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DLN: 93493134048634

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

2012

OMB No 1545-0047

Open to Public Inspection

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

\ Fo	r the 2	2012 cal	endar year, or tax year beginning 07-01-2012     , 2012, and ending	06-30-2013					
_		pplicable	C Name of organization SIGMA ALPHA IOTA INTERNATIONAL		D Emplo	yer ider	ntification number		
_	dress ch	-	MUSIC FRATERNITY Doing Business As		38-15	43609	)		
Na	me chai	nge	<b></b>						
_ Init	tıal retui	rn	Number and street (or P O box if mail is not delivered to street address) Ro	om/suite	E Telepho	ne num	ber		
Ter	rmınated	d	1 TUNNEL ROAD		(828)	(828) 251-0606			
- Am	ended i	return	City or town, state or country, and ZIP + 4 ASHEVILLE, NC 288051229		(020)				
App	plication	n pending	HOTELLE, NO ECONOTIES		<b>G</b> Gross r	eceıpts \$	1,363,219		
			F Name and address of principal officer		Is this a group	return			
			RUTH SIEBER JOHNSON 1 TUNNEL ROAD		affiliates?		┌ Yes 🗸 No		
			ASHEVILLE,NC 28805	Н(b)	<b>H(b)</b> A re all affiliates included? Tyes No If "No," attach a list (see instructions)				
Ta	y-eyem	npt status	501(c)(3)						
		<u> </u>	W SAI-NATIONAL ORG	H(c)	Group exempt	ion nur	nber ►		
			✓ Corporation Trust Association Other ►	<b>L</b> Yea	r of formation 19	03 <b>M</b>	State of legal domicile MI		
Ра	rt I		mary						
			escribe the organization's mission or most significant activities ANCE THE MUSICAL INTEREST OF THE ORGANIZATION'S M	EMBERS					
Ų	-								
aovemance	-								
ע	2 0	Check th	nis box 🛏 if the organization discontinued its operations or dispo	sed of more t	han 25% of its	net as	sets		
5			,						
	3 1	Number	of voting members of the governing body (Part VI, line 1a) $ \cdot  \cdot  \cdot$			3	9		
<u>e</u>	1		of independent voting members of the governing body (Part VI, lin			4	9		
Acumines a	1		mber of individuals employed in calendar year 2012 (Part V, line 2			5	7		
	1		mber of volunteers (estimate if necessary)			6	450		
			related business revenue from Part VIII, column (C), line 12. lated business taxable income from Form 990-T, line 34			7a	17,457		
	B	net unite	lated business taxable income nom Form 990-1, line 34	<del></del>	Prior Year	7b   	-58,425 Current Year		
	8	Contri	butions and grants (Part VIII, line 1h)		Piloi Teai		0		
₽	9		Im service revenue (Part VIII, line 2g)		684,	294	1,314,094		
Revent	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			307	-1,037		
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		103,		50,162		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A		700		1 262 210		
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		780,i 80,i		1,363,219		
	14		ts paid to or for members (Part IX, column (A), line 4)		80,	-	40,000		
	15		es, other compensation, employee benefits (Part IX, column (A), li		304,251				
\$		5-10							
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0		
ਡੋ	Ь	Total fu	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0	_					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	374,		875,194		
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line	-	758,		1,215,364		
_ 07	19	Keven	ue less expenses Subtract line 18 from line 12		22, inning of Curre		147,855		
8 9 9 8 8				beg	rnning or Curre Year	""	End of Year		
2 E	20	Total	assets (Part X, line 16)		666,	593	637,023		
Fend Balances	21		labilities (Part X, line 26)		296,	068	95,316		
	22		sets or fund balances Subtract line 21 from line 20		370,	525	541,707		
	rt II	_	ature Block						
ny k	nowled	dge and as any k			2014-05-15				
Sign		Signa	ature of officer		Date				
ler	е		1 SIEBER JOHNSON EXECUTIVE DIRECTOR or print name and title						
		<u> </u>	rint/Type preparer's name Preparer's signature	Date	Check If	PTIN			
Paid	d	F	RUFUS DOLLAR	Preparer's signature Date 2014-05-14					
	<sub>u</sub> pare		irm's name ► CARTER P C	<del>_</del> _	Firm's EIN 🟲				
	-		irm's address ► 48 PATTON AVE STE 400		Phone no (828	) 259-99	900		
J56	Onl	יעי   ֹ							

