a	Net rental inco										3000		
	'a	sales of assets	(i) Secunties		(ii)	Other	1863		\$ 4,	* 、		, ,	\$ 12	36 8 4
		other than inventory	137,	361			`**				>	3	3 7	
	ь				4*							<i>7</i> ;		
		basis & sales exps	195,		ļ		A 13		*		don t	w.	X	1
	С	Gain or (loss)	`	718	L				<u> </u>				<u> </u>	
	d	Net gain or (lo	•	. г		<u> </u>	-57	,718	_	57,718				
ne	ва		om fundraising eve	nts			·	-			·			1
en /		(not including \$.										- 1
Re			reported on line 1c)						~		46a 2. 1		ĘŞ	
Other Revenu		See Part IV, line		a									` *	
ठ		Less: direct ex	-	b[**************************************					
			(loss) from fund		events									1
	ya	See Part IV, line	om gaming activitie		-		.25	٧,			a/			A
	_			a b			ə - 1 🖟		`,			· 148	*	
		Less: direct ex	rpenses (loss) from gam		in ution		*	^		948y				***
			f inventory, less	iiiig aci	uviues					-				
	104	returns and all	•	а			Š						3 y	, .
	ь	Less: cost of g		Ъ			17	×60); }	*7	•	*		- 3
		_	(loss) from sale		/entory								····	
	Ť		ellaneous Revenue		3	Busn. Code					-			
	11a	MISCELLAN	EOUS					270						270
	b													
	С													
	d	All other reven	nue											
	е	Total. Add line	es 11a–11d			>		270						
	12	Total Revenue	e. See instruction	ns.		•	77	,389	_	39,718		0		9,439

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

			are not required to compl		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		_	,	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				***
•	organizations, and individuals outside the			• ,	5.0
	U.S. See Part IV, lines 15 and 16				1.14
4	Benefits paid to or for members			, ,	- A , A
- 5	·				**\$, \$}
J	Compensation of current officers, directors,				
^	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	7,250		7,250	
d	Lobbying			.,,===	
e	Professional fundraising services. See Part IV, line 17			, *.	
f	Investment management fees	5,243		5,243	
g	Other	37213		3/243	
12	Advertising and promotion				
3	Office expenses	1,490		1,490	
	·	1,490		1,430	
14	Information technology				
5	Royalties	0 127		0 127	
6	Occupancy	8,137		8,137	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 244		25.044	
9	Conferences, conventions, and meetings	37,941		37,941	
0	Interest	11,634		11,634	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,852		18,852	
3	Insurance	12,492		12,492	
			* / * /		
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	4		· · · · · · · · · · · · · · · · · · ·	
	and labeled miscellaneous may not exceed			` ` ` `	
	5% of total expenses shown on line 25 below.)	i 🐧 🗼 :			4 187
а	SCHOLARSHIPS & GRANTS	85,308	85,308		
ь	LITERACY	41,518			
c	BOARD OFFICER EXPENSE	8,702		8,702	
d	PROJECT EXPENSES	5,522		2,704	
u e	BOARD MEETINGS	4,226		4,226	
-	•	4,440		4,440	
f	All other expenses	240 215	120 644	110 (71	
5_	Total functional expenses. Add lines 1 through 24f	248,315	129,644	118,671	
6	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the			-	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation_				

