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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b> 73-6097246	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> MU ALPHA THETA NATIONAL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR SOCIETY		<b>E Telephone number</b> (405) 325-4489
	Doing Business As		<b>G</b> Gross receipts \$ 514,613
	Number and street (or P O box if mail is not delivered to street address) C/O UNIV OF OKLA 601 ELM AVE	Room/suite	
	City or town, state or country, and ZIP + 4 NORMAN, OK 73019		
	<b>F Name and address of principal officer</b> KAY WEISS EXECUTIVE DIRECTOR 601 ELM AVE ROOM 1102 NORMAN, OK 730193103		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ www.mualphatheta.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1967	<b>M</b> State of legal domicile OK

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO INSPIRE A KEEN INTEREST IN MATH, DEVELOP STRONG SCHOLARSHIP IN THE SUBJECT & PROMOTE ENJOYMENT OF MATH IN HIGH SCHOOL & 2-YR COLLEGE STUDENTS TO RECOGNIZE OUTSTANDING STUDENT ACHIEVEMENT    			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	11	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	0	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	3,300	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	299,253	453,188	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	5,598	4,910	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	41,199	27,965	
		346,050	486,063	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	67,555	86,719	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	99,253	124,699	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	67,918	81,717	
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	234,726	293,135	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	111,324	192,928	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	<b>20</b> Total assets (Part X, line 16) . . . . .	386,818	566,928	
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	0	485	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	386,818	566,443	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer			2012-07-31 Date	
	KAY WEISS EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	C JANESE SHEPARD	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GRAY BLODGETT & COMPANY PLLC 629 24TH AVE SW NORMAN, OK 730693912			EIN
					Phone no (405) 360-5533

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Check if Schedule O contains a response to any question in this Part III ☒

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

Form **990** (2011)

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)? <i>If "Yes," complete Schedule A</i> . . . . .	1	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> . . . .	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> . . . . .	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	No
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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	No
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part 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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	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? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>					
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>					
		<b>Yes</b>	<b>No</b>		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	14		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	451,478		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	0		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>			
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>			
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>			

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "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 to any question 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 . . . . .	1a11		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	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		No
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		No
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 . . . . .			
a	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	Yes	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
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 taxable entity during the year? . . . . .	16a		No
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? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> OK
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> KAY WEISS EXEC DIRECTOR 601 ELM AVE ROOM 1102 NORMAN, OK 730193103 (405) 325-4489

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH CAROL BOTZNER PRESIDENT	3 2	X		X				0	0	0
(2) THOMAS TOSCH PAST-PRESIDENT	1 2	X		X				0	0	0
(3) PAUL R GOODEY SECRETARY/TREASURER	3 0	X		X				0	0	0
(4) DARRYL EDMUNDS GOVERNOR REGION 1	5	X						0	0	0
(5) DORIS PARRINO GOVERNOR REGION 2	5	X						0	0	0
(6) BETTY HOOD GOVERNOR REGION 3	7	X						0	0	0
(7) A SAMUEL KOSKI GOVERNOR REGION 4	5	X						0	0	0
(8) KATHY MOWERS AMATYC REPRESENTATIVE	5	X						0	0	0
(9) STEVE DUNBAR MAA REPRESENTATIVE	5	X						0	0	0
(10) THOMAS KILKELLY NCTM REPRESENTATIVE	5	X						0	0	0
(11) TERRY HERDMAN SIAM REPRESENTATIVE	7	X						0	0	0
(12) KAY WEISS EXECUTIVE DIRECTOR	50 0			X				57,074	6,342	23,312



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	57,074	6,342	23,312

**2** Total number of individuals (including but not limited to those I  
\$100,000 of reportable compensation from the organization) 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** 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	(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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		0				
Program Service Revenue			Business Code					
	2a	CHARTER FEES	900099	1,710	1,710			
	b	MEMBERSHIP DUES	900099	451,478	451,478			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		453,188				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,910			4,910	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .		0				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a	54,805					
b	Less cost of goods sold . . . . .	b	28,550					
c	Net income or (loss) from sales of inventory . .		26,255					
Miscellaneous Revenue		Business Code						
11a	SERVICE FEES	900099	1,485	1,485				
b	FEDERAL TAX REFUND	900099	150	150				
c	STATE TAX REFUND	900099	75	75				
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		1,710					
12	Total revenue. See Instructions . . . . .		486,063	454,898			4,910	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	15,734			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	70,985			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	78,055			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	37,204			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	9,440			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	2,745			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	20			
12	Advertising and promotion	10,179			
13	Office expenses	15,286			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,839			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	21,678			
20	Interest	0			
21	Payments to affiliates	200			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,823			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CONTESTS & PRIZES	15,726			
b	MEMBERSHIP SUPPLIES	9,125			
c	MISCELLANEOUS	86			
d	FOREIGN TAX	10			
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	293,135			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,672	1	4,297
	2	Savings and temporary cash investments . . . . .			345,915	2	529,828
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			0	4	711
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			25,416	8	19,965
	9	Prepaid expenses and deferred charges . . . . .			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less: accumulated depreciation . . . . .	10b		0	10c	
	11	Investments—publicly traded securities . . . . .			12,815	11	12,127
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			386,818	16	566,928
Liabilities	17	Accounts payable and accrued expenses . . . . .			0	17	485
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			0	26	485
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			386,818	32	566,443
	33	<b>Total net assets or fund balances</b> . . . . .			386,818	33	566,443
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			386,818	34	566,928