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

# 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 $IV^{\square}$	9		No
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		No
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	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		No
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		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
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, Parts II and IV	15		No
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, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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 with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			l <u>.</u> .
<b>.</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i>	28a		No
U	complete Schedule L, Part IV	28b		Νo
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2012)

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10		1 65	140
	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 reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does 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 as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
		0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
		90		
LO	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		110

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax  1a			
	year			
	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			
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		No
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		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod <b>Yes</b>	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
  - Own website Another's website Vpon 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, and financial statements available to the public during the tax year
- 20 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 RD ASHEVILLE, NC (828) 251-0606

# <u>Part VIII</u> 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

- ♦ 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) LESLIE ODOM MILLER	30 00	x		х				3,250	0	0
NAT'L PRESID	1 00	<u> </u>		<u> </u>				3,230		
(2) ELIZABETH NORDLING NAT'L PRES (	30 00	x		х				2,500	0	0
(3) SHARON N DOTY	1 00	х		х				0	2,400	0
BOARD MEMBER	10 00							Ů	2,400	
(4) SUSAN BERMANN	10 00	х		х				1,500	0	0
NAT'L VP, AL (5) CHRISTINE D BRUNS	10 00									
NAT'L VP, CO		Х		Х				1,500	0	0
(6) MARCIE RICHARDSON	10 00	x		×				1,500	0	0
NAT'L VP, EX (7) JENNIFER M ZERANGUE	10 00	-								
NAT'L VP, FI	10 00	Х		х				1,500	0	0
(8) DEBORAH R VOLKER	10 00	<b>.</b>		<u> </u>					_	
NAT'L VP, ED		X		Х				1,500	0	0
(9) JOYCE S GARCIA	10 00	х		х				750	0	0
NAT'L VP, DE										
(10) RUTH S JOHNSON EXECUTIVE DI	40 00			х				78,778	0	9,280
EXECUTIVE DI	10 00									
										Form <b>990</b> (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d on is	ne l both	oox, an c	heck unless officer stee)	<b>;</b>	Report compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	ation amount of ot ted compensati ns (W- from the		ited f other ation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b c	Sub-Total		 ection A	٠.			_	<b>*</b>						
d	Total (add lines 1b and 1c) .				٠.			<b> -</b>		92,778	2,4	00		9,280
2	Total number of individuals (in \$100,000 of reportable compe					ıste	d abov	e) w	ho receive	d more th	an	•		
_				_	_						[		Yes	No
3	Did the organization list any <b>fc</b> on line 1a? <i>If</i> "Yes," complete S						empio	yee, •	, or nignest	compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual													1
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satio	• on fro	om an	• y unr	related orga	anızatıon	or individual for	4		N o
	services rendered to the organ	nization? <i>If</i> "Yes	," compl	lete S	ched	ule J	for su	ch pe	erson .			5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	/e highest comp											tax year	
	N	( <b>A)</b> lame and business	address							Des	<b>(B)</b> cription of services		(C Comper	
												$\pm$		
												$\neg$		

