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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A Fort	he 2	2013 cale	ındar year, or tax year beginning	y 07-01-2013 , 2013, and endir	ng 06-30-2014	ļ	_	
		pplicable	C Name of organization SIGMA ALPHA IOTA INTERNATIONAL			D Emplo	yer identi	fication number
Addre 		Ť	MUSIC FRATERNITY Doing Business As			38-1	543609	
Name		-						
Initial			Number and street (or P O box if m 1 TUNNEL ROAD	all is not delivered to street address) F	Room/suite	E Teleph	one numbe	r
Termı — .				1770		(828)	251-060	06
Amen		return ı pending	City or town, state or province, cour ASHEVILLE, NC 288051229	ntry, and ZIP or foreign postal code				
Аррііс	ation	i pending	F Name and address of non-	and officer	1		receipts \$ 1,	
			F Name and address of prir RUTH SIEBER JOHNSON	cipal officer	H(a) Is this a group subordinates?		r
			1 TUNNEL ROAD ASHEVILLE,NC 28805		11/1			F., F.,
					Н(Б	A re all subord included?	ınates	Γ Y es Γ No
[Tax-e	exem	pt status	「 501(c)(3)	ınsert no)	7	If "No," attach	nalıst (s	ee instructions)
J Web	site	:⊫ ww	W SAI-NATIONAL ORG		H(c)	Group exemp	tion numb	er ►
K Form o	of ord	nanization	Corporation Trust Associatio	n Cother ▶		ear of formation 19		ate of legal domicile Mi
Part		Sumi				car or remnader 1	11.50	ate of legal dominione 11.
	1 8	Briefly de	escribe the organization's mission.	n or most significant activities				
				T OF THE ORGANIZATION'S N	MEMBERS			
ತಿ	-							
፼	-							
Governance	2	Check th	ıs box 🛏 ıf the organization di	scontinued its operations or disp	osed of more	than 25% of its	net asse	ets
3								
o v				ing body (Part VI, line 1a)			3	9
<u>≅</u>				of the governing body (Part VI, I			4	8
Activities &				calendar year 2013 (Part V, line ecessary)			6	450
₹				art VIII, column (C), line 12			7a	27,235
				rom Form 990-T, line 34			7b	-2,068
				·		Prior Year	' '	Current Year
	8	Contrib	outions and grants (Part VIII, li	ne 1 h)	🗀			0
<u> </u>	9	Progra	m service revenue (Part VIII, li	ne 2g)	\square	1,314,	094	1,017,441
Revenue	LO	Invest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)		-1,	037	45,550
_ '	l 1			lines 5, 6d, 8c, 9c, 10c, and 11	• —	50,	162	57,252
1	L 2			(must equal Part VIII, column (1,363,	219	1,120,243
1	L3			IX, column (A), lines 1-3) .		40,	000	40,000
1	L 4	Benefit	s paid to or for members (Part I	X, column (A), line 4)	🗀			0
္ 1	L 5		s, other compensation, employe	e benefits (Part IX, column (A),	lines	300	170	222 552
EXpenses 1	6-	5-10)	sional fundraiging face (Part IV	column (A), line 11e)	-	300,	170	323,552
<u>क्</u> *	l6a b				· ·			
	ט 17		ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), l	n, line 25) F o ines 11a−11d, 11f−24e)	<u> </u>	875,	194	580,416
	., L8			st equal Part IX, column (A), line		1,215,		943,968
1	L 9			18 from line 12		147,		176,275
88					Ве	eginning of Curre	ent	End of Year
Net Assets or Fund Balances	00	Tobel -	ccotc (Part V. line 16)			Year 637,	023	
	20 21					<u>-</u>	316	817,632 114,000
を告 <u>2</u>	22			line 21 from line 20		541,		703,632
Part			ature Block			,		,
ny kno	wled		elief, it is true, correct, and con	imined this return, including acc iplete Declaration of preparer (o				
		****				2014-12-12		
Sign			ture of officer			Date		
Here			SIEBER JOHNSON EXECUTIVE DIRECT or print name and title	OR				
		<u> </u>	nnt/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid		RI	UFUS DOLLAŘ	<u> </u>	2014-12-	12 self-employed	P0129399	5
raiu Dron			m's name 🕩 CARTER P C			Firm's EIN 🕨 3	8-3828234	

