

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

DLN: 93493224029455

OMB No 1545-0047

Open to Public Inspection

Form **990** 

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

| <b>B</b> Ch  | eck if app   | plicable   | C Name of organization   | 1001.0  |   | D Employ  | er identifi   | cation number  |  |  |
|--|--|--|--|---|---|---|---|--|--|--|
|  | dress cha  | -  | MU ALPHA THETA NATL HIGH SCH<br>TWO-YEAR COLLEGE MATHEMATIO  |   |   | 73-60   | 97246   |  |  |  |
|  | me chang   |  | Doing business as<br>MU ALPHA THETA  |   |   |   |   |  |  |  |
| Fır  | tıal return<br>nal   |  |  | mail is not delivered to street address) Roo  | n/suite   | E Telepho   | ne number   |  |  |  |
|  | urn/term   |  | C/O UNIV OF OKLA 3200 MARSHA<br>ROOM/SUITE 190   |   |   | (405):  | 325-4489  | 9  |  |  |
|  | nended re<br>plication p   |  | NORMAN, OK 73019   | ountry, and ZIP or foreign postal code  |   | <b>G</b> Gross receipts \$ 590,820  |   |  |  |  |
|  |  |  | F Name and address of p<br>KAY WEISS EXECUTIVE<br>3200 MARSHALL AVE SU<br>NORMAN,OK 73019  | DIRECTOR  | S   | s this a group<br>ubordinates?  |   | □ Yes I No<br>□ Yes □ No   |  |  |
| • To   | ıx-exemp   | ot status  |  | <b>4</b> (insert no )   |   | ncluded?  |   |  |  |  |
|  |  |  | W MUALPHATHETA ORG   | (insert no )   4947(a)(1) or   527  |   | Group exempti   |   | e instructions)  |  |  |
|  |  |  | Corporation Trust Associa  | tion Other 🕨  | 1 11(3)   | of formation 196  |   | e of legal domicile OK   |  |  |
|  | rt I   |  | mary   | don't other P   | L rear  | or formation 190  | or III stat   | e or legal dornicle OK   |  |  |
| Activities & Governance  | O A RI   | heck the umber of otal nur   | ZATION FINANCIALLY SUPON, MU ALPHA THETA PROVON DOVING AS PRIZES TO CHA  | ATHEMATICALLY TALENTED MEM PPORTS MATHEMATICAL ACTIVITIONS FREE GRAPHING CALCULAT PTERS  discontinued its operations or disposing body (Part VI, line 1a) | ed of more th   | CHAPTERS WEMATICS SOF   | ITH GRAI<br>TWARE, A  | NTS IN<br>AND MATH-  |  |  |
|  |  |  |  | Part VIII, column (C), line 12  |   | ŀ   | 7a  | 6,688  |  |  |
|  | <b>b</b> N   | et unre  | lated business taxable income  | e from Form 990-T, line 34  |   |   | 7b  |  |  |  |
|  | 1  |  |  |   |   |   |   |  |  |  |
|  | 8  | Contri   | butions and grants (Part VIII,   | line 1h)  |   | Prior Year  |   | Current Year   |  |  |
| anne   | 8  |  |  | line 1h)  |   | Prior Year 517,5  |   |  |  |  |
| Ravenue  | 9<br>10  | Progra<br>Invest   | m service revenue (Part VIII,<br>ment income (Part VIII, colur   | Inne 2g)  |   | 517,5<br>5,6  | 51  | 0<br>524,578<br>6,688  |  |  |
| Rayente  | 9  | Progra<br>Invest<br>Other<br>Total r   | m service revenue (Part VIII,<br>ment income (Part VIII, colur<br>revenue (Part VIII, column (A<br>revenue—add lines 8 through 1   | nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A)   |   | 517,5<br>5,6<br>27,4  | 51<br>10<br>22  | 0<br>524,578<br>6,688<br>32,046  |  |  |
| Revenue  | 9<br>10<br>11<br>12  | Progra<br>Invest<br>Other<br>Total r<br>12) .  | m service revenue (Part VIII,<br>ment income (Part VIII, colur<br>revenue (Part VIII, column (A<br>revenue—add lines 8 through 1   | Inne 2g)  |   | 517,5<br>5,6<br>27,4<br>550,5   | 51<br>10<br>22<br>83  | 0<br>524,578<br>6,688<br>32,046<br>563,312   |  |  |
| Revenue  | 9<br>10<br>11  | Progra Invest Other Total r 12). Grants  | m service revenue (Part VIII,<br>ment income (Part VIII, colur<br>revenue (Part VIII, column (A<br>revenue—add lines 8 through 1   | nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A)   | , line  | 517,5<br>5,6<br>27,4  | 51<br>10<br>22<br>83  | 0<br>524,578<br>6,688<br>32,046  |  |  |
|  | 9<br>10<br>11<br>12  | Progra Invest Other Total r 12) Grants Benefit   | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1   | Inne 2g)  | , line  | 517,5<br>5,6<br>27,4<br>550,5   | 51<br>10<br>22<br>83<br>90  | 0<br>524,578<br>6,688<br>32,046<br>563,312<br>211,927  |  |  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15  | Progra Invest Other Total r 12) . Grants Benefit Salarie 5-10)   | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1   | Inne 2g)  | , line  | 517,5<br>5,6<br>27,4<br>550,5<br>162,2  | 51<br>10<br>22<br>83<br>90  | 0<br>524,578<br>6,688<br>32,046<br>563,312<br>211,927<br>0   |  |  |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15  | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes   | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1   | Inne 2g)  | , line  | 517,5<br>5,6<br>27,4<br>550,5<br>162,2  | 51<br>10<br>22<br>83<br>90  | 0<br>524,578<br>6,688<br>32,046<br>563,312<br>211,927<br>0<br>153,865  |  |  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15  | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other  | m service revenue (Part VIII, colument income (Part VIII, column (A revenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6   | 51<br>10<br>22<br>83<br>90<br>43  | 0<br>524,578<br>6,688<br>32,046<br>563,312<br>211,927<br>0<br>153,865  |  |  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b                            | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total full Other Total e  | m service revenue (Part VIII, colur ment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1  | Inne 2g)  | , line  | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6   | 51<br>10<br>22<br>83<br>90<br>43  | 0<br>524,578<br>6,688<br>32,046<br>563,312<br>211,927<br>0<br>153,865<br>0   |  |  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b                            | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total full Other Total e  | m service revenue (Part VIII, colur ment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2   | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27  | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473  |  |  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19          | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui Other Total e Reven   | m service revenue (Part VIII, colum ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1   | Inne 2g)  | , line  | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren  | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27  | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  |  |  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19          | Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total full Other Total e Reven   | m service revenue (Part VIII, colum ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1   | Inne 2g)  | , line es 5) Begin                                    | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren<br>Year  | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27  | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473  |  |  |
| Not Assets or Expenses Fund Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19          | Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  | m service revenue (Part VIII, colum revenue (Part VIII, colum (Arevenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren<br>Year  | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br><b>tt</b><br>48<br>25                             | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  |  |  |
| A Hund Balances Expenses   | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penalt nowledgarer has | Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as  Sign ties of r ge and b s any kr  | m service revenue (Part VIII, colum ment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren<br>Year<br>819,6<br>4<br>819,2<br>edules and stater) is based on a | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>1t<br>48<br>25<br>23                              | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370                                   |  |  |
| in the state of th | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III                           | Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total ful Other Total e Reven  Total a Total I Net as  Sign ties of p ge and b s any kr  **** Signal       | m service revenue (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, colum (Arevenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren<br>Year<br>819,6<br>4<br>819,2                                     | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>1t<br>48<br>25<br>23                              | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370                                   |  |  |
| Signature State St | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III                           | Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total ful Other Total e Reven  Total a Total I Net as  Sign ties of p ge and b s any kr                    | m service revenue (Part VIII, colum ment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1  | Inne 2g)  | , line es   | 517,5<br>5,6<br>27,4<br>550,5<br>162,2<br>148,6<br>175,4<br>486,3<br>64,2<br>nning of Curren<br>Year<br>819,6<br>4<br>819,2<br>edules and stater) is based on a | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>1t<br>48<br>25<br>23                              | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370                                   |  |  |
| Herd Bakances Expenses   | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penalt nowledgarer has | Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total ful Other Total e Reven  Total a Total I Net as  Sign ties of p ge and b s any kr  **** Signa        | m service revenue (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1   | Inne 2g)  | , line  , line  es  Begin  panying scheer than office | 517,5 5,6 27,4 550,5 162,2 148,6 175,4 486,3 64,2 nning of Curren Year 819,6 4 819,2 edules and state r) is based on a  | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>3t<br>48<br>25<br>23<br>3ements, a<br>all informa | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370 and to the best of ation of which |  |  |
| A Find Brances Expenses of Land Brances Expenses   | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penalt nowledgarer has | Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total ful Other Total e Reven  Total a Total I Net as  Sign ties of p ge and b s any kr  KAY V Type  P C F | m service revenue (Part VIII, colum ment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1   | Inne 2g)  | , line  , line  es  Begin  panying scheer than office | 517,5 5,6 27,4 550,5 162,2 148,6 175,4 486,3 64,2 nning of Curren Year 819,6 4 819,2 edules and stater) is based on a   | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>1t<br>48<br>25<br>23<br>ements, a<br>all informa  | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370 and to the best of ation of which |  |  |
| SHE Parameter of Expenses of Parameter of Pa | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penalt nowledgarer has | Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign ties of p ge and t s any kr  | m service revenue (Part VIII, column (A revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part Spaid to or for members (Part Spaid to or for members (Part Spaid to or for members (Part Is and similar amounts paid (Part Is and similar amounts paid (Part Is and similar amounts paid (Part Is and similar sing fees (Part IX, column expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines (Part X, line 16) | Inne 2g)  | , line  , line  es  Begin  panying scheer than office | 517,5 5,6 27,4 550,5 162,2 148,6 175,4 486,3 64,2 nning of Curren Year 819,6 4 819,2 edules and stater) is based on a   | 51<br>10<br>22<br>83<br>90<br>43<br>23<br>56<br>27<br>ht<br>48<br>25<br>23<br>Eements, a<br>all informa | 0 524,578 6,688 32,046 563,312 211,927 0 153,865 0 134,047 499,839 63,473 End of Year  882,800 430 882,370 and to the best of ation of which |  |  |