Form 9							Page <b>9</b>
Part \	<u>//                                     </u>	Statement of Revenue Check if Schedule O contains a res	sponse to any question i	in this Part VIII			<u></u> _
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
र ह	1a	Federated campaigns	1a				
rani	Ь	Membership dues	1b				
A.G	С	Fundraising events	1c				
iffs Jar	d	Related organizations	1d				
s, (	e	Government grants (contributions)	1e				
tion r. S	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines					
on t		1a-1f \$ <b>Total.</b> Add lines 1a-1f					
<u>ਰ ਹ</u>	h	Total. Add lines 1a-11	· · · · •				
E E	2a	MEMBERSHIP DUES	Business Code	867,313	867,313		
Program Serwce Revenue	Ь	CONVENTION INCOME		308,749	308,749		
e H	c	CHAPTER ASSESSMENTS		64,645	64,645		
er w	d	INCOME FROM PHILANTHROPIES		45,296	45,296		
ය උ	e	SUPPLIES SALES TO CHAPTERS		28,091	28,091		
<u>.</u>	f	All other program service revenue					
ž	g	Total. Add lines 2a-2f		1,314,094			
	3	Investment income (including divi		-1,037		-1,037	
	4	and other similar amounts) Income from investment of tax-exempt b		,		,	
	5	Royalties	🕨				
		(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
		expenses Rental income					
	°	or (loss)					
	d	Net rental income or (loss) (i) Securities	(II) O ther				
	7a	Gross amount	(ii) o thei				
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	d	Gain or (loss)  Net gain or (loss)					
		Gross income from fundraising					
ne		events (not including					
Other Revenue		\$ of contributions reported on line 1	c)				
æ		See Part IV, line 18	a				
her	ь	Less direct expenses	b				
ŏ	c	Net income or (loss) from fundrais	ing events				
	9a	Gross income from gaming activity See Part IV, line 19	es				
		See rare ry, me 15	a				
	b	Less direct expenses	ь				
	C	Net income or (loss) from gaming	activities				
	Toa	Gross sales of inventory, less returns and allowances .					
	.		a .				
		Less cost of goods sold Net income or (loss) from sales of	nventory				
		Miscellaneous Revenue	Business Code				
	11a	OTHER		28,759			28,759
	b	AFFINITY PROGRAMS	900001	18,494		18,494	
	С	JEWELRY ROYALTIES		2,909			2,909
	d	All other revenue					
	e	Total. Add lines 11a-11d		50,162			
	12	Total revenue. See Instructions		1,363,219	1,314,094	17,457	31,668 Form <b>990</b> (2012)

	990 (2012)				Page <b>1</b>
	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)	(C)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	40,000	40,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	104,816	86,653	18,163	
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	150,750	120,600	30,150	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,318	12,322	11,996	
LO	Payroll taxes	20,286	16,026	4,260	
l1	Fees for services (non-employees)				
а	Management				
b	Legal	6,935		6,935	
c	Accounting	11,370		11,370	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,656		1,656	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,864	26,073	23,791	
L2	Advertising and promotion				
L3	Office expenses	387,475	340,811	46,664	
<b>L4</b>	Information technology				
<b>L</b> 5	Royalties				
<b>L6</b>	Occupancy	36,000	27,720	8,280	
<b>.7</b>	Travel				
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L <b>9</b>	Conferences, conventions, and meetings	292,206	279,648	12,558	
20	Interest	1,374		1,374	
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,518		10,518	
23	Insurance	31,293	7,823	23,470	
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 O)				
а	OTHER MISCELLANEOUS	44,326	18,174	26,152	
b	BAD DEBT EXPENSE	2,177	2,177		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,215,364	978,027	237,337	
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this F			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			18,362	1	48,284
	2	Savings and temporary cash investments			229,890	2	154,425
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			33,386	4	19,647
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Part Schedule L	II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbut	ıng employers		6	
	7	Notes and loans receivable, net			2,016	7	16,347
ď	8	Inventories for sale or use			123,775	8	126,711
	9	Prepaid expenses and deferred charges			14,539	9	17,066
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	173,288	,	9	17,000	
	Ь	Less accumulated depreciation	10a 10b	131,537	52,269	10c	41,751
	11	Investments—publicly traded securities	154,800	11	178,721		
	12	Investments—other securities See Part IV, line 11	37,556	12	34,071		
	13	Investments—program-related See Part IV, line 11		,	13	<u> </u>	
	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)	666,593	16	637,023		
	17	Accounts payable and accrued expenses			8,263		33,025
	18	Grants payable	,	18	<u> </u>		
	19	Deferred revenue			226,715	19	23,828
	20	Tax-exempt bond liabilities			,	20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus				
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			15,000	23	7,739
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of So	hedule			
		D			46,090	25	30,724
	26	Total liabilities. Add lines 17 through 25			296,068	26	95,316
S e S		Organizations that follow SFAS 117 (ASC 958), check here ▶    Iines 27 through 29, and lines 33 and 34.	and co	omplete			
lan I	27	Unrestricted net assets			370,525	27	541,707
<u>е</u>	28	Temporarily restricted net assets		•		28	
돧	29	Permanently restricted net assets		•		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e <b>►</b>	and			
9 9	30	Capital stock or trust principal, or current funds				30	
ŠĘ	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur	ıds			32	
Š	33	Total net assets or fund balances		•	370,525	33	541,707
ž	34	Total liabilities and net assets/fund balances			666,593	34	637,023

