Popertment 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.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

<u> </u>	For th	ne 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and e	ending J	<u>UN 30, 20</u>	<u> 18</u>	
В	Check i	C Name of organization		D Employer ide	ntifica	tion number
;	applical	SIGMA ALPHA IOTA INTERNATIONAL MUSIC				
	Addr chan	ess FRATERNITY				
一	Nam chan			1 38	-15	43609
	Initia		Room/suite	E Telephone nu		13005
	Final	1 TIMBET BOAD	10011/3016	•	28)	251-0606
L	retur term	7-			20/	
	ated Ame	and an arrangement of the second of the seco		G Gross receipts \$		1,071,163.
<u> </u>	retur □Appl			H(a) Is this a gro		
	tion pend	F Name and address of principal officer ROTH 5. JOHNSON		for subordin		Yes X No
		1 TUNNEL ROAD, ASHEVILLE, NC 28805	<u> </u>	(b) Are all subordina		
		xempt status 501(c)(3)X 501(c) ( 7 ) ◀ (insert no.) 4947(a)(1) or	r 🗀 🛂	If "No," atta	ch a lis	t (see instructions)
		ite: ► WWW.SAI-NATIONAL.ORG	·,···	H(c) Group exem		
		of organization: X Corporation Trust Association Other	L Year	of formation: 190	3 M S	State of legal domicile: MI
Pa	art I	Summary				
4.	1	Briefly describe the organization's mission or most significant activities TO AD	VANCE	THE MUSI	CAL	INTEREST
ဋ	l	OF THE ORGANIZATION'S MEMBERS.				
Ē	2	Check this box  if the organization discontinued its operations or dispose	d of more	than 25% of its ne	tasset	s
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)			3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	8
•ජ ග	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	7
Ţ.	6	Total number of volunteers (estimate if necessary)			6	460
Ę	72	Total unrelated business revenue from Part VIII, column (C), line 12			7a	32,243.
చి	, °	Net unrelated business taxable income from Form 990-1 line 34			1	0.
2019 Activities & Governance	<u>'</u>	RECEIVED		D.:V	7b	
~			<u> </u>	Prior Year	<u>_</u>	Current Year
SEP 05 Revenue	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A) lines 3	<u> </u>		0.	0.
	9	Program service revenue (Part VIII, line 2g)	-	1,035,32		949,189.
	10	investment income (i air vin, column (A), lines 5,14, and i-6)		20,43		22,458.
S	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		-194,41		<u>-169,572.</u>
Ω_	12	Total revenue - add lines 8 through 11 (must equal-Part-VIII, column (A), line 12)		861,35	_	802,075.
SCANNED enses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,00	0.	40,000.
5	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ر پ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		300,32	1.	341,055.
SC/ Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			o .	0.
C) §			o. 🥅			
Ã	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		408,58	5.	364,741.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	748,90		745,796.
	19		<b>—</b>	112,44		56,279.
- S		Tierdride lede experiees Capitaet line to nontline 12	Box			
Assets or Balances	20	Total assets (Part X, line 16)	Det	inning of Current Ye 1,317,550		End of Year 1,554,603.
Sse Bali	21	Total liabilities (Part X, line 16)	-	146,73		327,500.
Net /			$\vdash$	1,170,82		
لتتنبي	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,1/0,02	± •	1,227,103.
					<del></del>	
		alties of perjury, I declare that I have examined this roturn, including accompanying schodules a			f my kn	owledge and belief, it is
true,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which	h preparer l	nas any knowledge.	1.0	
		Signature of officer		7//5/	19	
Sigr	1	( )		Date		
Here	В	RUTH S. JOHNSON, EXECUTIVE DIRECTOR				
		Type or print name and title				<del></del> _
		Print/Type preparer's name Preparer's signature	D	ate Check		PTIN
Paid		AMY BIBBY AMY BIBBY		7/15/19 self e	nployed	P00445891
Prep	arer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN		6-0747981
Use	Only	Firm's address 500 RIDGEFIELD COURT				
		ASHEVILLE, NC 28806		Рһоле по.	(828	3) 254-2254
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1		X Yes No