Firm's address ► 48 PATTON AVE STE 400

ASHEVILLE, NC 288013300

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

Use Only

Phone no (828) 259-9900

✓ 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part III</i> 2	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? <i>If "Yes," complete Schedule D, Part V</i>	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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	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 or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 ((2013)

G	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10		163	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	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	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			
)	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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
				144
•	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
	Sponsoring organizations maintaining donor advised funds.	ٿ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	Ju		
	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 10b			
	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)			
	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			
	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		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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?.									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		No						
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	eveni	ıe Cod	e.)						
Se		evenu	ıe Cod Yes	e.) No						
		evenu 10a								
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R		Yes							
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes 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	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?	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?	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?	10a 10b 11a 12a 12b 12c 13 14	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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	No						
10a b 11a b 12a b c 13 14 15	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	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 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	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▶
- 18 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 ☑ Upon request ☐ Other (explain in Schedule O)
- 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
- 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 28805 (828) 251-0606

Part VIII 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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic	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) RUTH S JOHNSON	40 00	x		х				81,683	0	10,245
EXECUTIVE DI	10 00							01,003	Ŭ	10,213
(2) LESLIE ODOM MILLER NAT'L PRESID	30 00 2 00	x		х				5,000	0	0
(3) SHARON N DOTY	1 00								2 200	
BOARD MEMBER	10 00	Х						0	3,200	0
(4) SUSAN BERMANN	10 00	х		х				1,500	0	0
NAT'L VP ALU	10.00									
(5) MARCIE RICHARDSON	10 00	x		х				1,500	0	0
NAT'L VP EXT (6) JENNIFER ZERANGUE	10 00							4 500		
NAT'L VP FIN	10 00	Х		Х				1,500	0	0
(7) JOYCE GARCIA	10 00	х		х				1,500	0	0
NAT'L VP DEV								-,		
(8) DR DEBORAH VOLKER NAT'L VP RIT	10 00	x		x				1,500	0	0
(9) CHRISTINE BRUNS	10 00									_
NAT'L VP COL		Х		Х				1,500	0	0
(10) JESSICA CHICHESTER PHD	10 00	х		х				0	0	0
NAT'L VP COL										
				_						

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han on is	ne both	box, an d	heck unless officer stee)	i	Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima imount of compens from t	ted 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	Sub-Total			•		<u></u>		 						
c	Total from continuation sheet				•	•	•			95,683	3,2	00		10,245
<u>d</u> 2	Total (add lines 1b and 1c) . Total number of individuals (in \$100,000 of reportable compe		limited	to the	ose			e) wl	ho receive			99		10,243
											,		Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon • • •	or individual for	5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	/e highest comp											tax year	
		(A) lame and business									(B) cription of services		(C Comper	
												+		
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed to	o thos	e list	ed above)	who rece	ıved more than			

Part V	/##	St Ch
	1a	Fe
ants	ь	М
190 190	С	Fu
ifts, a⊤A	d	Re
ontributions, Giffs, Grai nd Other Similar Amou	e	Go
ons Sir	f	All
buti the		sın
a Ei	g	No 1a
G a a	h	То
-ea		
Program Serwice Revenue	2a	CH
æ æ	b c	ING
rwc	d	SU
<u> </u>	e	CO
<u>ran</u>	f	A I
္ရွိ		
	g 3	To In
		an
	4 5	Inc R c
		ΝC
	6a	Gr
	Ь	Les ex
	С	Re or
	d	Νe
	7a	Gro fro
		ass tha
	Ь	Les oth
	_	sal Ga
	d	Νe
	8a	Gr
пе		e∨
듄 >		\$ of
Rev		Se
ther	ь	Le
δ	С	Νe
	9a	Gr Se
	ь	Le
	100	N e
	10a	Gr re
	b c	Le Ne
		1
	11a	0
	ь	BA
	C L	
	d e	A I
	12	To
	**	10