Part	X Balance Sheet			(A)		(B)
				Beginning of year	. 1	End of year
1	Cash—non-interest bearing				1	
2	Savings and temporary cash investments			106,501	2	116,834
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			8,361	4	8,400
5	Receivables from current and former officers, directors,	trustees, kev		6,301	۶,	ŷ., ,
	employees, and highest compensated employees. Com		^			
	Schedule L			5		
6	Receivables from other disqualified persons (as defined	under section		*	«° ·	*,]
	4958(f)(1)) and persons described in section 4958(c)(3)(** '		, ; * ;
	Part II of Schedule L		6			
Assets	Notes and loans receivable, net	105,461	7	103,870		
8 8	Inventories for sale or use		<u> </u>	8		
و اتح	Prepaid expenses and deferred charges				9	
	a Land, buildings, and equipment: cost or			*		`
	other basis. Complete Part VI of Schedule D	10a 1	445,642		ν,	š.
- 1 -	Less: accumulated depreciation	10b	344,977	1,113,550	10c	1,100,665
11	Investments—publicly traded securities	(863,652	11	803,136
12	Investments—other securities. See Part IV, line 11			12		
13				13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34	4)		2,197,525		2,132,905
17	Accounts payable and accrued expenses			51,385		10,030
18	Grants payable		•	18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			-	20	
	Escrow or custodial account liability. Complete Part IV of	of Schedule D			21	
Liabilities 52	- · · · · · · · · · · · · · · · · · · ·		•	* * * . *	ing.	
<u> </u>	employees, highest compensated employees, and disqu				\$	
<u>.e</u>	persons. Complete Part II of Schedule L				22	
_ 23		d parties		509,414	23	496,638
24					24	
25				7,862	25	38,397
26				568,661	26	545,065
8	Organizations that follow SFAS 117, check here ▶ 🏻	and	•	""-1" ½ &\ E&\	*,'0,'	· **
Balances 27	complete lines 27 through 29, and lines 33 and 34.	_		,		
<u>ē</u> 27	Unrestricted net assets			1,586,864	27	1,547,840
മ്മ് 28	Temporarily restricted net assets		42,000	28	40,000	
[29	Permanently restricted net assets				29	
ᇎᅵ	Organizations that do not follow SFAS 117, check he	re ▶ 🗍		. ***	15%	· · · · · ·
[and complete lines 30 through 34.	 ·				
<u>v</u> 30	Capital stock or trust principal, or current funds				30	
8 31	Paid-in or capital surplus, or land, building, or equipmen			31		
Š 32	Retained earnings, endowment, accumulated income, or			32		
Net Assets or Fund	Total net assets or fund balances			1,628,864		1,587,840
Z 34	Total liabilities and net assets/fund balances			2,197,525	34	2,132,905

Form **990** (2009)

orm	990 (2009) SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912		Pag	ge 12
<u>Pa</u>	rt XI Financial Statements and Reporting		-	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	4	1	*
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ş.		×.
	Schedule O.	Ž.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	-		100
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		Ž.	4
	Separate basis Consolidated basis Both consolidated and separate basis			
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 Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

-SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No 1545-0047

2009

Open to Public

Internal Revenue Service Name of the organization **Employer Identification number** SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) the organization in roanization in col in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? UST (see instructions)) Yes Yes No Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 SIG						Page 2
Pa	art II Support Schedule for O				1)(A)(iv) and 1	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support					···	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	390,477	225,527	212,110	163,599	107,668	1,099,381
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	390,477	225,527	212,110	163,599	107,668	1,099,381
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	*					
	shown on line 11, column (f)						253,110
6	Public support. Subtract line 5 from line 4		L				846,271
	tion B. Total Support	() 0005	#1.0000 T		, n 2000	4 > 0000	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	390,477	225,527	212,110	163,599	107,668	1,099,381
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,109	96,486	102,315	62,189	9,169	314,268
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			}	, å		1,413,649
12	Gross receipts from related activities, etc.	(see instructions)				12	195,019
13	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						•
-	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6			(f))		14	59.86 %
15	Public support percentage from 2008 Sche	•				15	<u>56.77</u> %
16a	33 1/3 % support test—2009. If the organ			3, and line 14 is 33	3 1/3 % or more, c	heck this box	► (₹2)
	and stop here. The organization qualifies		_				► X
b	33 1/3 % support test—2008. If the organ				is 33 1/3 % or mo	ore, check this	. ¬
4	box and stop here. The organization quali				401 111		
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa		*		•		
h	organization meets the "facts-and-circums		-				▶ ⊔
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa		•	•	•		▶ □
ıΩ	organization meets the "facts-and-circums		-				Z H
18	Private foundation. If the organization did	HOLCHECK a DOX OF	. m.e 13, 10a, 10b,	ira, or irb, chec	MUS NOX SIIU SEE	msuucuons	