Form	1990 (2017) FRATERNITY	38-1543609	Page 2
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission THE MISSION OF SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATE ENCOURAGE, NURTURE AND SUPPORT THE ART OF MUSIC.	ERNITY IS TO	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported		nd
4a	MEMBERSHIPS - SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERIMEMBERSHIP ORGANIZATION. AS SUCH IT PROVIDES SERVICES TO INDIVIDUAL MEMBERS AND TO CHAPTERS THAT HAVE BEEN FORMED MEMBERS. SERVICES INCLUDE PROCESSING OF NEW MEMBERS, ADM: CHAPTER POLICIES, LEADERSHIP TRAINING, AND OPPORTUNITIES VOLUNTEERISM. SUPPORT FOR STUDENTS IS GIVEN, THROUGH VAR: CHAPTERS AND THE NATIONAL ALUMNAE ASSOCIATIONS.	NITY IS A BOTH BY THOSE INISTRATION FOR	OF
4b	(Code) (Expenses \$ including grants of \$) (Revenue PAN PIPES - THE FRATERNITY HAS AN OFFICIAL JOURNAL CALLED	PAN PIPES.	)
	THIS QUARTERLY MAGAZINE CARRIES ARTICLES PERTAINING TO THE MUSIC, REPORTS OF NEW DISTINGUISHED MEMBERS, THE ANNUAL OUPDATE FOR NEW MUSIC AND PERFORMANCES AND STORIES ABOUT PROJECTS CARRIED OUT AT THE LOCAL AND NATIONAL LEVEL. PAIR PUBLISHED BY OUR 501(C)(3), CHARITABLE ARM, WHICH RECEIVED FUNDS FROM FRATERNITY.	COMPOSERS THE SERVICE N PIPES IS	
4c	(Code)(Expenses \$	ALLY TO PROVE REGIONAL, AND O GIVE	
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u> _	Total program service expenses ▶	Form 9	<b>90</b> (2017)

FRATERNITY

ERNATIONAL MUSIC 38-1543

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Part IV | Checklist of Required Schedules

	1		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
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	<u> </u>	_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
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?			۱
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	Х
0	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_		Х
1	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,	۱.,	v	
h	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
U	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16' If "Yes," complete Schedule D, Part IX			х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 le		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		X
6	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? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		$\Box$	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	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		X
		Form	990 (	2017)

FRATERNITY 38-<u>1543609</u> Part IV Checklist of Required Schedules (continued)

	·		Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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 "Yes,"			
	complete Schedule L, Part II	26		_X_
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		<u> </u>
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		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u>X</u>
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		<u>X</u>
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			••
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Ţ.	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990 (	2017)

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017) FRATERNITY
Statements Regarding Other IRS Filings and Tax Compliance 38-1543609

	, Check if Schedule O contains a response or note to any line in this Part V	,		
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	(	,	1.0
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b (	i - 1		Ι΄.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 .	١.	`
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<b>「</b>	. •	
	filed for the calendar year ending with or within the year covered by this return	_ ـ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ē	;
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	_X_	
4a	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		X
b	If "Yes," enter the name of the foreign country	١.	١.	٠.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
C	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?	<u>6a</u>		Х
D	If "Yes," did the organization include with every solicitation an express statement that such-contributions or gifts	۱		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 470/s)	6b		<i>~</i> ~
7 a	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?	7-		
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
Ū	to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		<i>.</i> •	
е	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			,
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			5 -
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	.	'a_	- 3
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0 •		-	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders  Cross income from other courses (Danet and arrounds the arrounds the arrounds to the course of the			·
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	l	.	
122	amounts due or received from them)  \[ \begin{array}{ c c c c c c c c c c c c c c c c c c c	400	$\rightarrow$	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		$\overline{}$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	'	·.	`. <i>-</i>
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
_	Note. See the instructions for additional information the organization must report on Schedule O	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.	<u>`</u> ,`	
-	organization is licensed to issue qualified health plans		١	
С	Enter the amount of reserves on hand			` .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (	2017)