Form 99	0 (20)13)						Page 9
Part V	/##1	Statement o	f Revenue ule O contains a respons	se or note to any lir	oe in this Part VIII			
		Check if Schedu	are o contains a respons	se of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b					
P. G.	С	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	ations 1d					
e e e	e	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above					
ള	g	Noncash contribution 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Serwce Revenue	2a	CHAPTER ASSESSM	IENTS		913,803	913,803		
Pev	ь	INCOME FROM PHI	ILANTHROPIES		39,110	39,110		
926	С	INSURANCE REIMB	BURSEMENT		32,575	32,575		
Serv	d	SUPPLIES SALES TO			30,993	30,993		
Ē	e	CONVENTION INCO			960	960		
Ş	f	All other progra	ım service revenue					
	g	Total. Add lines			1,017,441			
	3		ome (including dividend ar amounts)		7,130		7,130	
	4		tment of tax-exempt bond p					
	5	Royalties			21,177	1,072	20,105	
	62	Gross rents	(ı) Real	(II) Personal				
	6a b	Less rental						
	c	expenses Rental income						
	_	or (loss)	me or (loss)					
	d	Net rental incol	(i) Securities	(II) Other				
	7a	Gross amount		(1.7 5 11.5)				
		from sales of assets other	187,483					
	ь	than inventory Less cost or	140.063					
		other basis and sales expenses	149,063					
	C	Gain or (loss)	38,420		38,420			38,420
	d 8a	Gross income fr	s)	· · · · >	30,420			36,420
÷		events (not incl	=					
Other Revenue		\$ of contributions	reported on line 1c)					
Бе		See Part IV, lin	e 18					
<u>ā</u>	ь	Loss direct evi	a penses b					
₹	c		loss) from fundraising e	vents 🛌				
	9a	Gross income fr	rom gaming activities	-				
		See Part IV, lin	e 19 a					
	b	Less direct exi	penses b					
			loss) from gamıng actıv	ities				
	10a	Gross sales of i						
		returns and ano	a a					
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inve	ntory 🛌				
		Miscellaneous	s Revenue	Business Code				
	_	OTHER			22,650	12.425		22,650
	Ь	BAD DEBT REC	COVERY		13,425	13,425		
	C C	All other reserve						
	d e	All other revenu	ue <u>[</u> s 11a-11d	🕨				
				. -	36,075			
	12	iotai revenue. S	See Instructions		1,120,243	1,031,938	27,235	61,070

	,	
Part IX	Statement of Functional Expenses	
Section 50:	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)
	,	

	· / · / · · ·				
	Check if Schedule O contains a response or note to any line in this	Part IX		<u></u>	<u> </u>
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
D, 8E	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	105,600	88,980	16,620	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	32,089	32,089		
7	Other salaries and wages	129,935	97,530	32,405	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,789	20,526	14,263	
10	Payroll taxes	21,139	16,701	4,438	
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,686		3,686	
c	Accounting	11,440		11,440	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,940		1,940	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,290	16,268	13,022	
12	Advertising and promotion	699	699		
13	Office expenses	407,854	355,006	52,848	
14	Information technology				
15	Royalties				
16	Occupancy	36,000	27,720	8,280	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,594	902	15,692	
20	Interest	291		291	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,539		9,539	
23	Insurance	27,520	6,880	20,640	
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	35,563	14,581	20,982	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	943,968	717,882	226,086	0
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)				

Form 990 (2013)

Part X Balance Sheet

Pal	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this	s Part X	<			
		,			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		_	48.284	1	32.046
	2	Savings and temporary cash investments			154,425		339,345
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,647	4	11,928
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L	ctors, II of	trustees, key	10,011	5	,020
Assets	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and color and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbutı	ng employers		6	
SS.	7	Notes and loans receivable, net	_		16,347	7	12,905
₹	8	Inventories for sale or use			126,711	8	128,283
	9	Prepaid expenses and deferred charges			17,066	9	18,706
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	- 112,795	,		<u> </u>
	Ь	Less accumulated depreciation	10b	77,496	41,751	10c	35,299
	11	Investments—publicly traded securities	٠		178,721	11	209,436
	12	Investments—other securities See Part IV, line 11			34,071	12	29,684
	13	Investments—program-related See Part IV, line 11				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)			637,023	16	817,632
	17	Accounts payable and accrued expenses			33,025	17	15,579
	18	Grants payable				18	-
	19	Deferred revenue			23,828	19	47,401
	20	Tax-exempt bond liabilities			,	20	·
	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trust				
ар		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			7,739	23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part D			30,724	25	51,020
	26	Total liabilities. Add lines 17 through 25			95,316	26	114,000
ა ტ		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.			,		<u> </u>
Fund Balances	27	Unrestricted net assets		_	541,707	27	703,632
<u>ප</u>	28	Temporarily restricted net assets	•	•	511,101	28	
<u> </u>	29	Permanently restricted net assets	•	•		29	
ŭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here	 	and			
<u>.</u>		complete lines 30 through 34.		unu			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
ASS	32	Retained earnings, endowment, accumulated income, or other fun				32	
Net '	33	Total net assets or fund balances			541,707	33	703,632
Ż	34	Total liabilities and net assets/fund balances			637,023	34	817,632
	•				· · · · · · · · · · · · · · · · · · ·	F	orm 990 (2013)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,:	120,243
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	943,968
3	Revenue less expenses Subtract line 2 from line 1	3		:	176,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			541,707
5	Net unrealized gains (losses) on investments	5			-14,350
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			703,632
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 o	n		
	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 oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	he 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