| orm                         | 990 (201  | .4)  |  |   |  | Page <b>2</b>   |
|-----------------------------|---|--|--|---|--|---|
| Par                         |   | tatement of Program Seneck if Schedule O contains a  |  |   |  |   |
| 1                           | Briefly d   | escribe the organization's mis   | sion   |   |  |   |
| 1AT<br>STU[<br>SRAI<br>SUP! | HEMATIC<br>DENTS FO<br>NTS TO M<br>PPORTS N   | ATION RECOGNIZES AND E<br>S COMPETITIONS AND OTH<br>PROUTSTANDING EXTRACU<br>ATHEMATICALLY TALENTE<br>MATHEMATICAL ACTIVITIES<br>ALCULATORS, MATHEMATIC  | IER MATH-RELATED ACTI\<br>RRICULAR ACHIEVEMENT<br>D MEMBERS TO HELP FURT<br>S AT ITS CHAPTERS WITH   | ITIES THE ORGANIZAT<br>IN MATHEMATICS AND<br>HER THEIR EDUCATION<br>GRANTS IN ADDITION,   | ION PROVIDES AWAR<br>AWARDS SCHOLARSHI<br>THE ORGANIZATION<br>MU ALPHA THETA PRO   | DS TO<br>IPS AND<br>FINANCIALLY   |
| 2                           |   | rganization undertake any sigi<br>Form 990 or 990-EZ?  |  | ing the year which were no  |  | Yes 🗸 No  |
|                             | If"Yes,"  | describe these new services of   | on Schedule O  |   |  |   |
| 3                           |   | rganızatıon cease conductıng,  |  |   |  | Yes ✓ No  |
|                             |   | describe these changes on Sc   |  |   |  |   |
| 4                           | Describe<br>expense:  | the organization's program ses<br>Section 501(c)(3) and 501(<br>expenses, and revenue, if any  | rvice accomplishments for e<br>c)(4) organizations are requi   | red to report the amount of   |  |   |
| 4a                          | (Code   | ) (Expenses \$   | ıncludıng gı   | ants of \$  | ) (Revenue \$  | )   |
|                             | COMPETI THETA M ALPHA TH MATHEMA AVAILABL AT THE H 800 NEEL                                       | D DEFERRED THEIR AWARD UNTIL TH<br>TIVE APPLYING STUDENTS WERE JUI<br>OST WINNERS WILL PURSUE A CARE<br>ETA MEMBERS WITH SUMMER STUD'<br>ATICS COURSES GEARED FOR HIGH A<br>E TO THEM AT THEIR OWN SCHOOL<br>IGHEST LEVELS, MENTORED BY PROF<br>D-BASED CONVENTION SCHOLARSHIP<br>ED THE ACTIVITIES OF FIFTEEN SCH   | OGED ON THEIR MATHEMATICAL AB<br>ER IN MATHEMATICS OR APPLIED N<br>GRANTS GRANT MONEY PROVIDE<br>CHIEVING HIGH SCHOOL STUDENT<br>GOME PROGRAMS OFFER THE OPPO<br>ESSORS ABLE TO STIMULATE THEIR<br>FOR STUDENTS WHO COULD NOT  | ILITIES, LEADERSHIP QUALITIES NATHEMATICS IN 2014, MU ALPI S TUITION AND LIVING EXPENSE S AND PROVIDES STUDY IN ABST NETUNITY FOR STUDENTS TO DO MATHEMATICAL CURIOSITY THE HAVE ATTENDED OUR SUMMER  | AND SERVICE TO THEIR CHAIN THETA WAS ABLE TO SUPPOSE FOR STUDENTS TO ATTEND TRACT AND APPLIED MATHEM INDEPENDENT RESEARCH USED YEAR, MU ALPHA THETA POSENOWENTION WITHOUT OUR  | PTER OF MU ALPHA ORT FOURTEEN MU HIGHER LEVEL ATICS TOPICS NOT SING MATHEMATICS ROVIDED THIRTEEN  |
| 4b                          | (Code   | ) (Expenses \$   | ıncludıng gr   | ants of \$  | ) (Revenue \$  | )   |
|                             | COMPETI PURSUE A MORE THE CONTEST CERTIFIC THE STOR WHERE SEACTOR COMPETI PRIZES A THEM FR AWARDS | A THETA, THE NATIONAL HIGH SCHOOL TIONS STUDENTS WHO COMPETE IN A CAREER IN MATHEMATICS, SCIENC AN 8,500 PARTICIPANTS NATIONWID IS OPEN TO ALL MU ALPHA THETA M CITY MATH LEAGUE IS OPEN TO ANY ATES, TROPHIES, PLAQUES, MATHEM BY OF MATH STUDENTS WHO COMPETUDENTS MADE MATH VIDEOS TO TEWINNERS HAD THEIR VIDEO POSTECTION AND THE US MATHEMATICS ON THE US MATHEMATICS OF THE USE TO TALENTED CHAPTER MEMBERS BY TO TALENTED CHAPTER MEMBERS BY INCOME TO MATH COME TO THE USE OF THE CHAPTER MEMBERS BY INCOME TO MATH COME TO THE CHAPTER MEMBERS BY INCOME TO MIDDLE SCHOOL AND HIGHTONS FOR MIDDLE SCHOOL AND HIGHTONS STUDENTS WE WAS AND THE WEMBERS BY INCOME TO THE MEMBERS BY INCOME TO THE MEMBERS BY INCOME TO MATH COME TO THE MEMBERS BY INCOME TO THE MEMBERS BY INCOME THE MEMB | MATHEMATICS COMPETITIONS OF E, OR MATHEMATICS TEACHING THE AND IN A NUMBER OF FOREIGN (EMBERS AND INTRODUCES THEM TMIDDLE SCHOOL THROUGH TWO-Y ATICAL GAMES AND PUZZLES, FREIFE IN THE INTERNATIONAL MATH O ACH A LESSON TO OTHER STUDENT ONLINE AND RECEIVED CASH AWALYMPIAD TEAM BY PROVIDING FINA DIMPETITIONS IN TWENTY STATES, ATHE CALCULATORS, MU ALIESTOR MU ALIESTOR MU ALIESTOR MU ALIESTOR MU ALIESTOR MATHEMATICS FOR ESIDES THE CALCULATORS, MU ALIESTOR MI AND INTERNATIONS IN ALIESTOR MU ALIESTOR MATTERNATIONS IN ALIESTOR MU ALIESTOR MATTERNATIONS IN ALIESTOR MU ALIESTOR MATTERNATIONS IN ALIESTOR MU ALI | TEN GO ON TO ENJOY MATHEMA' E LOG 1 CONTEST AND THE ROC COUNTRIES THESE COMPETITIO O COMPETITIONS SIMILAR TO TH EAR COLLEGE STUDENT THAT W. E GRAPHING CALCULATORS, MAT LYMPIAD THIS YEAR WE ALSO O S VIDEOS WERE SCORED ON TI RDS MU ALPHA THETA CONTINI NCIAL SUPPORT AND PRIZES TO AS WELL MU ALPHA THETA PURC MATH CONTESTS THEY RUN, TO PHA THETA ALSO PROVIDED OTHE | TICS AT HIGHER LEVELS AND CRET CITY MATH LEAGUE COMINS ARE OFFERED FREE OF CITY MATH LEAGUE COMINS ARE OFFERED FOR ANTIONAL CONVISHES TO PARTICIPATE PRIZICH PUZZLES, AND COPIES OF OFFERED OUR MATHEMATICAL HEIR ORIGINALITY, ACCURACY LIES TO SUPPORT THE AMERICAL THE FINALISTS THE ORGANICHASES TI GRAPHING CALCULD AUCTION AS A CHAPTER FUI | OFTEN DECIDE TO IPETITION NOW HAVE HARGE THE LOG 1 ENTION THE ES INCLUDE "HARD PROBLEMS" - MINUTES CONTEST , AND THEIR "WOW" CAN MATHEMATICS ZATION PROVIDED ATORS AND GIVES ND-RAISER, OR AS |
| 4c                          | (Code   | ) (Expenses \$   | ıncludıng gı   | ants of \$  | (Revenue \$  |   |
| <b>-1</b> C                 | TO ENCO<br>AND THE<br>SCIENCE<br>PROVIDE<br>CONVENT<br>STUDENT<br>TOPICS,                         | URAGE RESEARCH IN MATHEMATICS WORLD FOR OUTSTANDING RESEAR AND ENGINEERING FAIR, 6,000 IN A D SUPPORT TO ITS EDUCATIONAL FO ION WAS ATTENDED BY 827 STUDEN S SPEND MOST OF FOUR DAYS DOIN GIVING MATH "CHALK TALKS," AND A AND OUR CHAPTER FROM STUTTGAR   | BY STUDENTS, MU ALPHA THETA C<br>CH PROJECTS INVOLVING MATHEMA<br>WARD MONEY WAS PRESENTED TO<br>JNDATION THIS YEAR, INCLUDING<br>TS AND THEIR TEACHERS THE COI<br>G A VARIETY OF MATH COMPETITIO<br>TTENDING SOCIAL EVENTS THIS YI  | ONTINUED TO PROVIDE AN AWAI<br>NTICS ACCESSIBLE TO HIGH SCH<br>FIVE STUDENTS WITH THE TOP<br>FUNDS TO SUPPORT THE NATIO<br>NVENTION OFFERS AN ENVIRONI<br>INS FOR FUN, ATTENDING SPEAK<br>EAR, THERE WERE SCHOOLS ATT   | RD AT SCIENCE FAIRS AROUN OOL STUDENTS AT THE INTE MATHEMATICS PROJECTS MI NAL CONVENTION IN ORLAND MENT WHERE EVERYONE YOU KER SESSIONS PRESENTED ON TENDING FROM ALL OVER THE  | L INTERNATIONAL J ALPHA THETA O, FL THE MEET LOVES MATH N A VARIETY OF MATH US, INCLUDING   |
| 4d                          | Otherp  | rogram services (Describe in S   | Schedule O )   |   |  |   |
|                             | (Expens   | •  | including grants of \$   | ) (Revenue  | \$   | )   |