Form 990 (2017) FRATERNITY

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38-1543609

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 **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 X officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes " provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 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? X a The organization's CEO. Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website \_\_\_ Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records RUTH S. JOHNSON - (828) 251-0606 TUNNEL ROAD, ASHEVILLE, NC 28805

FRATERNITY

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organizatio (A)		(B)				iihei	ioal	(D)	(E)	(F)		
Name and Title	Average		(C) Position (do not check more than one pox, unless person is both an					Reportable	(E) Reportable	(F) Estimated		
Hame and Title	hours per							compensation	compensation	amount of		
	week		cer ar					from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or director	, a		i	ated	1	organization	(W-2/1099-MISC)	from the		
	related organizations	Individual trustee	Institutional trustee		   8	ngu		(W-2/1099-MISC)		organization and related		
	below	duat tr	tiona	_	l go	st con	<u> </u>			organizations		
	line)	Inde	Instit	Officer	Key employee	Highest compensated employee	Ē			organization.		
(1) RUTH S. JOHNSON	40.00											
EXECUTIVE DIRECTOR	10.00	Х	<u> </u>	X				81,660.	0.	15,128.		
(2) LESLIE ODOM MILLER	30.00											
NATIONAL PRESIDENT	5.00	X		X				5,000.	0.	0.		
(3) HEIDI FRANKSON	10.00											
CHAIRMAN, SAI PHILANTHROPI		X						, 0.	3,200.	0.		
(4) SUSAN BERMANN	10.00	]										
NVP ALUMNAE CHAPTERS		X		X		L		1,500.	0.	0.		
(5) JENNIFER ZERANGUE MISTRETTA	15.00	1										
NVP FINANCE	5.00	X		X			<u> </u>	1,500.	0.	0.		
(6) JESSICA CHICHESTER, PHD.	10.00											
NVP COLLEGIATE CHAPTERS		X		X				1,500.	0.	0.		
(7) BETH LOPEZ	10.00								_			
NVP EXTENSION	1.0.00	X		X				1,500.	0.	0.		
(8) TRACEY WYGAL WITHROW	10.00									_		
NVP RITUAL & FRAT. EDU.	10.00	Х		X				1,500.	0.	0.		
(9) CHRISTINE HALL	10.00							1 500				
NVP FRATERNITY DEV		Х		Х				1,500.	0.	<u> </u>		
						H						
	<del></del>			$\dashv$			_					
			-									
	<del></del>			$\dashv$								
				ı								
			$\dashv$	$\dashv$		$\dashv$						
	<del></del>					$\dashv$				<u> </u>		
			$\vdash$			$\vdash$						
	-											
	_									- 000		

Form 990 (2017)

	<del>                                     </del>								
1b	Sub-total		.   _	95,660.	3,200	5.	15,1	28	В
С	Total from continuation sheets to Part VII, Section A	<b>•</b>	. [	0.	(	5.		(	Ō
d	Total (add lines 1b and 1c)	<b>&gt;</b>		95,660.	3,200	5.	15,1	28	8
2	Total number of individuals (including but not limited to those listed above	re) who	receive	ed more than \$100,0	000 of reportable				
	compensation from the organization								_ [
					_		Yes	N	٧o
							-	$\overline{}$	_

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

t	3	X
	4	X
[		1
	5	X

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation			
		-					
		_					
		_					
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0						

Form 990 (2017)