	edule A (Form 990 or 990-EZ) 2009 SIG	MA ALPHA	IOTA PHII	LANTHROPI:	ES, INC 23	<u>-7391912 </u>	Page 3
Pa	art III Support Schedule for O	rganizations D	Described in S	ection 509(a)(2)		
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
Sec	tion A. Public Support				·		
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
	any "unusual grants.")						<u>.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
~	line 6.)			\$3. 3 54	DYNAMICA DES	ONE WAS GARD	
	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-			
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)					() (2)	
14	First five years. If the Form 990 is for the		i, second, third, fou	urth, or fifth tax yea	ar as a section 501	(c)(3)	
Sec	organization, check this box and stop her tion C. Computation of Public Su		tage	 -			P [_
<u> </u>				- (f)	<u> </u>	45	
16	Public support percentage for 2009 (line 8 Public support percentage from 2008 School		•	ın (t))		15	<u>%</u>
	tion D. Computation of Investme					16	
<u> </u>	Investment income percentage for 2009 (II			. column (f))		17	%
18	Investment income percentage from 2008		' = '	,		18	%
19a	33 1/3 % support tests—2009. If the orga			e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3 %, check this b						▶ □
b	33 1/3 % support tests—2008. If the orga		_				
	line 18 is not more than 33 1/3 %, check the		_	•			▶ 🗌
20	Private foundation. If the organization did	I not check a box o	on line 14, 19a, or	19b, check this bo	x and see instruction	ons	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009 SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912

Schedule A (Form 990 or 990-EZ) 2009 SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Name of the organization		Employer identification number
SIGMA ALPHA IOTA PHILANTHROPIES, INC		23-7391912
Organizations Maintaining Donor Advised For the organization answered "Yes" to Form 990		
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (dunng year)	-	
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised	
funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be	
used only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	
purpose conferring impermissible private benefit?	-	Yes No
Partill Conservation Easements. Complete if the org	ganization answered "Yes" to Fo	orm 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (chec	ck all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically	important land area
Protection of natural habitat	Preservation of certified histori	c structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a con	servation
easement on the last day of the tax year.		
		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements	1. 4. 4. 7. 7	2b
c Number of conservation easements on a certified historic structure in		2c
d Number of conservation easements included in (c) acquired after 8/1	•	2d
3 Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organi	zation during
the taxable year	- Innatad N	
4 Number of states where property subject to conservation easement is		
5 Does the organization have a written policy regarding the periodic movinolations, and enforcement of the conservation easements it holds?	ontoring, inspection, nandling of	☐ Yes ☐ No
·	reing conceniation encoments during the	
Staff and volunteer hours devoted to monitoring, inspecting, and enfo	icing conservation easements during the	s year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing	concentation accoments during the year	r
S	y conservation easements during the year	u
8 Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	
170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	, and requirements of section	Yes No
9 In Part XIV, describe how the organization reports conservation ease	ments in its revenue and expense staten	
balance sheet, and include, if applicable, the text of the footnote to th		
the organization's accounting for conservation easements.		
Complete if the organization ensured "Yes"		r Similar Assets.
Complete if the organization answered "Yes"		
1a If the organization elected, as permitted under SFAS 116, not to repo		
art, historical treasures, or other similar assets held for public exhibiting		of public service,
provide, in Part XIV, the text of the footnote to its financial statements		decinate of a d
b If the organization elected, as permitted under SFAS 116, to report in		
historical treasures, or other similar assets held for public exhibition, or	education, or research in furtherance of p	Dublic Service,
provide the following amounts relating to these items:		~ c
(i) Revenues included in Form 990, Part VIII, line 1		
(ii) Assets included in Form 990, Part X	ou other similar assets for forestell and	
2 If the organization received or held works of art, historical treasures, of	- · · ·	provide the
following amounts required to be reported under SFAS 116 relating to	o wese items:	.
a Revenues included in Form 990, Part VIII, line 1		
b Assets included in Form 990, Part X		▶ \$

