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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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	C Name of organization MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR		D Employer identification number 73-6097246
	Doing Business As MU ALPHA THETA		
	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 1102	Room/suite	E Telephone number (405) 325-4489
	City or town, state or country, and ZIP + 4 NORMAN, OK 73019		
			G Gross receipts \$ 549,059
F Name and address of principal officer KAY WEISS EXECUTIVE DIRECTOR 601 ELM AVE RM 1102 NORMAN,OK 730193103		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I 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			
J Website: ▶ WWW.MUALPHATHETA.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION RECOGNIZES AND ENCOURAGES STUDENTS WHO ENJOY AND EXCEL IN MATHEMATICS BY PROVIDING MATHEMATICS COMPETITIONS AND OTHER MATH-RELATED ACTIVITIES THE ORGANIZATION PROVIDES AWARDS TO STUDENTS FOR OUTSTANDING EXTRACURRICULAR ACHIEVEMENT IN MATHEMATICS AND AWARDS SCHOLARSHIPS AND GRANTS TO MATHEMATICALLY TALENTED MEMBERS TO HELP FURTHER THEIR EDUCATION IN ADDITION, MU ALPHA THETA PROVIDES FREE GRAPHING CALCULATORS, MATHEMATICS SOFTWARE, AND MATH-RELATED DVDS AS PRIZES TO CHAPTERS 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	3,300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,684
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	453,188	487,999
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,910	4,684
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,965	27,339
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	486,063	520,022
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,719	100,848
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,699	131,264
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	81,717	103,307
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	293,135	335,419
	19 Revenue less expenses Subtract line 18 from line 12	192,928	184,603
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		566,928	752,801
22 Net assets or fund balances Subtract line 21 from line 20		485	340
		566,443	752,461

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.

Sign Here	***** Signature of officer			2013-08-08 Date	
	KAY WEISS EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name C JANESE SHEPARD		Preparer's signature		Date 2013-08-08
	Check <input type="checkbox"/> if self-employed			PTIN	
	Firm's name ▶ GRAY BLODGETT & COMPANY PLLC			Firm's EIN ▶	
	Firm's address ▶ 629 24TH AVE SW NORMAN, OK 730693912			Phone no (405) 360-5533	

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

Form **990** (2012)

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 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? <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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.	486,139	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	11	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	No
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
16b	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	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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	KAY WEISS EXECUTIVE DIRECTOR 601 ELM AVE ROOM 1102 NORMAN, OK (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	5 00	X		X				0	0	0
PRESIDENT	1 00									
(2) GALAN TODD TAYLOR	50	X		X				0	0	0
PRESIDENT EL	50									
(3) PAUL R GOODEY	3 00	X		X				0	0	0
SECRETARY-TR	1 00									
(4) TRISCIA HOCHSTATTER	50	X						0	0	0
GOVERNOR REG	50									
(5) DORIS PARRINO	50	X						0	0	0
GOVERNOR REG	50									
(6) BETTY HOOD	2 00	X						0	0	0
GOVERNOR REG	2 00									
(7) A SAMUEL KOSKI	2 50	X						0	0	0
GOVERNOR REG	1 00									
(8) KATHY MOWERS	50	X						0	0	0
AMATYC REP	50									
(9) STEVE DUNBAR	50	X						0	0	0
MAA REP	50									
(10) THOMAS KILKELLY	50	X						0	0	0
NCTM REP	50									
(11) TERRY HERDMAN	1 00	X						0	0	0
SIAM REP	50									
(12) KAY WEISS	50 00			X				59,075	6,564	24,648
EXECUTIVE DI	10 00									

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								59,075	6,564	24,648

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **1**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	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>	4	No
5	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>	5	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)	(B)	(C)
Name and business address	Description of services	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 ►

Part VIII

Statement of Revenue

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

			(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				
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code			
			900099	486,139	486,139	
	b	CHARTER FEES	900099	1,860	1,860	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		487,999		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,684		4,684	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	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				
	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				
	10a	Gross sales of inventory, less returns and allowances	a			
			54,656			
	b	Less cost of goods sold	b	29,037		
	c	Net income or (loss) from sales of inventory		25,619	25,619	
		Miscellaneous Revenue	Business Code			
11a	SERVICE FEES	900099	1,720	1,720		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		1,720			
12	Total revenue. See Instructions		520,022	515,338	4,684	

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).