emai Rev	reflue Service and its instruct	tions is at <u>www.irs.gov/rorm.sso</u> .		Inspection
SIGMA	of the organization ALPHA IOTA INTERNATIONAL FRATERNITY			oloyer identification number
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
		(a) Donor advised funds		(b) Funds and other accounts
. То	otal number at end of year			
Αç	ggregate contributions to (during year)			
Αģ	ggregate grants from (during year)			
Αç	ggregate value at end of year			
	ıd the organızatıon ınform all donors and donor advıs ınds are the organızatıon's property, subject to the o		nor advi	rsed Yes No
us	ıd the organızatıon ınform all grantees, donors, and d sed only for charıtable purposes and not for the bene onferrıng ımpermıssıble prıvate benefit?			
art I	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	urpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a	n or education)	certifie	d historic structure
	asement on the last day of the tax year	a quantica conservation contribution in		
				Held at the End of the Year
T	otal number of conservation easements		2a	
T	otal acreage restricted by conservation easements		2b	
N	umber of conservation easements on a certified histo	orıc structure ıncluded ın (a)	2c	
hı	umber of conservation easements included in (c) accostoric structure listed in the National Register		2d	
	umber of conservation easements modified, transfer ne tax year ►	red, released, extinguished, or terminat	ed by th	ne organization during
Ν	umber of states where property subject to conservat	ion easement is located ►		
	oes the organization have a written policy regarding nforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes No
Si ►	taff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year
	mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year
	oes each conservation easement reported on line 2(nd section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) Yes No
ba	n Part XIII, describe how the organization reports co alance sheet, and include, if applicable, the text of th ne organization's accounting for conservation easeme	ie footnote to the organization's financia		
rt I	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
W	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	, or rese	earch in furtherance of public
) If	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide the following amounts relating to thes	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
(i	Revenues included in Form 990, Part VIII, line 1			▶ \$
(i	i) Assets included in Form 990, Part X			► \$
Ιf	the organization received or held works of art, historillowing amounts required to be reported under SFAS			
R	evenues included in Form 990, Part VIII, line 1			► \$
	ssets included in Form 990, Part X			. · · · · · · · · · · · · · · · · · · ·
\sim	SSELS METALEUM TOMM SSU, FAIL A			- - γ

Par	TIPE Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Ti</u>	<u>reasur</u>	es, or O	ther	Similar As	<u>sets (</u>	(continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	neck	any of	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		е	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explai	n hov	v the	y furth	er the or	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as i	part c	of the	organ	ızatıon's	collection	?		┌ Yes	┌ No
Par	Part IV, line 9, or reported an an						answered	1 "Y€	es" to Form 9	} 90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontribi	utions o	r other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_				
							<u> </u>		Ar	nount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in P	art X	III		. ୮
Pa	rt V Endowment Funds. Complete										
_		(a)Current year	(b))Prior	year	b (c) Tw	o years back	(d)⊺	hree years back	(e)Four	years back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent was and balance	o (lin	. 1.		n (a)) h	old oo				
_		ent year end balanc	e (IIII	eig	, colum	ın (a)) n	eid as				
a	Board designated or quasi-endowment										
Ь	Permanent endowment ►										
С	Temporarily restricted endowment	.ld 1000/									
-	The percentages in lines 2a, 2b, and 2c shou	·			11	4 4		ı <i>c</i> ı	de -		
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition i	tnat	are nei	a ana ac	iministered	Tort	ine	Ye	s No
	(i) unrelated organizations								3a	-	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization	· ·							3	<u> </u>	
4	Describe in Part XIII the intended uses of the						Lbr				
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		ne o	rgar	ıızatıo	n answ	ered Yes	to I	-orm 990, Pa	irt IV,	line
	Description of property				a) Cost o sıs (ınve	or other estment)	(b)Cost or o		(c) Accumulate depreciation) Book value
	Land			+						+	
	Buildings		_							+	
	Leasehold improvements									+	
	Equipment						113	2,795	77.	496	35,299
	Other						117	,	• • • • • • • • • • • • • • • • • • • •	+	55,233
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part X	í, colu	mn (B), line	10(c).)				+	35,299
	(4)	,	, 22,4	(,,	\ - / · /	<u> </u>	- ') (Form	990) 2013