Form **990** (2014)

Total program service expenses ►

## Part IV Checklist of Required Schedules

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   |     | No |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | No |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$ | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | No |
| С   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$   | 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?  If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>   | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |

| Par | t IV Checklist of Required Schedules (continued)   |     |                |        |
|-----|--|-----|----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |                | No     |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                   | 24a |                | No     |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |                |        |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |                |        |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |                |        |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                |        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |                |        |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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)   |     |                |        |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a |                | No     |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b |                | 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? If "Yes," complete Schedule L, Part IV   | 28c |                | No     |
| 29  | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M  | 29  |                | Νo     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30  |                | No     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |                | No     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |                | No     |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33  |                | No     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  | Yes            |        |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |                | 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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2   | 35b |                |        |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |                |        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |                | No     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes            |        |
| _   |  | F   | orm <b>990</b> | (2014) |

| Par |  |            |         | _       |
|-----|--|------------|---------|---------|
|     | Check if Schedule O contains a response or note to any line in this Part V   | •          | <br>Voc | ✓<br>No |
| 1 2 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   14   |            | Yes     | No      |
|     | Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0   |            |         |         |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |            |         |         |
|     | gaming (gambling) winnings to prize winners?   | <b>1</b> c | 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  |            |         |         |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                  | 2b         |         |         |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes     |         |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes     |         |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |         | No      |
| b   | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |         |         |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |         | Νο      |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |         | No      |
|     |  | <b>3</b> D |         |         |
| C   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |         |         |
| 6a  | Does the organization have annual gross receipts that are normally greater than $$100,\!000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                | 6a         |         | Νo      |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         | ı       |         |
|     | Organizations that may receive deductible contributions under section 170(c).  |            |         |         |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |         |         |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |         |         |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |         |         |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |         |         |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |         |         |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |         |         |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |         |         |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |         |         |
| 8   | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |         |         |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |         |         |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |         |         |
| .0  | Section 501(c)(7) organizations. Enter   |            |         |         |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   10a   522,268   |            |         |         |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |         |         |
| 1   | Section 501(c)(12) organizations. Enter  |            |         |         |
| а   | Gross income from members or shareholders  |            |         |         |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |            |         |         |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |         |         |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |         |         |
| .3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |         |         |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a        |         |         |
| b   | Enter the amount of reserves the organization is required to maintain by the states  |            |         |         |
| c   | In which the organization is licensed to issue qualified health plans  |            |         |         |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |         | Νo      |
|     | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O  | 14b        |         |         |

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 res | nonse or no   | te to anv  | line in this Pa  | rt V I | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | Ţ |
|----------------------|----------------|---------------|------------|------------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|
| Chick ii Schicadic C | contains a res | PO113C 01 110 | cc co ann, | mile in cino i a |        |   | • | • |   | • |   |   |   |   | • | • |   |

| Se  | ection A. Governing Body and Management  |       |        |     |
|-----|--|-------|--------|-----|
|     |  |       | Yes    | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |       |        |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |       |        |     |
| b   | Enter the number of voting members included in line 1a, above, who are independent   |       |        |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2     |        | No  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 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   |       |        |     |
| а   | The governing body?  | 8a    | Yes    |     |
| ь   | Each committee with authority to act on behalf of the governing body?  | 8b    | Yes    |     |
|     | 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    |     |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | eveni | ıe Cod | e.) |
|     | · · · · · · · · · · · · · · · · · · ·  |       | 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    |     |
| ь   | 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    |     |
| 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?   |       |        |     |
| а   | The organization's CEO, Executive Director, or top management official   | 15a   | Yes    |     |
| b   | Other officers or key employees of the organization  | 15b   |        | Νo  |
|     | 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 ▶OK
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►KAY WEISS CO UNIV OF OKLA 3200 MARSHALL AVE SUITE 190