<u>Sche</u>	dule D (Form 990) 2009 SIGMA ALPH	A IOTA PHILA	NTHROPIES	INC 2	<u>3-739</u>	91912		P	age 2
<u>Pa</u>	rt III Organizations Maintaining (Collections of Art, H	<u>listorical Treas</u>	sures, or (Other S	Similar Assets	s (contin	ued))
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, check	cany of the following	ng that are a	signıfica	nt use of its		-	
а	Public exhibition	d \ Loan or	exchange program	าร					
b	Scholarly research	e Other	cxonango program						
c	Preservation for future generations	C _ Outer							
4	Provide a description of the organization's collection of the organization of the orga	ctions and explain how th	ey further the organ	nızation's ex	empt pur	pose in			
5	During the year, did the organization solicit or re	eceive donations of art, hi	storical treasures,	or other simi	lar		П.,		٦
	assets to be sold to raise funds rather than to b					V74- F	Ye		No
Pa	Escrow and Custodial Arrar			auon ansv	verea	res to Form	990, Pa	T l	
	IV, line 9, or reported an amo								
Ίа	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or oth	ner assets no	ot		П.,	_	٦
	included on Form 990, Part X?						∐ Ye	s _	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr	m 990, Part X, line 21?					☐ Ye	s [No
b	If "Yes," explain the arrangement in Part XIV.								
®Pã	rt V Endowment Funds. Comple	te if organization an	swered "Yes" t	o Form 9	90, Par	t IV, line 10.			
		(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three years bac	k (e) Four	years	back
1a	Beginning of year balance	1,382,724	1,658,635						٠.
b	Contributions	76,823		, v		*	1 37	90	.2 🆓
С	Net investment earnings, gains,					*	-43		(35 - Ab
	and losses	-202,940	-275,911	* . * . * . * . * . * . * . * . * . * .	, S	· , *	· ·		
d	Grants or scholarships	2,000	·						<%
	Other expenditures for facilities	, , , , , , , , , , , , , , , , , , , ,		ř.	;	,*,	- < 5		100
_	and programs	133,243			\$50		`, `		-
f	Administrative expenses			· ·	* `				**
g	End of year balance	1,121,364	1,382,724			¥,	13/2		will k
2	Provide the estimated percentage of the year e		1,302,724						MAX.
a									
-	Permanent endowment > %	<u> </u>							
					46				
Эa	Are there endowment funds not in the possessi	on of the organization tha	it are neid and adm	inistered for	tne		ſ		Τ
	organization by:						0 10	Yes	
	(I) unrelated organizations						3a(i)		X
	(II) related organizations						3a(II)		X
þ	If "Yes" to 3a(II), are the related organizations li	•					3b		<u> </u>
4				2 5 4 17	·				
Pa	rt VI Investments—Land, Buildin		Υ			1			
	Description of investment	(a) Cost or other basis	(b) Cost or oth		(c) Accu	+	(d) Book	value	
		(investment)	basis (other)		depre	ciation			
1a	Land			,700	*				700
b	Buildings		804	,776	1	42,780	66	<u> 1, </u>	<u>996</u>
C	Leasehold improvements								
d	Equipment		216	,166	2	202,197		3,	969
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colu	mn (B), line 10(c)))			1,10	0,	665
						Schod	ule D (Forn		

	990 Part X line 12			
Part VII Investments—Other Securities. See Form				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value		
		Cost or end-of-year ma	arket value	
Financial derivatives Closely-held equity interests				
Other				
	_			
	-			
	-	 		
	-			 -
	-	<u> </u>		
	-	· ·		
	_			-,
	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•	* :	dSEC/AN	wik.
Part VIII Investments—Program Related. See Form	990. Part X. line 13.		30.200.200	2000
(a) Description of investment type	(b) Book value	(c) Method of valu	uation	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, , = = = : = : = : = : = : = : = : = :	Cost or end-of-year ma		
		·		
			·	
				·
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•	MARINE MA	*	*
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX. Other Assets. See Form 990, Part X, line 1			*	
	5.		(b) Book v	
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX Other Assets. See Form 990, Part X, line 1	5.			
Part IX.) Other Assets. See Form 990, Part X, line 1 (a) Description	5.			
Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5.			
Other Assets. See Form 990, Part X, line 1 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line	e 25.	>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	5.			value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15.) (a) Description of liability Federal income taxes	e 25. (b) Amount			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205			value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15.) (a) Description of liability Federal income taxes	e 25. (b) Amount			value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205			value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes DUE TO FRATERNITY	e 25. (b) Amount 38, 205		(b) Book v	value

organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

	<u>dule D (Form 990) 2009 SIGMA ALPHA IOTA PHILANTHROPI</u>	<u>ES,INC 23-73919</u>	<u> 12 </u>	Page 4
₽₽	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1	77,389
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	248,315
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-170,926
4	Net unrealized gains (losses) on investments		4	159,611
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	-29,709
9	Total adjustments (net). Add lines 4 through 8		9	129,902
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-41,024
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	207,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a 159,61	1	
b	Donated services and use of facilities	2b	_ _%*	
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV.)	$\begin{bmatrix} 2d & -29,70 \end{bmatrix}$	9	
е	Add lines 2a through 2d		2e	129,902
3	Subtract line 2e from line 1		3	77,389
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	77,389
Pa	rtXIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	248,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\$ A	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	248,315
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	<u>248,315</u>
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	nes 1a and 4; Part IV, lines 1b		-
and 2	b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lir	es 2d and 4b. Also complete		
this p	art to provide any additional information.			
_ P.	<u> ART XI, LINE 8 - RECONCILATION OF CHANGES -</u>	_O <u>T</u> H <u>E</u> R		
P	ARTNERSHIP_INCOME_(LOSS)		ċ	_29 709
			٧	
	· 			
P:	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	TN FINANCIALS	– Отп	- HER
_ P	ARTNERSHIP_INCOME_(LOSS)		\$	<u>29,709</u> _