(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
		·
		1
	<u>.</u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	P No and IV and to Form 0.00	Down IV line 114 Con Farm 000 Bart V line 15
Part IX Other Assets. Complete if the organization		, Pail IV, lille IIU See Follii 990, Pail A, lille IS
(a) Descr		(b) Book value
(a) Desci	ription	
(a) Described (a) Described (b) Described (c) Described (c	niption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. Complete if the org.	niption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25.	15.) anızatıon answered 'Yes' t	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. Complete if the organism 990, Part X, line 25. (a) Description of liability	niption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. Complete if the organism 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	(b) Book value
(a) Description of liability Federal income taxes (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
(a) Description of liability Federal income taxes (a) Description of liability Federal income taxes (b) Description of liability Federal Income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
(a) Description of liability Federal income taxes (a) Description of liability Federal income taxes (b) Description of liability Federal Income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Part X Other Liabilities. Complete if the organism 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Part X Other Liabilities. Complete if the organism 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Part X Other Liabilities. Complete if the organism 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Part X Other Liabilities. Complete if the organism 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Part X Other Liabilities. Complete if the organism 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS	(b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. Complete if the org. Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CHAPTER DEPOSITS DUE TO CHAPTERS	(b) Book value	(b) Book value

SCHEDULE D, PAGE 4, PART XII,

LINE 4B

Part	ΙX		evenue per Audited Financial Statements With Revenue per F ered 'Yes' to Form 990, Part IV, line 12a.	Return Complete If
1	Tota		r support per audited financial statements	838,208
2	A mo	unts included on line 1 but	t not on Form 990, Part VIII, line 12	
а	Net	unrealized gains on investi	ments 2a -14,350	
b	Don	ated services and use of fa	icilities 2b	
С	Reco	overies of prior year grants	2c	
d	Othe	er (Describe in Part XIII)	2d	
e	Add	lines 2a through 2d .		-14,350
3	Subt	ract line 2e from line 1 .		852,558
4	A mo	unts included on Form 990	O, Part VIII, line 12, but not on line 1	
а	Inve	stment expenses not inclu	ıded on Form 990, Part VIII, line 7b . 4a	
b	Othe	er (Describe in Part XIII)	4b 267,685	
C	Add	lines 4a and 4b		267,685
5			4c. (This must equal Form 990, Part I, line 12)	1,120,243
Part	XII		kpenses per Audited Financial Statements With Expenses per swered 'Yes' to Form 990, Part IV, line 12a.	Return. Complete
1	Tota	l expenses and losses per	audited financial statements	676,283
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25	
а	Dona	ated services and use of fa	cilities	
b	Prior	year adjustments		
c	Othe	erlosses		
d	Othe	er (Describe in Part XIII)		
e	Add	lines 2a through 2d		
3	Subt	ract line 2e from line 1 .		676,283
4	A mo	unts included on Form 990), Part IX, line 25, but not on line 1:	
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a	
b	Othe	er (Describe in Part XIII)		
c	Add	lines 4a and 4b		267,685
5			d 4c. (This must equal Form 990, Part I, line 18)	943,968
Part	XIII	Supplemental Info	ormation	
Part	ide the V, line matior	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to prov	ide any additional
	R	eturn Reference	Explanation	
		D, PAGE 3, PART X	THE FRATERNITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SETHE INTERNAL REVENUE CODE EXCEPT ON NET INCOME DERIVED FROBUSINESS ACTIVITIES THE FRATERNITY BELIEVES THAT IT HAS APPR FOR ANY TAX POSITIONS TAKEN AND AS SUCH, DOES NOT HAVE ANY UPOSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THEORM 990 FOR THE YEARS ENDED JUNE 30, 2011, 2012, AND 2013 ARE EXAMINATION BY THE IRS, GENERALLY THREE YEARS AFTER THEY ARE	M UNRELATED OPRIATE SUPPORT JNCERTAIN TAX E FRATERNITY'S SUBJECT TO
SCHE LINE 4		D, PAGE 4, PART XI,	COST OF JEWELRY 267,685	