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                 | (B)<br>A verage<br>hours per<br>week (list<br>any hours | more<br>pers                      | than<br>on is         | one<br>bot | not<br>box<br>h ar | checl<br>(, unle<br>n office<br>rustee | ess<br>er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|---------------------------------------|---|-----------------------------------|-----------------------|------------|--------------------|--|-----------|---|--|--|
|                                       | for related<br>organizations<br>below<br>dotted line)   | Individual trustee<br>or director | Institutional Trustee | Officei    | Key employee       | Highest compensated employee           | Fornio    | (W- 2/1099-<br>MISC)                              | (W- 2/1099-<br>MISC)                                   | from the<br>organization<br>and related<br>organizations |
| (1) GALAN TODD TAYLOR PRESIDENT       | 4 00<br>1 00  | х                                 |                       | х          |                    |  |           | 0   | 0  | 0  |
| (2) BETTY HOOD  PRESIDENT-EL          | 2 00  | х                                 |                       | х          |                    |  |           | 0   | 0  | 0  |
| (3) DR JOHN ALBERT TREASURER          | 4 00  | х                                 |                       | х          |                    |  |           | 0   | 0  | 0  |
| (4) TRISCIA HOCHSTATTER  GOVERNOR REG | 2 50<br>1 00  | х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (5) DORIS PARRINO GOVERNOR REG        | 1 00  | х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (6) RITA RALPH GOVERNOR REG           | 1 00<br>1 00  | Х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (7) KIM WOOLFENDEN GOVERNOR REG       | 1 00  | Х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (8) KATHY MOWERS  AMATYC REP          | 0 50<br>0 50  | Х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (9) DR STEVEN DUNBAR  MAA REP         | 0 50<br>0 50  | х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (10) LAURA ENTREKIN NCTM REPRESE      | 0 30  | х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (11) DR TERRY HERDMAN SIAM REP        | 2 00  | Х                                 |                       |            |                    |  |           | 0   | 0  | 0  |
| (12) KAY WEISS                        | 52 00   |                                   |                       | х          |                    |  |           | 65,763  | 7,307  | 25,080   |
| EXECUTIVE DI                          | 12 00   |                                   |                       |            |                    |  |           |   |  |  |

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

| <b>(A)</b><br>Name and Title | (B) A verage hours per week (list any hours           | more t<br>perso                   | han d<br>n is l       | ne l<br>both | oox,<br>an d | unless c<br>officer          |        | ( <b>D)</b> Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|------------------------------|---|-----------------------------------|-----------------------|--------------|--------------|------------------------------|--------|---|--|---|
|                              | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional Trustee |              | Key employee | Highest compensated employee | Former | 2/1099-MISC)  | 2/1099-MISC)   | organization and<br>related<br>organizations        |

| 1b | Sub-Total   | • |        |       |        |
|----|---|---|--------|-------|--------|
| c  | Total from continuation sheets to Part VII, Section A | Þ |        |       |        |
| d  | Total (add lines 1b and 1c)                           | • | 65,763 | 7,307 | 25,080 |

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►

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

| Coction | D  | Tada |         | Contractors        |
|---------|----|------|---------|--------------------|
| Section | В. | Tuae | penaent | <b>Contractors</b> |

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 |
|  |                           |              |
|  |                           |              |
|  |                           |              |
|  |                           |              |
|  |                           |              |
| Takal mankan dan dan dan dan kanadan dan dan dan dan dan dan dan dan d | and a second second bloom |              |

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 V   |        | Statement of Revenue Check if Schedule O contains a resp     | onse or note to any lu     | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D)  Revenue excluded from tax under |
|--|--------|--|----------------------------|-------------------|--------------------------------|--------------------------------|--------------------------------------|
|  |        |  |                            |                   | revenue                        |                                | sections<br>512-514                  |
| ည  | 1a     | Federated campaigns 1  | a                          |                   |                                |                                |                                      |
| Grants   | b      | Membership dues 1  | ь                          |                   |                                |                                |                                      |
| tributions, Giffs, Grants<br>Other Similar Amounts | c      | Fundraising events 1   | с                          |                   |                                |                                |                                      |
| Contributions, Giffs,<br>and Other Similar A       | d      | Related organizations 1                                      | d                          |                   |                                |                                |                                      |
| ງ <u>∺</u>   | e      | Government grants (contributions) 1                          | e                          |                   |                                |                                |                                      |
| is   | f      | All other contributions, gifts, grants, and                  | f                          |                   |                                |                                |                                      |
| je   |        | sımılar amounts not ıncluded above                           |                            |                   |                                |                                |                                      |
| <u></u> 5  | g      | Noncash contributions included in lines<br>1a-1f \$          |                            |                   |                                |                                |                                      |
| and  | h      | Total. Add lines 1a-1f                                       |                            |                   |                                |                                |                                      |
|  |        |  | Business Code              |                   |                                |                                |                                      |
| ji   | 2a     | MEMBERSHIP DUES  | 900099                     | 522,268           | 522,268                        |                                |                                      |
| ا <u>چ</u> و                                       | b      | CHARTER FEES   | 900099                     | 2,310             | 2,310                          |                                |                                      |
| 93   | С      |  |                            |                   |                                |                                |                                      |
| ية  <br>قد   | d      |  |                            |                   |                                |                                |                                      |
| တ  | e      |  |                            |                   |                                |                                |                                      |
| Program Serwce Revenue                             | f      | All other program service revenue                            |                            |                   |                                |                                |                                      |
| 준  | g      | Total. Add lines 2a-2f                                       |                            | 524,578           |                                |                                |                                      |
|  | 3      | Investment income (including divide                          | nds, interest,             | ·                 |                                |                                |                                      |
|  | _      | and other similar amounts)                                   |                            | 6,688             |                                | 6,688                          |                                      |
|  | 4      | Income from investment of tax-exempt bon                     |                            |                   |                                |                                |                                      |
|  | 5      | Royalties (1) Real   | (II) Personal              |                   |                                |                                |                                      |
|  | 6a     | Gross rents  | (II) I CISOIIdi            |                   |                                |                                |                                      |
|  | b      | Less rental  |                            |                   |                                |                                |                                      |
|  | С      | expenses Rental income                                       |                            |                   |                                |                                |                                      |
|  | d      | or (loss)  Net rental income or (loss)                       |                            |                   |                                |                                |                                      |
|  | u      | (i) Securities   | (II) Other                 |                   |                                |                                |                                      |
|  | 7a     | Gross amount from sales of assets other                      | (11) 5 31.51               |                   |                                |                                |                                      |
|  |        | than inventory Less cost or                                  |                            |                   |                                |                                |                                      |
|  | Ь      | other basis and  |                            |                   |                                |                                |                                      |
|  | С      | sales expenses Gain or (loss)                                |                            |                   |                                |                                |                                      |
|  | d      | Net gain or (loss)   |                            |                   |                                |                                |                                      |
| ע  | 8a     | Gross income from fundraising events (not including          |                            |                   |                                |                                |                                      |
|  |        | \$   |                            |                   |                                |                                |                                      |
|  |        |  | a                          |                   |                                |                                |                                      |
| <b>5</b>   | b<br>c | Less direct expenses  Net income or (loss) from fundraising  | b vents                    |                   |                                |                                |                                      |
| _  |        | Gross income from gaming activities                          |                            |                   |                                |                                |                                      |
|  |        | See Part IV, line 19   |                            |                   |                                |                                |                                      |
|  | -      |  | a                          |                   |                                |                                |                                      |
|  |        | Less direct expenses Net income or (loss) from gaming ac     | tivities -                 |                   |                                |                                |                                      |
|  |        | Gross sales of inventory, less returns and allowances .      |                            |                   |                                |                                |                                      |
|  |        | a  | 58,504                     |                   |                                |                                |                                      |
|  |        | Less cost of goods sold <b>b</b>                             | 27,508                     | 22.22             | 20.22                          | ı                              |                                      |
| }  | С      | Net income or (loss) from sales of in  Miscellaneous Revenue | ventory 🛌<br>Business Code | 30,996            | 30,996                         |                                |                                      |
| ŀ  | 11a    | SERVICE FEES   | 900099                     | 1,050             | 1,050                          |                                |                                      |
|  | b      | SERVICE FEES   |                            | 2,000             | 2,000                          |                                |                                      |
|  | c      |  |                            |                   |                                |                                |                                      |
|  | d      | All other revenue  |                            |                   |                                |                                |                                      |
|  | e      | Total. Add lines 11a-11d                                     | ▶                          |                   |                                |                                |                                      |
|  | 12     | Total revenue. See Instructions .                            | _                          | 1,050             |                                |                                |                                      |
|  |        | iotal levenue. See Instructions .                            | · · · · •                  | 563,312           | 556,624                        | 6,688                          |                                      |