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.	25,013			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	75,835			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	81,259			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	38,519			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	11,486			
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	1,250			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	2,288			
13	Office expenses.	22,843			
14	Information technology.				
15	Royalties.				
16	Occupancy.	5,328			
17	Travel.	3,034			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	13,944			
20	Interest.				
21	Payments to affiliates.	30,100			
22	Depreciation, depletion, and amortization.				
23	Insurance.	2,070			
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):				
a	CONTESTS & PRIZES	12,976			
b	MEMBERSHIP SUPPLIES	8,201			
c	HANDBOOK PUBLICATION	947			
d	MISCELLANEOUS	312			
e	All other expenses	14			
25	Total functional expenses. Add lines 1 through 24e.	335,419	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,297	1	11,672
	2	Savings and temporary cash investments		529,828	2	696,639
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		711	4	748
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,965	8	30,038
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		10c	
	b	Less accumulated depreciation	10b			
	11	Investments—publicly traded securities		12,127	11	13,704
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		566,928	16	752,801
Liabilities	17	Accounts payable and accrued expenses		485	17	340
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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			25	
	26	Total liabilities. Add lines 17 through 25		485	26	340
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		566,443	32	752,461
	33	Total net assets or fund balances		566,443	33	752,461
	34	Total liabilities and net assets/fund balances		566,928	34	752,801

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	520,022
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,419
3	Revenue less expenses Subtract line 2 from line 1	3	184,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	566,443
5	Net unrealized gains (losses) on investments	5	1,415
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	752,461

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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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
3b	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		

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

2012

Open to Public Inspection

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

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?

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. Part II can be duplicated 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.
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 non-cash assistance
(1) SUMMER MATH STUDY GRANTS	13	23,335			
(2) ACADEMIC SCHOLARSHIPS	12	48,000			
(3) SCIENCE FAIR AWARDS	4	4,500			

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, 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
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	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 MOUNT RAINIER-LOG 1 GRANT - 3,800 TOTAL GRANT 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 HOOVER HIGH SCHOOL - LOG 1 CONTEST - 2,500 TOTAL GRANT THE MU ALPHA THETA CHAPTER AT HOOVER HIGH SCHOOL TOOK OVER THE RUNNING OF THE LOG 1 CONTEST FOR THE 2012-2013 SCHOOL YEAR FUNDS PROVIDED THE WRITING OF EXAMS FOR THE CONTEST AND FOR TRANSFER OF THE WEBSITE TO THEIR CLUB

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR	Employer identification number 73-6097246
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE ORGANIZATION RECOGNIZES AND ENCOURAGES STUDENTS WHO ENJOY AND EXCEL IN MATHEMATICS BY PROVIDING MATHEMATICS COMPETITIONS AND OTHER MATH-RELATED ACTIVITIES. THE ORGANIZATION PROVIDES AWARDS TO STUDENTS FOR OUTSTANDING EXTRACURRICULAR ACHIEVEMENT IN MATHEMATICS AND AWARDS SCHOLARSHIPS AND GRANTS TO MATHEMATICALLY TALENTED MEMBERS TO HELP FURTHER THEIR EDUCATION. IN ADDITION, MU ALPHA THETA PROVIDES FREE GRAPHING CALCULATORS, MATHEMATICS SOFTWARE, AND MATH-RELATED DVDS AS PRIZES TO CHAPTERS.

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	COMPETE IN THE INTERNATIONAL MATH OLYMPIAD MU ALPHA THETA CONTINUES TO SUPPORT THE AMERICAN MATHEMATICS COMPETITION AND THE US MATHEMATICS OLYMPIAD TEAM BY PROVIDING FINANCIAL SUPPORT AND PRIZES TO THE FINALISTS DURING THE YEAR, MU ALPHA THETA PURCHASED TI GRAPHING CALCULATORS AND GAVE THEM FREE TO ITS CHAPTERS SCHOOLS COULD USE THE CALCULATORS AS PRIZES FOR MATH CONTESTS THEY RAN, TO AUCTION AS A CHAPTER FUND-RAISER, OR AS AWARDS TO TALENTED CHAPTER MEMBERS BESIDES THE CALCULATORS, MU ALPHA THETA ALSO PROVIDED OTHER PRIZES TO CHAPTERS RUNNING MATH COMPETITIONS FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS IN THEIR CITY, STATE OR REGION MU ALPHA THETA PROVIDED SUPPORT TO THE NATIONAL CONVENTION IN BOSTON, MA, WHICH WAS RUN BY THE MU ALPHA THETA EDUCATIONAL FOUNDATION THE CONVENTION WAS ATTENDED BY 600 STUDENTS AND THEIR TEACHERS THE CONVENTION OFFERS AN ENVIRONMENT WHERE EVERY ONE YOU MEET LOVES MATH STUDENTS SPEND MOST OF FOUR DAYS DOING A VARIETY OF MATH COMPETITIONS FOR FUN, ATTENDING SPEAKER SESSIONS PRESENTED ON A VARIETY OF MATH TOPICS, GIVING MATH "CHALK TALKS," AND ATTENDING SOCIAL EVENTS THIS YEAR, THERE WERE SCHOOLS ATTENDING FROM ALL OVER THE US, INCLUDING HAWAII TO ENCOURAGE RESEARCH IN MATHEMATICS BY STUDENTS, MU ALPHA THETA CONTINUED TO PROVIDE AN AWARD AT SCIENCE FAIRS AROUND THE COUNTRY AND THE WORLD FOR OUTSTANDING RESEARCH PROJECTS INVOLVING MATHEMATICS ACCESSIBLE TO HIGH SCHOOL STUDENTS AT THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR, 4,500 IN AWARD MONEY WAS PRESENTED TO FOUR STUDENTS WITH THE TOP MATHEMATICS PROJECTS