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	486,063
2	Total expenses (must equal Part IX, column (A), line 25)	2	293,135
3	Revenue less expenses Subtract line 2 from line 1	3	192,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	386,818
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,303
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	566,443

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 73-6097246  
**Name:** MU ALPHA THETA NATIONAL HIGH SCHOOL & TWO-  
YEAR COLLEGE MATHEMATICS HONOR SOCIETY

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

Schedule I (Form 990)	Grants and Other Assistance to Organizations,	OMB No 1545-0047
		2011

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2011

## Open to Public Inspection


Name of the organization	<b>Employer identification number</b>
MU ALPHA THETA NATIONAL HIGH SCHOOL & TWO - YEAR COLLEGE MATHEMATICS HONOR SOCIETY	73-6097246

## Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance
(1) SUMMER MATH STUDY GRANTS	14	19,985			
(2) ACADEMIC SCHOLARSHIPS	13	48,000			
(3) SCIENCE FAIR AWARDS	3	3,000			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MOUNT RAINIER-LOG 1 GRANT	PART II, LINE 1(A)(1)	THE SPONSOR AND STUDENTS OF THE MOUNT RAINIER CHAPTER OF MU ALPHA THETA AT MOUNT RAINIER HIGH SCHOOL, DES MOINES, WA, RUN THE LOG 1 CONTEST FOR MU ALPHA THETA THE STUDENTS USE THE FUNDS TO PAY FOR TEST WRITING, WEB SITE DEVELOPMENT, POSTAGE, CERTIFICATES, PRINTING, PLAQUES, AND PRIZE SHIPPING REMAINING FUNDS AFTER CONTEST EXPENSES ARE PAID ARE USED AS SCHOLARSHIP MONEY TO DEFRAY COSTS OF THE STUDENTS TO ATTEND THE NATIONAL CONVENTION OVER 2,000 STUDENTS COMPETE IN THE LOG 1 MATH CONTEST IN OVER 100 SCHOOLS AROUND THE COUNTRY AND A NUMBER OF FOREIGN COUNTRIES AFTER THE CONTEST IS COMPLETED, A REPORT IS MADE TO THE GOVERNING COUNCIL OF MU ALPHA THETA, INCLUDING A FINANCIAL ACCOUNTING OF HOW THE GRANT FUNDS WERE SPENT
GRISSOM HIGH SCHOOL-ROCKET CITY MATH CONTEST	PART II, LINE 1(A)(2)	THE SPONSOR AND STUDENTS OF GRISSOM HIGH SCHOOL'S MU ALPHA THETA CHAPTER PLAN AND RUN THE ROCKET CITY MATH LEAGUE COMPETITION THE STUDENTS PROVIDE BOTH A TEAM TEST AND THREE THEMED MATH TESTS FOR STUDENTS AT FIVE LEVELS OF MATH KNOWLEDGE THEY RUN THE WEBSITE, REGISTRATION, WRITE AND PROOF THE TESTS, COMMUNICATE WITH PARTICIPANTS, DETERMINE WINNERS, AND SEND OUT CERTIFICATES AND TROPHIES, AS WELL AS OTHER PRIZES STUDENTS FROM MIDDLE SCHOOL AGE TO COLLEGE STUDENTS MAY PARTICIPATE IN THE CONTESTS AND STUDENTS DO NOT HAVE TO BE MEMBERS OF MU ALPHA THETA TO COMPETE ANY FUNDS REMAINING AFTER COSTS AND PRIZES ARE AWARDED ARE USED TO PROVIDE SCHOLARSHIP MONEY TO GRADUATING SENIOR STUDENTS RUNNING THE CONTEST THIS PAST YEAR OVER 3,000 STUDENTS PARTICIPATED IN THE CONTESTS
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2	BOTH THE LOG 1 CONTEST AND THE ROCKET CITY MATH LEAGUE GRANTS ARE REQUIRED TO FILE A FINANCIAL REPORT TO THE GOVERNING COUNCIL, INCLUDING ALL EXPENDITURES THE GOVERNING COUNCIL REVIEWS THE EXPENSES AND VOTES ON WHETHER TO EXTEND THE GRANTS FOR AN ADDITIONAL YEAR ALL SCHOLARSHIP FUNDS ARE SENT DIRECTLY TO THE UNIVERSITY THAT THE STUDENT WILL ATTEND THE UNIVERSITY IS INSTRUCTED TO ALLOW THE USE OF THE FUNDS ONLY FOR TUITION, FEES OR BOOKS FOR THE STUDENT SUMMER GRANT FUNDS ARE SENT DIRECTLY TO THE UNIVERSITY OR MATH PROGRAM TO PAY TUITION/ROOM/MEALS FOR AWARDEES, UNLESS THE STUDENT HAS ALREADY PAID THE FEES FEES ARE OFTEN DUE PRIOR TO THE APPROVAL OF THE GRANT, SINCE A GRANT WILL NOT BE APPROVED UNLESS THE STUDENT HAS BEEN ACCEPTED TO THE PROGRAM IN THIS CASE, MU ALPHA THETA CONTACTS THE PROGRAM TO ENSURE THAT THE FUNDS HAVE BEEN DEPOSITED AND THEN REIMBURSES THE STUDENT FOR THE APPROPRIATE AMOUNT SPENT WHEN FUNDS ARE SENT AS A REIMBURSEMENT, THEY ARE REPORTED AS MISCELLANEOUS INCOME TO THE STUDENT AND A 1099 IS SENT THE FOLLOWING JANUARY