|          | 990 (2014)  |  |                             |                                 | Page 10                 |
|----------|---|--|-----------------------------|---------------------------------|-------------------------|
|          | Statement of Functional Expenses  |  |                             | -laka -aliiman (A.)             |                         |
| ectio    | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All   | The state of the s |                             |                                 |                         |
| D        | Check if Schedule O contains a response or note to any line in this   |  | (B)                         | (c)                             | (D)                     |
|          | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 21,989   |                             |                                 |                         |
| 2        | Grants and other assistance to domestic individuals See Part IV, line 22  | 189,938  |                             |                                 |                         |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16   |  |                             |                                 |                         |
| 4        | Benefits paid to or for members   |  |                             |                                 |                         |
| 5        | Compensation of current officers, directors, trustees, and key employees  | 88,335   |                             |                                 |                         |
| 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  | 49,290   |                             |                                 |                         |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |  |                             |                                 |                         |
| 9        | Other employee benefits   | 16,240   |                             |                                 |                         |
| 10       | Payroll taxes   |  |                             |                                 |                         |
| 11       | Fees for services (non-employees)   |  |                             |                                 |                         |
| а        | Management  |  |                             |                                 |                         |
| b        | Legal   |  |                             |                                 |                         |
| C        | Accounting  | 1,125  | ;                           |                                 |                         |
| d        | Lobbying  |  |                             |                                 |                         |
| е        | 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)  | 38   |                             |                                 |                         |
| 12       | Advertising and promotion   | 2,267  |                             |                                 |                         |
| 13       | Office expenses   | 28,933   |                             |                                 |                         |
| 14       | Information technology  |  |                             |                                 |                         |
| 15       | Royalties   |  |                             |                                 |                         |
| 16       | Occupancy   | 17,224   |                             |                                 |                         |
| 17       | Travel  | 5,661  |                             |                                 |                         |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  |  |                             |                                 |                         |
| 19       | Conferences, conventions, and meetings  | 32,567   |                             |                                 |                         |
| 20<br>24 | Interest  |  |                             |                                 |                         |
| 21       | Payments to affiliates  | 100  |                             |                                 |                         |
| 22       | Depreciation, depletion, and amortization   | 1,578  |                             |                                 |                         |
| 23<br>24 | Insurance   | 1,709  |                             |                                 |                         |
|          | of line 25, column (A) amount, list line 24e expenses on Schedule O)  |  |                             |                                 |                         |
| a        | CONTESTS & PRIZES   | 27,896   |                             |                                 |                         |
| b        | MEMBERSHIP SUPPLIES   | 13,261   |                             |                                 |                         |
| C        | PUBLICATION EXPENSE  MISCELLANEOUS  | 1,443  |                             |                                 |                         |
| d        | MISCELLANEOUS  All other expanses   | 232  |                             |                                 |                         |
| е<br>э Б | All other expenses  Total functional expenses Add lines 1 through 24.6  | 13   | _                           | _                               | -                       |
| 25       | Total functional expenses. Add lines 1 through 24e  | 499,839  | 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 ► ☐ if following SOP 98-2 (ASC 958-720) |  |                             |                                 |                         |

Form 990 (2014)

Part X Balance Sheet

|                 |     | Check if Schedule O contains a response or note to any line in this  | Part X              |                          |     |                           |
|-----------------|-----|--|---------------------|--------------------------|-----|---------------------------|
|                 |     |  |                     | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                 | 1   | Cash-non-interest-bearing  |                     | 7,922                    | 1   | 72,297                    |
|                 | 2   | Savings and temporary cash investments   |                     | 769,102                  | 2   | 780,163                   |
|                 | 3   | Pledges and grants receivable, net   |                     |                          | 3   |                           |
|                 | 4   | Accounts receivable, net   |                     | 469                      | 4   | 549                       |
| ls              | 5   | Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L  | II of               |                          | 5   |                           |
|                 | 6   | Loans and other receivables from other disqualified persons (as disposed (as disposed)), persons described in section 4958(c)(3)(B), and con and sponsoring organizations of section 501(c)(9) voluntary emplorganizations (see instructions) Complete Part II of Schedule L   | tributing employers |                          | 6   |                           |
| Assets          | 7   | Notes and loans receivable, net  |                     |                          | 7   |                           |
| ₫               | 8   | Inventories for sale or use  |                     | 23,449                   | 8   | 10,345                    |
|                 | 9   | Prepaid expenses and deferred charges  |                     | 20,110                   | 9   | ,                         |
|                 | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a 5,170           |                          | 3   |                           |
|                 | ь   | Less accumulated depreciation  | <b>10b</b> 4,063    | 1,592                    | 10c | 1,107                     |
|                 | 11  | Investments—publicly traded securities   |                     | 17,114                   | 11  | 18,339                    |
|                 | 12  | Investments—other securities See Part IV, line 11  |                     |                          | 12  | <u> </u>                  |
|                 | 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)  |                     | 819,648                  |     | 882,800                   |
|                 | 17  | Accounts payable and accrued expenses  |                     | 425                      | 17  | 430                       |
|                 | 18  | Grants payable   |                     | .20                      | 18  |                           |
|                 | 19  | Deferred revenue   |                     |                          | 19  |                           |
|                 | 20  | Tax-exempt bond liabilities  |                     |                          | 20  |                           |
|                 | 21  | Escrow or custodial account liability Complete Part IV of Schedu   |                     |                          | 21  |                           |
| jes             |     |  |                     |                          |     |                           |
| Liabiliti       | 22  | Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified  |                     |                          | 22  |                           |
| <u>iā</u>       |     | 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 and other liabilities not included on lines 17-24) Complete Part X D  | of Schedule         |                          | 25  |                           |
|                 | 26  | Total liabilities. Add lines 17 through 25   |                     | 425                      | 26  | 430                       |
| s ex            |     | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ a lines 27 through 29, and lines 33 and 34.   |                     |                          |     |                           |
| an              | 27  | Unrestricted net assets  |                     |                          | 27  |                           |
| <u>ම</u>        | 28  | Temporarily restricted net assets  |                     |                          | 28  | _                         |
| _               | 29  | Permanently restricted net assets  |                     |                          | 29  |                           |
| or Fund Balance |     | Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  | ► 🔽 and             |                          |     |                           |
|                 | 30  | Capital stock or trust principal, or current funds   |                     |                          | 30  |                           |
| 횬               | 31  | Paid-in or capital surplus, or land, building or equipment fund  |                     |                          | 31  |                           |
| Assets          | 32  | Retained earnings, endowment, accumulated income, or other fund  |                     | 819,223                  | 32  | 882,370                   |
| Net /           | 33  | Total net assets or fund balances  |                     | 819,223                  | 33  | 882,370                   |
| Ž               | 34  | Total liabilities and net assets/fund balances   |                     | 819,648                  | 34  | 882,800                   |
|                 |     | The state of the s | ·                   | 1 0,540                  |     | orm <b>990</b> (2014)     |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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