38-1543609

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events d Related organizations 1đ e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 2 a CHAPTER ASSESSMENTS 900099 840,802. 840,802. Program Service Revenue b SERVICE FEES FROM PHIL 900099 39,021. 39,021. c SUPPLIES SALES TO CHAP 900099 36,483. 36,483. d INSURANCE REIMBURSEMEN 32,883. 32,883. 900099 е f All other program service revenue 949,189. g Total. Add lines 2a-2f investment income (including dividends, interest, and 8,425. 8,425. other similar amounts) Income from investment of tax-exempt bond proceeds 26,000. 2,182. 23,818. 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 14,033 assets other than inventory b Less cost or other basis and sales expenses 14,033 c Gain or (loss) 14,033. 14,033. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV. line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 53,156 and allowances ь 269,088. b Less cost of goods sold -215,932. -215,932 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 19,850. 11 a POSTAGE 900099 19,850. **b** OTHER INCOME 900099 510. 510. C d All other revenue 20,360. e Total. Add lines 11a-11d

12 732009 11-28-17

34,393. Form **990** (2017)

802,075.

Total revenue See instructions.

32,243.

735,439.

FRATERNITY

Part

	2017) FRATERNITY	38-1543609	Page 10
X	Statement of Functional Expenses		

Section 501(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 (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 40,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 112,781 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 35,716 persons described in section 4958(c)(3)(B) 146,742. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,052. 9 Other employee benefits 18,764. 10 Payroll taxes Fees for services (non-employees) a Management 2,160. Legal b 20,828. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 2,903. Investment management fees Other (If line 11g amount exceeds 10% of line 25. 23,096. column (A) amount, list line 11g expenses on Sch O.) 4,901. 12 Advertising and promotion 180,242. 13 Office expenses 2,028. Information technology 14 15 Royalties 45,000. 16 Occupancy 17,746. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,455. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 10,869. 22 Depreciation, depletion, and amortization 35,392. 23 Insurance 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.) 4,121 BAD DEBT EXPENSE b All other expenses 745,796. Total functional expenses Add lines 1 through 24e 25 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 (2017)
Part X | Balance Sheet

FRATERNITY

ra	ŢΛ	Dalance Sheet				<del></del>
		Check if Schedule O contains a response or not	e to any line in this Part X		г –	
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		205,877.	1	174,135.
	2	Savings and temporary cash investments		553,681.	2	714,885.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		16,118.	4	24,325.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ited employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	•		
	ļ	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ςς.		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		6,134.	7	5,423.
As	8	Inventories for sale or use		181,880.	8	213,857.
	9	Prepaid expenses and deferred charges		18,947.	9	46,531.
	10a	Land, buildings, and equipment cost or other				-
		basis Complete Part VI of Schedule D	10a 122,573.	<u>'</u>		
	Ь	Less accumulated depreciation	10b 114,001.	12,673.	10c	8,572.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1	322,248.	12	366,875.
	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 equa	al line 34)	1,317,558.	16	1,554,603.
	17	Accounts payable and accrued expenses	30,411.	17	23,811.	
	18	Grants payable			18	
	19	Deferred revenue		48,966.	19	269,900.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete f	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
litie		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
Ī	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of	60.050		22 522
		Schedule D		67,357.		33,789.
	26	Total liabilities. Add lines 17 through 25		146,734.	26	327,500.
		Organizations that follow SFAS 117 (ASC 958	), check here $ ightharpoonup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•		
es		complete lines 27 through 29, and lines 33 an	d 34.	1 170 004		1 007 100
J.	27	Unrestricted net assets		1,170,824.	27	1,227,103.
3al	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets			29	
F		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
ō		and complete lines 30 through 34.		•	-	
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq			31	
let /	32	Retained earnings, endowment, accumulated in	come, or other funds	1 170 004	32	1 007 100
Z	33	Total net assets or fund balances		1,170,824.	33	1,227,103.
	34	Total liabilities and net assets/fund balances		1,317,558.	34	1,554,603.