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	COLLEGES AROUND THE COUNTRY THESE PROGRAMS ARE SPECIFICALLY GEARED FOR HIGH ACHIEVING HIGH SCHOOL STUDENTS AND PROVIDE STUDY IN ABSTRACT AND APPLIED MATHEMATICS TOPICS NOT AVAILABLE TO THEM AT THEIR OWN SCHOOL SOME PROGRAMS OFFER THE OPPORTUNITY FOR STUDENTS TO DO INDEPENDENT RESEARCH IN MATHEMATICS AT THE HIGHEST LEVELS, MENTORED BY PROFESSORS ABLE TO STIMULATE THEIR MATHEMATICAL CURIOSITY THIS YEAR, THE LOG 1 CONTEST PROVIDED CASH AWARDS TO THE TOP THREE WINNERS IN EACH OF MU ALPHA THETA'S FOUR REGIONS SOME SCHOOLS USED THE AWARD FUNDS TO ATTEND OUR NATIONAL CONVENTION HOWEVER, NO RESTRICTIONS WERE PLACED ON THE AWARDS SOME SCHOOLS USED THE FUNDING TO ATTEND OTHER MATH CONTESTS OR TO SUPPORT CHAPTER ACTIVITIES

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	VARIOUS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	LINE 2A - EMPLOYEES REPORTED ON FORM W-3 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

Identifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	ELIZABETH CAROL BOTZNER, PRESIDENT 1800 NIMROD BLVD LOVELAND, OH 45140 GALAN TODD TAYLOR VESTAVIA HILLS HS, 2235 LIME ROCK RD VESTAVIA HILLS, AL 35216 PAUL R GOODEY UNIV OF OKLA, 601 ELM, RM 423 NORMAN, OK 73019 TRISCIA HOCHSTATTER MOSES LAKE HS, 803 SHARON AVE EAST MOSES LAKE, WA 98837 DORIS PARRINO BATON ROUGE HS, 2825 GOVERNMENT ST BATON ROUGE, LA 70806 BETTY HOOD BRENTWOOD HS, 5304 MURRAY LN BRENTWOOD, TN 37027-6205 A SAMUEL KOSKI 1251 WREN AVE MIAMI SPRINGS, FL 33166 KATHY MOWERS OWENSBORO CTC, 4800 NEW HARTFORD RD OWENSBORO, KY 42303 STEVE DUNBAR NU MATHEMATICS DEPT, 308 AVERY HALL LINCOLN, NE 68588 THOMAS KILKELLY WAYZATA HIGH SCHOOL, 4955 PEONY LN N PLYMOUTH, MN 55446 TERRY HERDMAN VA TECH CTR-APPLIED MATH, ICAM 0531 BLACKBURG, VA 24061

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, 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.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, 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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS NATIONAL CONSTITUTION AND CONFLICT OF INTEREST POLICY, ALONG WITH OTHER GOVERNANCE POLICIES, AVAILABLE AT ITS WEBSITE WWW.MJALPHATHETA.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

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

2012

Open to Public Inspection

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

Employer identification number

73-6097246

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) MU ALPHA THETA EDUC FOUNDATION 601 ELM AVE RM 1102 NORMAN, OK 73019 73-1506789	ED SUPPORT	OK	501 C3	7	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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