#### DLN: 93493224029455

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Name of the organization **Employer identification number** MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR 73-6097246 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | <b>TIT</b> Organizations Maintaining Co  | llections of Art       | <u>, His</u> | <u>tori</u> | <u>cal Ti</u> | <u>easur</u>         | es, or C                | tne    | r Similar            | ASSE   | ts (co  | <u>ntınued)</u> |
|------|--|------------------------|--------------|-------------|---------------|----------------------|-------------------------|--------|----------------------|--------|---------|-----------------|
| 3    | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recor   | ds, ch       | neck        | any of        | the follo            | wing that               | are a  | sıgnıfıcant          | use of | ıts     |                 |
| а    | Public exhibition  |                        | d            | Γ           | Loan          | or exch              | ange prog               | rams   |                      |        |         |                 |
| b    | Scholarly research   |                        | e            | Γ           | Othe          | r                    |                         |        |                      |        |         |                 |
| С    | Preservation for future generations  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| 4    | Provide a description of the organization's co                                       | ollections and expla   | ın hov       | v the       | y furthe      | er the or            | ganızatıor              | ı's ex | empt purp            | ose in |         |                 |
| 5    | During the year, did the organization solicit  |                        |              |             |               |                      |                         |        | ılar                 | _      |         | _               |
|      | assets to be sold to raise funds rather than t                                       |                        | •            |             |               |                      |                         |        |                      |        | Yes     | No              |
| Par  | Escrow and Custodial Arrang Part IV, line 9, or reported an an                       |                        |              |             |               |                      | answere                 | a Y    | es" to For           | m 990  | ,       |                 |
| 1a   | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?       | lian or other interme  | ediary       | for c       | ontribi       | itions or            | other ass               | ets r  | not                  | Γ,     | Yes     | ┌ No            |
| b    | If "Yes," explain the arrangement in Part XII  | II and complete the    | follov       | ving t      | able          |                      | _                       |        |                      |        |         |                 |
|      |  |                        |              |             |               |                      |                         |        |                      | Amou   | nt      |                 |
| С    | Beginning balance  |                        |              |             |               |                      | -                       | 1c     |                      |        |         |                 |
| d    | Additions during the year  |                        |              |             |               |                      |                         | 1d     |                      |        |         |                 |
| е    | Distributions during the year  |                        |              |             |               |                      |                         | 1e     |                      |        |         |                 |
| f    | Ending balance   |                        |              |             |               |                      |                         | 1f     |                      |        |         |                 |
| 2a   | Did the organization include an amount on Fo   | orm 990, Part X, line  | e 21,        | for e       | scrow         | rcusto               | dıal accou              | nt lıa | bility?              | Γ,     | Yes     | ┌ No            |
| b    | If "Yes," explain the arrangement in Part XII  | II Check here if the   | expla        | anatı       | on has        | been pr              | ovided in I             | Part : | KIII                 |        |         | Γ               |
| Pa   | rt V Endowment Funds. Complete   |                        |              |             |               |                      |                         |        |                      |        | -       |                 |
|      | <u>'</u>   | (a)Current year        |              | )Prior      |               |                      |                         |        | Three years b        |        | Four ye | ears back       |
| 1a   | Beginning of year balance  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| b    | Contributions  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| C    | Net investment earnings, gains, and losses   |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| d    | Grants or scholarships   |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| e    | Other expenditures for facilities and programs                                       |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| f    | Administrative expenses  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| g    | End of year balance  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| 2    | Provide the estimated percentage of the cur  | rent year end baland   | ce (lın      | e 1g        | , colum       | ın (a)) he           | eld as                  |        |                      | •      |         |                 |
| а    | Board designated or quasi-endowment <b>F</b>   |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| ь    | Permanent endowment -  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| С    | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho       | uld equal 100%         |              |             |               |                      |                         |        |                      |        |         |                 |
| 3a   | Are there endowment funds not in the posse   | ssion of the organiza  | ation t      | that        | are hel       | d and ad             | mınıstere               | d for  | the                  |        |         |                 |
|      | organization by (i) unrelated organizations  |                        |              |             |               |                      |                         |        |                      | 3a(i)  | Yes     | No              |
|      | (ii) related organizations   |                        |              | •           | • •           |                      |                         | •      |                      | 3a(ii) |         |                 |
| ь    | If "Yes" to 3a(II), are the related organization                                     |                        |              |             |               |                      |                         | ٠. ٠   | · · · · ·            | 3b     |         |                 |
| 4    | Describe in Part XIII the intended uses of the                                       |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| Par  | t VI Land, Buildings, and Equipme  | ent. Complete if t     | the o        | rgan        | ızatıo        | n answ               | ered 'Yes               | ' to   | Form 990             | , Part | IV, lır | ne              |
|      | 11a. See Form 990, Part X, line  | 10.                    |              |             |               |                      | T                       |        | T                    |        |         |                 |
|      | Description of property  |                        |              |             |               | or other<br>estment) | (b)Cost or<br>basis (ot |        | (c) Accum<br>depreca |        | (d) B   | ook value       |
| 1a   | Land   |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| b    | Buildings  |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| c    | Leasehold improvements   |                        |              |             |               |                      |                         |        |                      |        |         |                 |
| d    | Equipment  |                        |              |             |               |                      |                         | 4,078  |                      | 3,845  |         | 233             |
| _е   | Other  |                        |              |             |               |                      |                         | 1,092  |                      | 218    |         | 874             |
| Tota | I. Add lines 1a through 1e <i>(Column (d) must e</i>                                 | equal Form 990, Part > | X, colu      | mn (        | B), line      | 10(c).)              |                         |        | >                    | -      |         | 1,107           |

| (a) Description of security or category   | (b)Book value              | (c) Method of valuation                           |
|---|----------------------------|---|
| (including name of security)  |                            | Cost or end-of-year market value                  |
| (1)Financial derivatives (2)Closely-held equity interests   |                            |   |
| Other   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | <b>•</b>                   |   |
| Part VIII Investments—Program Related. Co   | mplete if the organizati   | on answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13.  (a) Description of investment   | (b) Book value             | (c) Method of valuation                           |
| (a) Description of investment   | (b) Book value             | Cost or end-of-year market value                  |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization  | a answered 'Ves' to Form O | 20 Part IV line 11d See Form 000 Part V line 15   |
| (a) Descr   |                            | (b) Book value                                    |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
|   |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  |                            |   |
| Part X Other Liabilities. Complete if the orga  |                            | to Form 990, Part IV, line 11e or 11f. See        |
|   |                            |   |
| Part X Other Liabilities. Complete if the organization of the property of the | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | ınızatıon answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | inization answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | inization answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | inization answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | inization answered 'Yes'   |   |
| Part X Other Liabilities. Complete if the organization of part X, line 25.  1 (a) Description of liability  | inization answered 'Yes'   |   |

| Par |  | <b>evenue per Audited Financial Stat</b><br>vered 'Yes' to Form 990, Part IV, line 1            |        | is with Revenue  | рег к       | <b>eturn</b> Complete i |
|-----|--|---|--------|------------------|-------------|-------------------------|
| L   |  | er support per audited financial statements   |        |                  | 1           |                         |
|     | Amounts included on line 1 bu              | ıt not on Form 990, Part VIII, line 12  |        |                  |             |                         |
| а   | Net unrealized gains (losses)              | on investments  | 2a     |                  |             |                         |
| b   | Donated services and use of f              | acılıtıes   | 2b     |                  |             |                         |
| С   | Recoveries of prior year grant             | s   | 2c     |                  |             |                         |
| t   | Other (Describe in Part XIII )             |   | 2d     |                  |             |                         |
| •   | Add lines <b>2a</b> through <b>2d</b> .    |   |        |                  | 2e          |                         |
|     | Subtract line ${f 2e}$ from line ${f 1}$ . |   |        |                  | 3           |                         |
|     | Amounts included on Form 99                | 0, Part VIII, line 12, but not on line 1  |        |                  |             |                         |
| 3   | Investment expenses not incl               | uded on Form 990, Part VIII, line 7b .  | 4a     |                  |             |                         |
| b   | Other (Describe in Part XIII )             |   | 4b     |                  |             |                         |
| 2   | Add lines <b>4a</b> and <b>4b</b>          |   |        |                  | 4c          |                         |
|     | Total revenue Add lines <b>3</b> and       | d <b>4c.</b> (This must equal Form 990, Part I, line  | 12).   |                  | 5           |                         |
| art |  | xpenses per Audited Financial Sta   |        | nts With Expense | s per       | Return. Comple          |
|     |  | swered 'Yes' to Form 990, Part IV, line   |        |                  | <del></del> | T                       |
|     | ·  | raudited financial statements   |        |                  | 1           |                         |
|     |  | it not on Form 990, Part IX, line 25  | 1 -    | I                |             |                         |
| 1   |  | acılıtıes   | 2a     |                  |             |                         |
| )   | · -  |   | 2b     |                  |             |                         |
| 0   |  |   | 2c     |                  |             |                         |
| d   | Other (Describe in Part XIII)              |   | 2d     |                  |             |                         |
| 9   | <u>-</u>                                   |   |        |                  | 2e          |                         |
|     |  |   |        |                  | 3           |                         |
|     |  | 0, Part IX, line 25, but not on line 1:   |        | ı                |             |                         |
| 3   | Investment expenses not incl               | uded on Form 990, Part VIII, line 7b  | 4a     |                  |             |                         |
| )   | Other (Describe in Part XIII)              |   | 4b     |                  |             |                         |
| 2   |  |   |        |                  | 4c          |                         |
|     |  | nd <b>4c.</b> (This must equal Form 990, Part I, lin  | e 18 ) |                  | 5           |                         |
|     | Supplemental Inf                           |   |        |                  |             |                         |
| art |  | Part II, lines 3, 5, and 9, Part III, lines 1a<br>, lines 2d and 4b, and Part XII, lines 2d and |        |                  |             | de any addıtıonal       |
|     | Return Reference                           | Explanation   |        |                  |             |                         |
|     |  |   |        |                  |             |                         |
|     |  |   |        |                  |             |                         |
|     |  |   |        |                  |             |                         |
|     |  |   |        |                  |             |                         |
|     |  |   |        |                  |             |                         |

| Concedit D (Form 350) 2015         |                |  |
|------------------------------------|----------------|--|
| Part XIII Supplemental Information | on (continued) |  |
| Return Reference                   | Explanation    |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |
| l                                  |                |  |
| -                                  |                |  |
|                                    |                |  |
|                                    |                |  |
|                                    |                |  |