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	363,219
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	215,364
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			370,525
5	Net unrealized gains (losses) on investments	5		•	23,327
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			541,707
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>		

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OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

CITIC	F Attach to Fo	illi 990. F See Separate ilistructions.		Inspection
SIG	me of the organization GMA ALPHA IOTA INTERNATIONAL USIC FRATERNITY			loyer identification number
	Organizations Maintaining Donor Ad organization answered "Yes" to Form 990			
	organization anomorea Teo to Form 550	(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 (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor advı	sed Yes No
5	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene			
_	conferring impermissible private benefit?	6 Hannard 111 Annual 1		
	rt II Conservation Easements. Complete	-	to Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org	<u> </u>	n hictor	ically important land area
	Protection of natural habitat	<u> </u>		d historic structure
	Preservation of open space	, Treservation or a	cereme	a motorie otractare
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in	tne forn	n of a conservation
	· · · · · · · · · · · · · · · ·			Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified hist	coric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac historic structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year 🛌	, , ,	,	S S
ŀ	Number of states where property subject to conserva	tion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ıdlıng of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insper-	ecting, and enforcing conservation ease	ments c	luring the year
,	Amount of expenses incurred in monitoring, inspectin	a, and enforcing conservation easement	s durino	the year
<i>'</i>	<b>▶</b> \$	3,		,
3	Does each conservation easement reported on line 20 and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction 17	7 0 (h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	ne footnote to the organization's financia		
aī	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures,	or Otl	her Similar Assets.
La	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	orrese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS			'
а	Revenues included in Form 990, Part VIII, line 1	, , , , ,		<b>▶</b> \$
				· Ŧ

**b** Assets included in Form 990, Part X

Part	Till Organizations Maintaining Co	llections of Art	t, HIS	tori	<u>cai ir</u>	<u>easur</u>	es, or C	tne	r Similar As	ssets	(cor	itinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	rds, ch	eck	any of t	the follo	wing that	are a	significant us	e of it	s	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ain how	the	y furthe	er the or	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit								ıılar	<b>Γ</b> γ <sub>€</sub>		┌ No
Par	assets to be sold to raise funds rather than t <b>t IV</b> Escrow and Custodial Arrang		-						es" to Form	•	25	j NO
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	itions o	r other ass	ets r	not	┌ <b>Y</b> €	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ng t	able		_					
									A	mount	<u> </u>	
С	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						_	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Ye	es	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has l	been pr	ovided in F	art >	«III			Г
Pa	rt V Endowment Funds. Complete											
4 -	Danis and constitution of	(a)Current year	(b)	Prior	year	<b>b (c)</b> Tw	o years back	( (d)	Three years back	<b>(e)</b> Fo	our ye	ars back
1a	Beginning of year balance							+				
b	Net investment earnings, gains, and losses							+				
С	Net investment earnings, gams, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses							_				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (line	e 1 g	colum	n (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hata	re held	d and ac	dmınıstere	d for	the	_		
	organization by									-	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>			•				•	3a 3a	(i)   (ii)	$\dashv$	
b	If "Yes" to 3a(II), are the related organization							•		b	+	
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa									
	Description of property				a) Cost o sıs (ınve	or other stment)	(b)Cost or basis (otl		(c) Accumulat depreciation		( <b>d)</b> Bo	ok value
1a	Land		•									
b	Buildings											
c	Leasehold improvements											
d	Equipment						17	3,288	131	,537		41,751
e	Other	<u></u>	<u>.</u>									