10111	1000 (2017)					<u> </u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				75.
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>96.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	· · · · <u> </u>			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	.,17	<u>0,8</u>	24.
5	Net unrealized gains (losses) on investments	5				
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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	, 22	<u>7,1</u>	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990			1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			-	
	separate basis, consolidated basis, or both			i		٠, د
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		•		
	consolidated basis, or both				•	.
	X Separate basis Consolidated basis Both consolidated and separate basis			١,	,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				·
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit	لنسا		Ļ <u>_</u> _
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2017)

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

SIGMA ALPHA IOTA INTERNATIONAL MUSIC Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	CCOUNTS Complete of the
	organization answered "Yes" on Form 990, Part IV, lin		Complete if the
_	organization answered Tes Official 330, Fait IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bone, advised fance	(b) I dilas and other decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	Leading that the assets hold in donor advised fur	nde
·	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ŭ	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?	Total advisor, or for any other purpose come	Yes No
Pa	rt II   Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (e.g., recreation or e	· • • • • • • • • • • • • • • • •	v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	resolvation of a continue r	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	
	year▶	, g,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing conservation	on easements during the year
	<b>&gt;</b>	•	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B	)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the org	ganization's accounting for
	conservation easements		
Par			Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 FRATERN									Page 2
Pa	rt III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other	r Simila	r Assets	S (contin	ued)
3	'Using the organization's acquisition, accessi	on, and other record	is, checi	any of the t	following tha	it are a sig	gnificant L	se of its o	collection	tems
	(check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	hange progr	ams				
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exen	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of					er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No.
Pa	t IV Escrow and Custodial Arran		lete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_	<u> </u>
	on Form 990, Part X?							_	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
7	Ending balance	norm 000 Flort V line	01 6			الطميا فصيا	1f		Yes	No
2a	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII						ty '	<u></u>	_ 1es	
Pai							ın		-	<del></del>
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	(a) Guirein year	(0).	nor year	(6) 11/0 /00	II DOOK	(4) 111100	caro baok	(6) 1 001	yours back
b	Contributions									
c	Net investment earnings, gains, and losses	-					-			
d	Grants or scholarships					1				
е	Other expenditures for facilities									
	and programs		ļ		ļ	1			İ	
f	Administrative expenses									
g	End of year balance	_								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)	) held as		-			
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held an	nd administe	red for the	e organiza	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								_3b _	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds						
(Fai			) D4 !\	/ line 11e C		N David V I	lan 10			
	Complete if the organization answered	<del></del>							(-1) De els	
	Description of property	(a) Cost or of basis (investigation)			or other (other)	, ,	ccumulate preciation	ea	(d) Book	value
	Lond	Dasis (investi	neny	Dasis	(Ott IGI)	net	or eciation			
	Land							-		
	Buildings	<u> </u>								
	Leasehold improvements Equipment			12	2,573.	<del></del> 1	14,00	11.	- Ω	,572.
	Other				_, _, _,		,_(	<del></del>		, , , , , ,
	. Add lines 1a through 1e (Column (d) must en	gual Form 990. Port	X colum	n (R) line 1/	nc )				8	,572.
	· · · · · · · · · · · · · · · · · ·		es waluii	121. 11115 1						

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FRATERNITI				<u>5-1543609 Page</u>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value			id-of-year market value
(1) Financial derivatives	(b) Book value	(C) Welliod of Valu	Dation Cost or en	id-or-year market value
(2) Closely-held equity interests		<u> </u>		
(3) Other				
(A) INVESTMENTS IN BONDS	366,875	. END-OF-YE	AR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	366,875	•		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or (a) Description of investment		e 11c See Form 990, Pa	rt X, line 13	d of
	(b) Book value	(c) Method of Valu	lation Cost or en	d-of-year market value
(1)		-	··	
(2)				
(3)				<u> </u>
(5)				
(6)				
(7)			<del>.</del>	<del></del> -
(8)	<del></del>			
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d See Form 990, Pa	rt X, line 15	
(a) D	escription	······································		(b) Book value
(2)		<u> </u>		
(3)				
(4)		<del></del>		
(5)				
(6)				
(7)			<u> </u>	
(8)				<del> </del>
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line 1 Part X   Other Liabilities.	5.7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
Complete if the organization answered "Yes" or	Form 990 Part IV line	11e or 11f See Form 99	0 Part X line 25	
1. (a) Description of liability	TT OTTI 050, T dit 14, iiile	(b) Book value	o, rait A, line 25	
(1) Federal income taxes		· ,		•
(2) DUE TO CHAPTERS	<del></del>	2,484.		
(3) CHAPTER DEPOSITS		31,305.		
(4)				
(5)				
(6)				
(7)				4
(8)				•
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	5)	33,789.		<b>4</b> °