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493224029455 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization MU ALPHA THETA NATL HIGH SCHOOL & 73-6097246 TWO-YEAR COLLEGE MATHEMATICS HONOR Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes 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 Domestic Organizations and Domestic Governments. 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. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

| (a)Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| (1) SUMMER MATH STUDY GRANTS   | 14                              | 26,622                              |                                      |  |                                       |
| (2) ACADEMIC SCHOLARSHIPS      | 37                              | 148,000                             |                                      |  |                                       |
| (3) SCIENCE FAIR AWARDS        | 5                               | 6,000                               |                                      |  |                                       |
| (4) NEED-BASED CONVENTION SCH  | 13                              | 9,316                               |                                      |  |                                       |
| 4                              |                                 |                                     |                                      |  | ,                                     |

| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |   |  |  |  |  |
|---|---|--|--|--|--|
| Return Reference  | Explanation   |  |  |  |  |
| SCHEDULE I, PAGE 1, PART I,<br>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 ACADEMIC 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 NEED-BASED SCHOLARSHIPS ARE PROVIDED TO ONE STUDENT FROM EACH SCHOOL ATTENDING THE NATIONAL CONVENTION WHO MIGHT NEED SUPPORT TO COVER EXPENSES STUDENTS APPLY THROUGH THEIR SCHOOL AND ARE SELECTED IF DEEMED QUALIFIED FOR SUPPORT MOST RECIPIENTS COULD NOT ATTEND THE CONVENTION WITHOUT THE SCHOLARSHIP THE SCHOLARSHIP PAYS FOR THE STUDENT'S REGISTRATION COST AND REIMBURSES UP TO 250 IN TRAVEL EXPENSES   |  |  |  |  |
| SCHEDULE I, PAGE 4, PART IV   | GRISSOM HIGH SCHOOL-ROCKET CITY MATH CONTEST - 4,543 TOTAL GRANT 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 5,300 STUDENTS PARTICIPATED IN THE CONTESTS HOOVER HIGH SCHOOL - LOG 1 GRANT - 3,577 TOTAL GRANT THE SPONSOR AND STUDENTS OF THE HOOVER HIGH SCHOOL MU ALPHA THETA CHAPTER RUN THE LOG 1 CONTEST FOR MU ALPHA THETA THE STUDENTS USE THE FUNDS TO PAY FOR TEST WRITING, 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 THIS PAST YEAR, OVER 3,200 STUDENTS COMPETED 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 GRANT FUNDS WERE SPENT |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493224029455

OMB No 1545-0047

2014

Open to Public Inspection

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

| ı | Name of the organization<br>MU ALPHA THETA NATL HIGH<br>TWO-YEAR COLLEGE MATHE | SCHOOL &    | Employer identification number |
|---|--|-------------|--------------------------------|
| • |  |             |                                |
|   | Return Reference   | Explanation |                                |

| Return Reference                        | Explanation  |
|---|--|
| FORM 990 -<br>ORGANIZATION'S<br>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 THE ORGANIZATION FINANCIALLY SUPPPORTS MATHEMATICAL ACTIVITIES AT ITS CHAPTERS WITH GRANTS. IN ADDITION, MU ALPHA THETA PROVIDES FREE GRAPHING CALCULATORS, MATHEMATICS SOFTWARE, AND MATHELATED DVDS AS PRIZES TO CHAPTERS. |

| Return<br>Reference                       | Explanation  |
|---|--|
| FORM 990,<br>PAGE 2, PART<br>III, LINE 4A | ACHIEVING HIGH SCHOOL STUDENTS AND PROVIDES 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 USING MATHEMATICS AT THE HIGHEST LEVELS, MENTORED BY PROFESSORS ABLE TO STIMULATE THEIR MATHEMATICAL CURIOSITY THIS YEAR, MU ALPHA THETA PROVIDED THIRTEEN 800 NEED-BASED CONVENTION SCHOLARSHIPS FOR STUDENTS WHO COULD NOT HAVE ATTENDED OUR SUMMER CONVENTION WITHOUT OUR SUPPORT WE SUPPORTED THE ACTIVITIES OF FIFTEEN SCHOOL CHAPTERS WITH OUR CHAPTER GRANTS OF UP TO 1,000 EACH |

| PARTICIPATE PRIZES INCLUDE CERTIFICATES, TROPHIES, PLAQUES, MATHEMATICAL GAMES AND PUZZLES, FREE GRAPHING CALCULATORS, MATH PUZZLES, AND COPIES OF "HARD PROBLEMS" - THE STORY OF MATH STUDENTS WHO COMPETE IN THE INTERNATIONAL MATH OLYMPIAD THIS YEAR WE ALSO OFFERED OUR MATHEMATICAL MINUTES CONTEST WHERE STUDENTS MADE MATH VIDEOS TO TEACH A LESSON TO OTHER STUDENTS VIDEOS WERE SCORED ON THEIR ORIGINALITY, ACCURACY, AND THEIR "WOW" FACTOR WINNERS HAD THEIR VIDEO POSTED ONLINE AND RECEIVED CASH AWARDS 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 THE ORGANIZATION PROVIDED PRIZES AND FINANCIAL SUPPORT TO MATH COMPETITIONS IN TWENTY STATES, AS WELL MU ALPHA THETA PURCHASES TI GRAPHING CALCULATORS AND GIVES THEM FREE TO ITS CHAPTERS SCHOOLS USE THE CALCULATORS AS PRIZES FOR MATH CONTESTS THEY RUN, TO AUCTION AS A CHAPTER FUND-RAISER, OR AS AWARDS TO TALENTED | Return<br>Reference       | Explanation  |
|--|---------------------------|--|
| RUNNING MATH COMPETITIONS FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS IN THEIR CITY, STATE, OR REGION   | PAGE 2,<br>PART III, LINE | GRAPHING CALCULATORS, MATH PUZZLES, AND COPIES OF "HARD PROBLEMS" - THE STORY OF MATH STUDENTS WHO COMPETE IN THE INTERNATIONAL MATH OLY MPIAD THIS YEAR WE ALSO OFFERED OUR MATHEMATICAL MINUTES CONTEST WHERE STUDENTS MADE MATH VIDEOS TO TEACH A LESSON TO OTHER STUDENTS VIDEOS WERE SCORED ON THEIR ORIGINALITY, ACCURACY, AND THEIR "WOW" FACTOR WINNERS HAD THEIR VIDEO POSTED ONLINE AND RECEIVED CASH AWARDS MU ALPHA THETA CONTINUES TO SUPPORT THE AMERICAN MATHEMATICS COMPETITION AND THE US MATHEMATICS OLY MPIAD TEAM BY PROVIDING FINANCIAL SUPPORT AND PRIZES TO THE FINALISTS THE ORGANIZATION PROVIDED PRIZES AND FINANCIAL SUPPORT TO MATH COMPETITIONS IN TWENTY STATES, AS WELL MU ALPHA THETA PURCHASES TI GRAPHING CALCULATORS AND GIVES THEM FREE TO ITS CHAPTERS SCHOOLS USE THE CALCULATORS AS PRIZES FOR MATH CONTESTS THEY RUN, 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 |

| Return<br>Reference  | Explanation  |
|----------------------|--|
| 2, PART III, LINE 4C | 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, AND OUR CHAPTER FROM STUTTGART, GERMANY STUDENTS AND TEACHERS HAD TIME OFF ONE DAY TO ENJOY THEME PARKS IN THE ORLANDO AREA |

| Return<br>Reference | Explanation   |
|---------------------|---|
| PART V              | LINE 2A - EMPLOYEES REPORTED ON FORM W-3 THE SALARY AND BENEFIT EXPENSES REPORTED ON FORM 990, PART IX, LINE 5 ARE EXPENSES INCURRED FOR HOURS OF SERVICE RENDERED BY CERTAIN INDIVIDUALS HOWEVER, THESE INDIVIDUALS ARE REPORTED ON FORM W-3 OF THE UNIVERSITY OF OKLAHOMA, AN AGENCY OF THE STATE OF OKLAHOMA THIS ORGANIZATION REIMBURSES THE UNIVERSITY OF OKLAHOMA FOR USE OF THESE EMPLOYEES' TIME. CONSEQUENTLY, THIS ORGANIZATION DOES NOT FILE FORM W-3, SO THIS QUESTION IS ANSWERED ZERO |