Schedule D (F	Form 990) 2009 SIGMA ALPHA IOTA PHILANTHROPIES, INC 23-7391912	Page 5
Part XIV	Form 990) 2009 SIGMA ALPHA 10TA PHILANTHROPIES, INC 23-7391912 Supplemental Information (continued)	
•		
_		
_		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Inspection
Employer identification number

23-7391912

Name of the organization

SIGMA ALPHA IOTA PHILANTHROPIES, INC

FORM 990, PART I, LINE 6

VOLUNTEERS MANAGE SCHOLARSHIP AND GRANT APPLICATIONS, EDUCATE CHAPTERS ABOUT PROJECTS AND GIVING OPPORTUNITIES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS SCANNED AND EMAILED TO BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MONITORED AND ENFORCED AT BOARD MEETINGS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST FROM NATIONAL HEADQUARTERS

Forms	Oth	er Notes an	d Loans Receiv	/able	
990 / 990-PF	,For calendar year 2009, o	or tax vear beginning	07/01/09	1/09 200 9	
ame			, 0,,,02,,03		nployer Identification N
SIGMA ALPHA I	OTA PHILANTHRO	PIES, INC		2	3-7391912
	T X, LINE 7 -				
	lame of borrower			Relationship to disqua	lified person
) CHILDRENS C				Troid a orionip to dioqua	mica person
) MEMBERS	· · · · · · · · · · · · · · · · · · ·				
<u>) </u>				·	
))	·				
)		<u> </u>			
)					
)					
)		·			
Original amount		Maturity			Intere
borrowed	Date of loan	date	R	epayment terms	rate
))		·			
)					
)					
)				-	
)					
)					
)					
0)					
Sagu	rity provided by borrower			Dumana of las	_
) secu	nty provided by borrower		- 	Purpose of loa	<u>n</u>
)					
)					
)				·	
)					
)	 				
)	· · · · · · · · · · · · · · · · · · ·	· .			·
)					
		10 to 1 to 10 to 1		~	5.4.7 MINIMARING 323 AL. C
			7/4. ************************************		
	on furnished by lender		Balance due at beginning of year	Balance due at end of year	Fair market valu (990-PF only)
	<u>.</u>		50,000	50,000	
) 			55,461	53,870	」
)					
)					
)					
)					
) 0)					
			105,461		

(8)

(9) (10) Totals

133 08/24/2010				<u> </u>		=
990 / 990-PF	Mort	gages and Oth		-		2009
Name	For calendar year 2009, o	r tax year beginning	07/01/09	, and ending 1	2/31/09 Employer Ide	ntification Number
SIGMA ALPHA	IOTA PHILANTHRO	PIES, INC			23-7391	912
FORM 990, PAR	RT X, LINE 23 -	ADDITIONAL	INFORMATI	ON	-	
	Name of lender			Relationship to	isqualified persor	<u> </u>
(1) HOME TRUST (2)	BANK					
(3)						
(4)				 		.
(5)		- · · · ·				
(6)						
(7)						
(8)				· · · · · · · · · · · · · · · · · · ·		
(9)					_	
(10)				38 de 18 40	18 18 18	
	1		85, ((()	<u>ः विश्व विश्वविद्याः । । । । । । । । । । । । । । । । । । ।</u>		1
Original amount borrowed	Date of loan	Maturity date		Repayment terms		Interest rate
(1)				. topajinom tomio		10.0
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		· <u> </u>				
(9)		<u>.</u>				
(10)			<u> </u>			
<u>' *** **** ***</u> : ***				AAN - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	**************************************	
<u>(1)</u>	ecurity provided by borrower			Purpose	of loan	
(2)	·					
(3)						
(4)		<u></u>				<u> </u>
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
<u> </u>	**************************************	***************		e due at	T	ance due at
	ration furnished by lender		beginni	ng of year	e	nd of year
(1)			5	09,414	1	496,638
(2)					 	
(3)		 -			 	
<u>(4)</u>			-		+	
(5) (6)					 	
(7)					 	
						

509,414

496,638