COST OF JEWELRY 267,685

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493346002414

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public **Inspection**

Name of the organization	A T. C. N. A. I.	-				Employer identific	cation number
SIGMA ALPHA IOTA INTERNA MUSIC FRATERNITY	AIIONAL					38-1543609	
Part I General Inform	nation on Grants a	and Assistance					
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants o	rassıstance?					✓ Yes
		Governments and ecipient that received					"Yes" to
(a) Name and address of organization or government	(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 or assistance
(1) SIGMA ALPHA IOTA PHILANTHROPIES ONE TUNNEL ROAD ASHEVILLE,NC 28805	23-7391912	501C3	40,000				PAYMENT OF SET- ASIDE

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
- Enter total number of other organizations listed in the line 1 table

LINE 2

(a)Type of grant or assistance

(b) Number of

recipients

(f)Description of non-cash assistance

100	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(d) A mount of

CHARITABLE ACTIVITY CONDUCTED BY AN ASSOCIATE CHARITY, SIGMA ALPHA IOTA PHILANTHROPIES, AND SETS ASIDE A STIPEND FOR THOSE ACTIVITIES ANNUALLY THE ACTUAL FINANCIAL RECORDS ARE DISCLOSED AND REVIEWED, INCLUDING ALL EXPENDITURES

non-cash assistance

(e)Method of valuation

(book,

(c)A mount of

cash grant

	, 55, p, 5, 1, 5	ouen grant		FMV, appraisal, other)	
Part IV Supplemental In	formation. Provide the in	formation required in Pa	ırt I, line 2, Part III, col	lumn (b), and any other a	dditional information.
Return Reference	Explanation				
SCHEDULE I, PAGE 1, PART I,	THE ORGANIZATION DOES	NOT TYPICALLY AWARD (GRANTS AND ASSISTANC	CE TO THIRD PARTIES THE	ORGANIZATION SUPPORTS A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493346002414

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

SIGMA ALPHA IOTA	NTERNATION	IAL					"	mpioy	er ideni	tiricatio	n numbe	:r
MUSIC FRATERNIT		··. =		F04()	(2)	E04 () (4)			43609	•		
					(3) and sectio						40b	
	e of disquali				en disqualified				nsaction		(d) Corr	rected?
			pers	son and orgar	nization						Yes	No
												i
												•
												•
2 Enter the a	amount of ta	x incurred by	organızatıoı	n managers o	r disqualified pe	rsons during	the year	r unde	rsection	n		
	· · · ·	v if any on li	ne 2 ahove	reimbursed	· · · · · · by the organizat				P ¢			
5 Enter the t	illoulle of ta	x, 11 ally, 011 111	16 2, above	, reiiiibarsea i	by the organizat		•	•	FΨ			
		d/or From										
					n 990-EZ, Part \ (, line 5, 6, or 22		Form 9	90, P	art IV , li	ine 26,	or if the	
(a) Name of	(b)	(c)	(d) Loa		(e)Original	(f)Balance	(g) In		(h)		(i)Wr	ıtten
ınterested	Relations	hip Purpose			principal	due	defaul		Approv	ved	agreen	nent?
person	with organizati	on loan	organiza	tion?	amount				by board			
									or			
			То	From			Yes	No	Yes	No ttee?	Yes	No
			10	FIOIII			165	NO	165	NO	res	NO
									1		\neg	
Total Part III Gra	onto or A	► \$	onofittin	a Intoroct	ad Barcana							
					n Form 990, P	art IV, line	27.					
(a) Name of ir		(b) Relation			unt of assistanc			ıstano	:e (e) Purpo	se of ass	sistance
perso	n	ınterested p		he								
		organ	ızatıon									
						_						
				1								