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 FRATERNITY				43609 Page
Par	rt XI Reconciliation of Revenue per Audite	d Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited finar	icial statements		1	802,653.
2	Amounts included on line 1 but not on Form 990, Part VI	II, line 12	1	-  -	
а	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII )		2d 57	8.	
е	Add lines 2a through 2d			2e	578.
3	Subtract line 2e from line 1			3	802,075.
4	Amounts included on Form 990, Part VIII, line 12, but no	t on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII	l, line 7b	4a		
b	Other (Describe in Part XIII)		4b		_
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form	1990, Part I. line 12.)		5	802,075.
Pai	rt XII Reconciliation of Expenses per Audite			er Return.	
	Complete if the organization answered "Yes" on F		<u> </u>		E46 3E4
1	Total expenses and losses per audited financial statemer			1	746,374.
2	Amounts included on line 1 but not on Form 990, Part IX	, line 25	1 1		
а	Donated services and use of facilities		2a	<b>→</b> 1	
þ	Prior year adjustments		2b	<b></b>	
С	Other losses		2c 5.7		
d	Other (Describe in Part XIII)		2d 57	8.	
е	Add lines 2a through 2d			2e	578. 745,796.
3	Subtract line 2e from line 1			3	745,796.
4	Amounts included on Form 990, Part IX, line 25, but not		1 1	'	
а	Investment expenses not included on Form 990, Part VIII	, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal For	m 990. Part I. line 18.)		5	745,796.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, P			ne 4, Part X, lı	ne 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete th	is part to provide any add	ditional information		
				·	
DAD	RT X, LINE 2:		ζ.		
FAL	AT A, DINE 2:				
чнт	FRATERNITY HAS QUALIFIED FOR	В ЕХЕМРТТОМ Б	ROM FEDERAL INC	ОМЕ ТАХ	ES IINDER
	THE POST OF THE PO	C DINDINI I TOW I	MOII I DDDIGID INC	.0112 1111	DD ONDER
SEC	CTION 501(C)(7) OF THE INTERNA	AL REVENUE CO	DE. EXCEPT ON N	ET INCO	ME `
DER	RIVED FROM UNRELATED BUSINESS	ACTIVITIES,	AND IS NOT A PR	IVATE	
		•			
FOU	NDATION. INVESTMENT INCOME FF	OM THE FRATE	RNITY'S INVESTM	ENT POR	TFOLIO
IS	DEEMED TO BE EXEMPT FUNCTION	INCOME, AND	THEREFORE TAX-F	REE, BY	VIRTUE
OF	ITS CONTRIBUTION TO AN AFFILI	ATED PHILANT	HROPIC ORGANIZA	TION, W	HICH IN
TUR	N USES THE INCOME FOR EXEMPT	PURPOSES.			
THE	FRATERNITY BELIEVES THAT IT	HAS APPROPRIA	ATE SUPPORT FOR	ANY TA	X
חסמ	TOTONE DAVEN AND ACCUSE SO	NEC MOR HATTE	ANV INCEDMATA M	אע הממד	MTONC.
<b>PUS</b>	SITIONS TAKEN, AND AS SUCH, DO	ES NUT HAVE	ANI UNCERTAIN T	WY LOST	TIONS
тна	T ARE MATERIAL TO THE FINANCI	ат. Статемент	<b>S</b> .		