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization MU ALPHA THETA NATIONAL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR SOCIETY	Employer identification number 73-6097246
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Identifier	Return Reference	Explanation
EMPLOYEES REPORTED ON FORM W-3	PART V, LINE 2A	MU ALPHA THETA IS LOCATED ON THE CAMPUS OF THE UNIVERSITY OF OKLAHOMA FUNDS FOR ALL SALARIES AND FRINGE BENEFITS ARE DEPOSITED TO A UNIVERSITY ACCOUNT ALL WORKERS AT MU ALPHA THETA ARE EMPLOYEES OF THE UNIVERSITY OF OKLAHOMA THEREFORE, MU ALPHA THETA DOES NOT ACTUALLY HAVE ANY EMPLOYEES AND ALL TAX PAPERWORK AND FORMS ARE FILED BY THE UNIVERSITY
OTHER CHANGES IN NET ASSETS	PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS - INVENTORY \$( 6,585) ACCOUNTS PAYABLE ( 5,937) UNREALIZED GAIN ON INVESTMENTS - ( 781) ----- \$(13,303) =====
MAILING ADDRESSES	PART VI, SECTION A, LINE 9	BOARD MEMBERS WHO CANNOT BE REACHED AT THE ORGANIZATION'S MAILING ADDRESS ELIZABETH CAROL BOTZNER, PRESIDENT 1800 NIMROD BLVD LOVELAND, OH 45140 THOMAS TOSCH, PAST-PRESIDENT MOUNT RAINIER HIGH SCHOOL 22450 19TH AVE SOUTH DES MOINES, WA 98198 PAUL R GOODEY , SECRETARY-TREASURER DEPARTMENT OF MATHEMATICS UNIVERSITY OF OKLAHOMA 601 ELM AVE, RM 423 NORMAN, OK 73019 DARRYL EDMUNDS, GOVERNOR REGION 1 HIGHLINE HIGH SCHOOL 225 S 152ND ST BURIEN, WA 98148 DORIS PARRINO, GOVERNOR REGION 2 BATON ROUGE MAGNET HIGH SCHOOL 1105 LEE DR BATON ROUGE, LA 70808 BETTY HOOD, GOVERNOR REGION 3 BRENTWOOD HIGH SCHOOL 5304 MURRAY LANE BRENTWOOD, TN 37027-6205 A SAMUEL KOSKI, GOVERNOR REGION 4 MIAMI SPRINGS SENIOR HIGH SCHOOL 751 DOVE AVE MIAMI SPRINGS, FL 33166 KATHY MOWERS, AMATYC REPRESENTATIVE OWENSBORO COMMUNITY AND TECHNICAL COLLEGE 4800 NEW HARTFORD RD OWENSBORO, KY 42303 STEVE DUNBAR, MAA REPRESENTATIVE DEPARTMENT OF MATHEMATICS UNIVERSITY OF NEBRASKA 308 AVERY HALL LINCOLN, NE 68588 THOMAS KILKELLY , NCTM REPRESENTATIVE WAYZATA HIGH SCHOOL 4955 PEONY LANE NORTH PLY MOUTH, MN 55446 TERRY HERDMAN, SIAM REPRESENTATIVE VA TECH INTERDISCIPLINARY CENTER FOR APPLIED MATH ICAM 0531 BLACKSBURG, VA 24061
990 REVIEW PROCESS	PART VI, SECTION B, LINE 11B	THE EXECUTIVE DIRECTOR WORKS WITH AN ACCOUNTING FIRM TO FILL OUT THE 990 FORMS WITH INPUT FROM THE SECRETARY/TREASURER AFTER THE FORMS ARE COMPLETED, THE GOVERNING COUNCIL MEMBERS REVIEWED ALL FORMS AT THEIR SUMMER GOVERNING COUNCIL MEETING ANY ITEM OF CONCERN WAS DISCUSSED AT THAT MEETING ANY CORRECTIONS WERE MADE WHEN THE FORMS MET WITH THE APPROVAL OF ALL MEMBERS, THERE WAS A MOTION TO APPROVE THE RETURNS AND FILE THESE WITH THE IRS
MONITORING CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	MEMBERS OF THE GOVERNING COUNCIL FILL OUT A QUESTIONNAIRE DURING THE FIRST MEETING OF THE YEAR, USUALLY IN JANUARY OR FEBRUARY THE QUESTIONNAIRE REQUIRES THEM TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST FOR THE COMING FISCAL YEAR SHOULD A CONFLICT OF INTEREST BE NOTED, THE COUNCIL MEMBER WILL ABSTAIN FROM ANY DISCUSSION OR VOTES IDENTIFIED AS A POSSIBLE CONFLICT OF INTEREST
DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR IS THE ONLY SALARIED OFFICER HER SALARY WAS INITIALLY DETERMINED BY THE SECRETARY-TREASURER THE DETERMINATION WAS MADE BASED ON COMPARISONS WITH OTHER OFFICIALS AT THE UNIVERSITY OF OKLAHOMA, INCLUDING DEVELOPMENT OFFICER, FINANCIAL ASSOCIATES AND ADMINISTRATORS, WHO HAVE DUTIES OVERLAPPING WITH HERS THIS YEAR, HER SALARY WAS COMPARED WITH EXECUTIVE DIRECTORS IN OKLAHOMA OF OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE, USING SURVEY RESULTS COMPILED BY THE OKLAHOMA CENTER FOR NON-PROFITS THE SECRETARY/TREASURER DISCUSSED HIS RECOMMENDATION WITH THE PRESIDENT AND THEN SUBMITTED THIS TO THE GOVERNING COUNCIL FOR APPROVAL
DOCUMENT AVAILABILITY	PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS NATIONAL CONSTITUTION AND CONFLICT OF INTEREST POLICY , ALONG WITH OTHER GOVERNANCE POLICIES, AVAILABLE AT ITS WEBSITE WWW.MUALPHATHETA.ORG>ABOUT US>GOVERNANCE FINANCIAL STATEMENTS ARE AVAILABLE, UPON REQUEST, FROM THE NATIONAL OFFICE NON-PROFIT 990 TAX FORMS ARE ALSO AVAILABLE ONLINE THROUGH A NUMBER OF WEBSITES PROVIDING COPIES OF THESE TO INTERESTED PARTIES
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELIZABETH CAROL BOTZNER TITLE PRESIDENT HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS TOSCH TITLE PAST-PRESIDENT HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL R GOODEY TITLE SECRETARY/TREASURER HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DARRYL EDMUNDS TITLE GOVERNOR REGION 1 HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DORIS PARRINO TITLE GOVERNOR REGION 2 HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BETTY HOOD TITLE GOVERNOR REGION 3 HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME A SAMUEL KOSKI TITLE GOVERNOR REGION 4 HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHY MOWERS TITLE AMATYC REPRESENTATIVE HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVE DUNBAR TITLE MAA REPRESENTATIVE HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS KILKELLY TITLE NCTM REPRESENTATIVE HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TERRY HERDMAN TITLE SIAM REPRESENTATIVE HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAY WEISS TITLE EXECUTIVE DIRECTOR HOURS 10

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
MU ALPHA THETA NATIONAL HIGH SCHOOL & TWO-  
YEAR COLLEGE MATHEMATICS HONOR SOCIETY

Employer identification number  
73-6097246

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MU ALPHA THETA EDUCATIONAL FOUNDATION  601 ELM AVE ROOM 1102  NORMAN, OK 73019 73-1506789	EDUC SUPPORT	OK	501(C)(3)	LINE 7	NA		No

Part III

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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 year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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