| Return<br>Reference                     | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6, PART<br>VI, LINE 9 | GALAN TODD TAYLOR VESTAVIA HILLS HS, 2235 LIME ROCK RD VESTAVIA HILLS, AL 35216 BETTY HOOD BRENTWOOD HS, 5304 MURRAY LN BRENTWOOD, TN 37027-6205 DR JOHN ALBERT OU DEPT/MATH, 601 ELM AVENUE, 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 RITA RALPH FAIRFIELD CHRISTIAN, 1965 N COLUMBUS LANCASTER, OH 43130 KIM WOOLFENDEN 14220 N HWY 301 THONOTOSASSA, FL 33592 KATHY MOWERS OWENSBORO CTC, 4800 NEW HARTFORD RD OWENSBORO, KY 42303 DR STEVEN DUNBAR UNL MATHEMATICS DEPT, 308 AVERY HALL LINCOLN, NE 68588 LAURA ENTREKIN HOOVER HIGH SCHOOL, 1000 BUCCANEER DR HOOVER, AL 35244 DR TERRY HERDMAN VA TECH CTR-APPLIED MATH, ICAM 0531 BLACKSBURG, VA 24061 |

| Return<br>Reference | Explanation   |
|---------------------|---|
| ′                   | THE EXECUTIVE DIRECTOR WORKS WITH AN ACCOUNTING FIRM TO FILL OUT THE 990 FORMS WITH INPUT FROM THE TREASURER AFTER THE FORMS ARE COMPLETED, THE GOVERNING COUNCIL MEMBERS REVIEW ALL FORMS AT THEIR SUMMER GOVERNING COUNCIL MEETING ANY ITEM OF CONCERN IS DISCUSSED AT THAT MEETING CORRECTIONS ARE MADE WHEN THE FORMS MEET WITH THE APPROVAL OF ALL MEMBERS, THERE IS A MOTION TO APPROVE THE RETURNS AND FILE THESE WITH THE IRS |

| Return<br>Reference                       | Explanation  |
|---|--|
| FORM 990, PAGE<br>6, PART VI, LINE<br>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 |

| Return<br>Reference                       | Explanation  |
|---|--|
| FORM 990,<br>PAGE 6, PART<br>VI, LINE 15A | THE EXECUTIVE DIRECTOR IS THE ONLY SALARIED OFFICER HER SALARY WAS INITIALLY DETERMINED BY THE TREASURER THE DETERMINATION WAS MADE BASED ON COMPARISONS WITH OTHER OFFICIALS AT THE UNIVERSITY OF OKLAHOMA, INCLUDING DEVELOPMENT OFFICERS, 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 TREASURER DISCUSSED HIS RECOMMENDATION WITH THE PRESIDENT AND THEN SUBMITTED THIS TO THE GOVERNING COUNCIL FOR APPROVAL |

| Return<br>Reference                      | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6, PART<br>VI, 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 |

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

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

DLN: 93493224029455

2014

Open to Public Inspection

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

73-6097246

| art I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                                |   |                            |                           |  |  |  |  |  |
|---|--------------------------------|---|----------------------------|---------------------------|--|--|--|--|--|
| (a) Name, address, and EIN (ıf applıcable) of dısregarded entity  | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>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.

| Name, address, and EIN of related organization  | Primary activity | Legal domicile (state<br>or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling<br>entity | Section<br>(13) co<br>ent | 512(b)<br>ntrolled |
|---|------------------|--|---------------------|--|------------------------------|---------------------------|--------------------|
|   |                  |  |                     |  |                              | Yes                       | No                 |
| (1) MU ALPHA THETA EDUC FOUNDATION 3200 MARSHALL AVE SUITE 190  NORMAN, OK 73019 73-1506789 | ED SUPPORT       | ок   | 501 C3              | 7  | N/A                          |                           | No                 |
| (2) CHI ALPHA MU 3200 MARSHALL AVE SUITE 190  NORMAN, OK 73019 26-3471479                   | ED SUPPORT       | ок   | 501 C3              | 7  | N/A                          |                           | No                 |

Yes No

Yes

No

| (a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr | Part III | <b>Identification of Related Organizations Taxable as a Partnership</b> 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. |                  |   |                                 |  |  |                      |                              |  |          | 4                                     |
|--|----------|--|------------------|---|---------------------------------|--|--|----------------------|------------------------------|--|----------|---------------------------------------|
|  |          | Name, address, and EIN of  | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct<br>controlling<br>entity | Predominant income(related, unrelated, excluded from tax under sections 512- |  | Share of end-of-year | Disproprtionate allocations? | Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1 | managing | <b>(k)</b><br>Percentage<br>ownership |

| 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)                       | (b)              | (c)               | (d)                | (e)            | (f)            | (g)           | (h)        | (i)         |         |  |
|---------------------------|------------------|-------------------|--------------------|----------------|----------------|---------------|------------|-------------|---------|--|
| Name, address, and EIN of | Primary activity | Legal             | Direct controlling | Type of entity | Share of total | Share of end- | Percentage | Section 512 |         |  |
| related organization      |                  | domicile          | entity             | (C corp, S     | ıncome         | of-year       | ownership  | (b)(13)     | (b)(13) |  |
|                           |                  | (state or foreign |                    | corp,          |                | assets        |            | controlled  |         |  |
|                           |                  | country)          |                    | or trust)      |                |               |            | entity?     |         |  |
|                           |                  |                   |                    |                |                |               |            | Yes         | Yes No  |  |
|                           |                  |                   |                    |                |                |               |            |             |         |  |

| Part V Transactions With Related Organizations Complete if the organization answer                          | ered "Yes" on Form                      | n 990, Part IV, lin    | e 34, 35b, or 36.                          | <u> </u> | age <b>3</b> |
|---|---|------------------------|--|----------|--------------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule                      |   |                        |  | Yes      | No           |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more re | ated organizations li                   | sted in Parts II-IV?   |  |          |              |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity           |   |                        | 1a   |          | No           |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                    |   |                        | 1b   |          | No           |
| c Gift, grant, or capital contribution from related organization(s)   |   |                        | 1c   |          | No           |
| <b>d</b> Loans or loan guarantees to or for related organization(s)   |   |                        | 1d   |          | No           |
| e Loans or loan guarantees by related organization(s)   |   |                        | 1e   |          | No           |
| f Dividends from related organization(s)  |   |                        | 1f   |          | No           |
| g Sale of assets to related organization(s)   |   |                        | <b>1</b> g                                 |          | No           |
| h Purchase of assets from related organization(s)   |   |                        | 1h   |          | No           |
| i Exchange of assets with related organization(s)   |   |                        | 1i   |          | No           |
| j Lease of facilities, equipment, or other assets to related organization(s)                                |   |                        | <u>1j</u>                                  |          | No           |
| k Lease of facilities, equipment, or other assets from related organization(s)                              |   |                        | 1k   |          | No           |
| l Performance of services or membership or fundraising solicitations for related organization(s)            |   |                        | 11   |          | No           |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)      |   |                        | 1n   | ו        | No           |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)             |   |                        | 1n   | Yes      |              |
| • Sharing of paid employees with related organization(s)  |   |                        | 10   | Yes      |              |
| p Reimbursement paid to related organization(s) for expenses  |   |                        | 1p   |          | No           |
| <b>q</b> Reimbursement paid by related organization(s) for expenses   |   |                        | 19   | Yes      |              |
| r Other transfer of cash or property to related organization(s)   |   |                        | 1r   | Yes      |              |
| s Other transfer of cash or property from related organization(s)   |   |                        | 1s   |          | No           |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete     | this line, including co                 | overed relationships   | and transaction thresholds                 |          |              |
| (a)<br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | <b>(d)</b><br>Method of determining amount | involve  | d            |
|   | 1                                       |                        |  |          |              |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| 1 <u> </u>                              |                                |                                  |   |                   |   |                                    |  |                                 |        |   |   |    |                                |
|---|--------------------------------|----------------------------------|---|-------------------|---|------------------------------------|--|---------------------------------|--------|---|---|----|--------------------------------|
| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | domicile<br>(state or<br>foreign | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | so<br>50<br>organ | (e)<br>all partners<br>section<br>01(c)(3)<br>anizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproprtionat allocations? | 7      | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|   | <u> </u>                       | <u> </u>                         | 514)  | Yes               | No  | 1                                  | <u> </u>                                 | Yes                             | No     | <u> </u>  | Yes                                       | No |                                |
|   |                                |                                  |   |                   |   |                                    |  |                                 | $\Box$ | 1   |   |    |                                |

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**