Schedule D (Form 990) 2017 FRATERNITY	38-1543609 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
LOSS NET WITH REVENUES	578.
BOSS NET WITH REVENUES	570.
	<del></del>
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS NET WITH EXPENSES	578.
	1
<del></del>	
	<del></del>
•	

### SCHEDULE (Form 990)

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

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

OMB No 1545-0047	2017	
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Open to Public

º ⊠

☐ Yes

38-1543609

Inspection

Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. SIGMA ALPHA IOTA INTERNATIONAL MUSIC General Information on Grants and Assistance criteria used to award the grants or assistance? FRATERNITY Name of the organization Department of the Treasury Internal Revenue Service Part

ranti Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organiz 55,000 Part II can I	ations and Domestic	Governments. Conal space is neede	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SIGMA ALPHA IOTA PHILANTHROPIES ONE TUNNEL ROAD ASHEVILLE, NC 28805	23-7391912	501(C)(3)	40,000	0			PAYMENT OF SET-ASIDE
					·		
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government orga s listed in the line 1	anizations listed in the table	line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructio	ns for Form 990.					Schedule I (Form 990) (2017)

FRATERNITY

Schedule | (Form 990) (2017)

Part III

38-1543609

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		·			
Part IV Supplemental Information. Provide the information required in	ured in Part I, line	2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	ditional information	
PART I, LINE 2:					
THE ORGANIZATION DOES NOT TYPICALLY		AWARD GRANTS AND	ASSISTANCE	TO THIRD	
PARTIES. THE ORGANIZATION SUPPORTS	⋖	ABLE ACTIV	CHARITABLE ACTIVITY CONDUCTED	TED BY AN	
ASSOCIATE CHARITY, SIGMA ALPHA IOTA	PHILANT	PHILANTHROPIES, AND	SETS	ASIDE A	
STIPEND FOR THOSE ACTIVITIES ANNUALLY.	- 1	ACTUAL FIN	THE ACTUAL FINANCIAL RECORDS	ORDS ARE	
DISCLOSED AND REVIEWED, INCLUDING ALL		EXPENDITURES.			

Schedule I (Form 990) (2017)

#### SCHEDULE L

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SIGMA ALPHA IOTA INTERNATIONAL MUSIC

Employer identification number

38-1543609

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

\$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

FRATERNITY

Part II Loans to and/or From Interested Persons.
--

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (d) Loan to or (a) Name of (i) Written (b) Relationship (c) Purpose (e) Original (g) In (f) Balance due interested person with organization of loan principal amount default? agreement? organization? To From Yes No Yes No Yes No ▶ \$

Part III | Grants or Assistance Benefiting Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
<del></del>	-			
		<del></del>		<b> </b>

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

Schedule L (Form 990 or 990-EZ) 2017

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY

Employer identification number 38-1543609

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EXTENSION- EXTENSION IS THE PROCESS BY WHICH NEW COLLEGIATE AND ALUMNAE CHAPTERS ARE CHARTERED. AN INTEREST GROUP FORMS AND REQUESTS APPROVAL TO BECOME A CHARTERED CHAPTER AFTER FOLLOWING THE PRESCRIBED REQUIREMENTS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS THREE CATEGORIES OF MEMBERSHIP WITH VOTING ELIGIBILITY: COLLEGE, ALUMNAE, AND PATRONESS. A COLLEGE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO VOTE ON ALL MATTERS PRESENTED TO THE CHAPTER, TO HOLD OFFICE, AND TO ACT AS DELEGATE TO THE NATIONAL CONVENTION. ALUMNAE MEMBERS IN GOOD STANDING SHALL BE ENTITLED TO VOTE ON ALL MATTERS PRESENTED TO THE ALUMNAE CHAPTER. THEY SHALL BE ENTITLED TO HOLD OFFICE AND TO ACT AS AN ALUMNAE CHAPTER DELEGATE TO THE NATIONAL CONVENTION. AFTER QUALIFYING THROUGH A PRESCRIBED FRATERNITY EDUCATION COURSE. A PATRONESS MEMBER MAY HOLD AN ELECTIVE ALUMNAE CHAPTER OFFICE AND VOTE ON NATIONAL ISSUES. A FOURTH CLASS OF MEMBERSHIP, DISTINGUISHED MEMBERS, DO NOT HOLD VOTING RIGHTS OR THE RIGHT TO HOLD OFFICE. FORM 990, PART VI, SECTION A, 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

FORM 990, PART VI, SECTION B, LINE 11B:

RESPONSE TO PART VI, LINE 6 ABOVE.