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1 )Financial derivatives		
2 )Closely-held equity interests		
3)Other	24.074	_
A) REAL ESTATE JOINT VENTURE	34,071	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>3</b> 4,071	
art VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a, z z z z z p z z z z z z z z z z z z z	(2) 20011 14140	Cost or end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	ription	(b) Book value
Fatal (Caluma (b) mount around Farms 2000, Part V, and (B) lines	4.5.\	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		<u> </u>
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	(b) Book value	
	(b) Book value	
Federal income taxes		
CHAPTER DEPOSITS	20,852	
DUE TO CHAPTERS	9,872	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 30,724	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,115,932
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 23,327		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	23,327
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,092,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b 270,614		
С	Add lines <b>4a</b> and <b>4b</b>	4c	270,614
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,363,219
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	944,750
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)..............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	944,750
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 XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	270,614
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	1,215,364

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THE FRATERNITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES THE FRATERNITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE FRATERNITY'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED JUNE 30, 2010, 2011, AND 2012 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	COST OF JEWELRY 270,614
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	COST OF JEWELRY 270,614

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493134048634

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

value of the organization						Employer identi	iication numbei
SIGMA ALPHA IOTA INTERNA MUSIC FRATERNITY	AIIONAL					38-1543609	
Part I General Inform	nation on Grants	and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grants o	orassistance?					✓ Yes ✓ N
		Governments and received					d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant e or assistance
(1) SIGMA ALPHA IOTA PHILANTHROPIES ONE TUNNEL ROAD ASHEVILLE,NC 28805	23-7391912 I	3	40,000	ı		1	PAYMENT OF SET- ASIDE
<ul><li>Enter total number of sect</li><li>Enter total number of other</li></ul>							1
				0		_	

	· · ·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	THE ORGANIZATION DOES NOT TYPICALLY AWARD GRANTS AND ASSISTANCE TO THIRD PARTIES THE
MONITORING THE USE	LINE 2	ORGANIZATION SUPPORTS A CHARITABLE ACTIVITY CONDUCTED BY AN ASSOCIATE CHARITY, SIGMA ALPHA
OF GRANT FUNDS		IOTA PHILANTHROPIES, AND SETS ASIDE A STIPEND FOR THOSE ACTIVITIES ANNUALLY THE ACTUAL
INSIDE THE UNITED		FINANCIAL RECORDS ARE DISCLOSED AND REVIEWED, INCLUDING ALL EXPENDITURES
STATES		

DLN: 93493134048634

OMB No 1545-0047

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#### **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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY

**Employer identification number** 

38-1543609

ldentifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	SUPERVISE CHAPTER ACTIVITIES AND FUNCTIONS, PROVIDE LEADERSHIP
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	EXTENSION - EXTENSION IS THE PROCESS BY WHICH NEW COLLEGIATE AND ALUMNAE CHAPTERS ARE CHAR TERED AN INTEREST GROUP FORMS AND REQUESTS APPROVAL TO BECOME A CHARTERED CHAPTER AFTER FOLLOWING THE PRESCRIBED REQUIREMENTS
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS THREE CATEGORIES OF MEMBERSHIP WITH VOTING ELIGIBILITY COLLEGE, ALUM NAE, AND PATRONESS A COLLEGE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO VOTE ON ALL MAT TERS PRESENTED TO THE CHAPTER, TO HOLD OFFICE, AND TO ACT AS DELEGATE TO THE NATIONAL CONV ENTION ALUMNAE MEMBERS IN GOOD STANDING SHALL BE ENTITLED TO VOTE ON ALL MATTERS PRESENTE D TO THE ALUMNAE CHAPTER THEY SHALL BE ENTITLED TO HOLD OFFICE AND TO ACT AS AN ALUMNAE C HAPTER DELEGATE TO THE NATIONAL CONVENTION AFTER QUALIFYING THROUGH A PRESCRIBED FRATERNI TY EDUCATION COURSE, A PATRONESS MEMBER MAY HOLD AN ELECTIVE ALUMNAE CHAPTER AND VOTE ON N ATIONAL ISSUES A FOURTH CLASS OF MEMBERSHIP, DISTINGUISHED MEMBERS, DO NOT HOLD VOTING RIGHTS OR THE RIGHT TO HOLD OFFICE
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	ELECTIONS FOR BOARD MEMBERS AND OFFICERS ARE HELD AT THE NATIONAL CONVENTION AND VOTED ON BY CERTAIN CLASSES OF THE MEMBERSHIP SEE THE RESPONSE TO PART VI, LINE 6 ABOVE
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANA GEMENT UPON COMPLETION AND REVIEW, THE RETURN WAS PROVIDED ELECTRONICALLY TO ALL VOTING BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTERST POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION'S FINANCE COMMITTEE, CHAIRED BY THE NATONAL VICE PRESIDENT OF FINANCE, RE VIEWS INDUSTRY STANDARDS AND COMPARABLE ORGANIZATIONS IN THE PROFESSIONAL FRATERNITY ASSOCIATION THIS COMMITTEE MAKES A RECOMMENDATION TO THE NATIONAL EXECUTIVE BOARD FOR FINAL VOITE THE EXECUTIVE DIRECTOR IS NOT IN ATTENDANCE FOR THESE REVIEWS AND VOTES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF IN TEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S NATIONAL HEADQUARTERS

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DLN: 93493134048634

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization SIGMA ALPHA IOTA INTERNATIONAL

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

MUSIC FRATERNITY 38-1543609 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		the organization ai	nswered "Yes" to I	Form 990, Part IV	, line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	<b>g)</b> o 512(b) ontrolled tity?
(1) SIGMA ALPHA IOTA PHILANTHROPIESINC	CHARITABLE	NC NC	501C3	7		Yes Yes	No
ONE TUNNEL ROAD  ASHEVILLE, NC 28805	CHANTABL	NC	30103	,	N/A	103	
23-7391912							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35 Y		Schedule R (Form	n 990) 2	012

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more ro	elated organizations li	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)										
c	c Gift, grant, or capital contribution from related organization(s)										
d											
e	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes					
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10		No				
р	Reimbursement paid to related organization(s) for expenses				1р		No				
q	Reimbursement paid by related organization(s) for expenses				1q		No				
r	Other transfer of cash or property to related organization(s)				1r	Yes					
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete										
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount i	nvolved	i				
<b>1)</b> Si	GMA ALPHA IOTA PHILANTHROPIES	В									
<b>2)</b> Si	IGMA ALPHA IOTA PHILANTHROPIES	L									
<b>3)</b> Si	IGMA ALPHA IOTA PHILANTHROPIES	R									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets			(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

Additional Data Return to Form

Software ID:

**Software Version:** 

**EIN:** 38-1543609

Name: SIGMA ALPHA IOTA INTERNATIONAL

MUSIC FRATERNITY

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
	Identifier	Return Reference	Explanation				