Part IV Business Transactions I Complete if the organizatio			e 28a. 28b. or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) BETH STANBERRY	EXEC DIR	32,089	EMPLOYEE COMPENSATIO		Νo

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
•	THE INDIVIDUAL REPORTED ON SCHEDULE L, PART IV HAS A FAMILY RELATIONSHIP WITH AN OFFICER OF THE ORGANIZATION AND IS COMPENSATED AS AN EMPLOYEE

Schedule L (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493346002414

OMB No 1545-0047

2013

Inspection

2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY Employer identification number

38-1543609

990 Schedule O, Supplement	al Information
Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	SUPERVISE CHAPTER ACTIVITIES AND FUNCTIONS, PROVIDE LEADERSHIP
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 F
	OLLOWING THE PRESCRIBED REQUIREMENTS
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 RI GHTS OR THE RIGHT TO HOLD OFFICE
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
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 B
	OARD MEMBERS PRIOR TO SUBMISSION TO THE IRS
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTERST POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE	THE ORGANIZATION'S FINANCE COMMITTEE, CHAIRED BY THE NATONAL VICE PRESIDENT OF FINANCE, RE
	VIEWS INDUSTRY STANDARDS AND COMPARABLE ORGANIZATIONS IN THE PROFESSIONAL FRATERNITY ASSOC
	IATION THIS COMMITTEE MAKES A RECOMMENDATION TO THE NATIONAL EXECUTIVE BOARD FOR FINAL VO
	TE THE EXECUTIVE DIRECTOR IS NOT IN ATTENDANCE FOR THESE REVIEWS AND VOTES
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
<u>, </u>	

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(Form 990)

MUSIC FRATERNITY

Name of the organization SIGMA ALPHA IOTA INTERNATIONAL

2013

DLN: 93493346002414 OMB No 1545-0047

Open to Public Inspection

Employer identification number

38-1543609

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" on	i Form 990, Part	t IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	D	(f) irect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete ıf the tax year.	the organization ar	nswered "Yes" o	n Form 990, Pa	art IV,	line 34 because it	had or	ıе
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(ontroll itity?
(4) CICMA ALDUA TOTA DULI ANTUD ODIFCINO	CHARITABLE	NC	501C3	7			Yes	No
(1) SIGMA ALPHA IOTA PHILANTHROPIESINC	CHARITABLE	NC	501C3	/			Yes	
ONE TUNNEL ROAD ASHEVILLE, NC 28805						N/A		
23-7391912							$+\!-\!$	+
							+	+
								_
							+	+
								<u> </u>
or Danonyouk Reduction Act Notice, see the Instructions for Form 000	١	Ca+ Na E011	2 F V			Cahadula D / Farm	~ 000) °	2012

(a) Name, address, and EIN of related organization		(b) Primary activit	Imary activity Legal domicile (state oi foreign	Legal domicile (state or	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate			j) eral or aging ener?	(k) Percentag ownersh
					J14)			Yes	No	1	Yes	No		
V Identification of Related Org								swere	d "Yes	" on Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	total Share	(g) e of end -year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!	
						<u> </u>			_		Yes		No	
									_				+	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)				1d		No				
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)										
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)										
k Lease of facilities, equipment, or other assets from related organization(s)										
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
• Sharing of paid employees with related organization(s)				10	Yes					
p 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		No				
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	this line, including co	vered relationships	and transaction thresholds							
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an										
1) SIGMA ALPHA IOTA PHILANTHROPIES	В									
2) SIGMA ALPHA IOTA PHILANTHROPIES	L									
3) SIGMA ALPHA IOTA PHILANTHROPIES	0									
SIGNIA ALFIIA IOTA FITILANTITIKUPILO										

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?						(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1					
													_				
			<u> </u>				l					<u> </u>					

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

TY 2013 GeneralDependencySmall

Name: SIGMA ALPHA IOTA INTERNATIONAL

MUSIC FRATERNITY

EIN: 38-1543609

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction

Reference:

Regulations Reference:

Description: WAIVE NOL CARRYBACK

Attachment Information: YEAR ENDING: JUNE 30, 2014 38-1543609 SIGMA ALPHA IOTA

INTERNATIONAL MUSIC FRATERNITY 1 TUNNEL ROAD ASHEVILLE, NC 28805-1229 NOL CARRYBACK ELECTION UNDER IRC SECTION

172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND

AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX

YEAR.