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY	Employer identification number 38-1543609
OVERSIGHT BY MANAGEMENT. UPON COMPLETION AND REVIEW, THE	RETURN WAS
PROVIDED ELECTRONICALLY TO ALL VOTING BOARD MEMBERS PRIOR	TO SUBMISSION TO
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY T	HE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S FINANCE COMMITTEE, CHAIRED BY THE NAT	IONAL VICE
PRESIDENT OF FINANCE, REVIEWS INDUSTRY STANDARDS AND COMPA	ARABLE
ORGANIZATIONS IN THE PROFESSIONAL FRATERNITY ASSOCIATION.	THIS COMMITTEE
MAKES A RECOMMENDATION TO THE NATIONAL EXECUTIVE BOARD FOR	R FINAL VOTE. THE
EXECUTIVE DIRECTOR IS NOT IN ATTENDANCE FOR THESE REVIEWS	AND VOTES.
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO THE PUBLI	IC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNI	
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT	THE
ORGANIZATION'S NATIONAL HEADQUARTERS.	
PAGE 12, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2017

OMB No 1545-0047

SIGMA ALPHA IOTA INTERNATIONAL MUSIC

Open to Publician Inspection Employer identification number

38-1543609

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FRATERNITY Name of the organization

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income Î Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Primary activity
CHARITABLE

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

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Schedule R (Form 990) 2017

IOTA INTERNATIONAL MUSIC SIGMA ALPHA FRATERNITY

Page 2

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2017 Part III

(k) Percentage ownership | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax wear managing partner? Yes Seneral or 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>e</u>

ļ	ļ .	No olled	}			1								
	()	512(b)(13) controlled entity?	-			-		 -		 -	 	-	—	_
	(y)	Percentage ownership		_					_					_
		Share of end-of-year assets	[   											
•	(J)	Share of total income	i	_			•							
	(e)	Type of entity (C corp, S corp, or trust)			-				_					
	(p)	Direct controlling Type of entity (C corp, S corp, or trust)	i			}								
	(c)	Legal domicile (state or foreign country)												
ing the tax year	(q)	Primary activity												
organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization												

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Schedule R (Form 990) 2017

# SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY

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Schedule R (Form 990) 2017

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

Schedule R (Form 990) 2017		Ċ	732163 09-11-17
		)	(9)
			(9)
	1		(4)
		į	(3)
			(2)
			(1)
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
ationships and transaction thresholds	is line, including covered re	o must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
1r X X 1s		,	r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)
X pt			q Reimbursement paid by related organization(s) for expenses
1n X		ın(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
+		ization(s)	<ul> <li>reflormance of services or membership or fundraising solicitations by related organization(s)</li> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>
1k X		;	
1, X			J Lease of facilities, equipment, or other assets to related organization(s)
1 h			<ul> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> </ul>
1			
11 X			f Dividends from related organization(s)
al X			e Loans or loan guarantees by related organization(s)
X Id			d Loans or loan guarantees to or for related organization(s)
A dl			<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>
$\vdash$			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Parts II:IV?	lated organizations listed in	with one or more re	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
⊢			

Schedule R (Form 990) 2017 FRATERNITY

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

Page 4

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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

end-of-year Share of assets <u>6</u> (f) Share of income total Are all partners sec 501(6)3 orgs? Predominant income (related, unrelated, excluded from tax under sections 512-514) (state or foreign Legal domicile country) ပ Primary activity 9 Name, address, and EIN of entity

Schedule R (Form 990) 2017

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## SIGMA ALPHA IOTA INTERNATIONAL MUSIC FRATERNITY 38-1543609 Page 5 Schedule R (Form 990) 2017 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions