

Form **990**(Rev. January 2020)
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

A For the 2019 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR**
 Doing business as **MU ALPHA THETA**
 Number and street (or P.O. box if mail is not delivered to street address) **C/O UNIV OF OKLA, 3200 MARSHALL AVE**
 City or town, state or province, country, and ZIP or foreign postal code **NORMAN OK 73019**

D Employer identification number **73-6097246**

E Telephone number **405-325-4489**

G Gross receipts **757,008**

F Name and address of principal officer:
JENNIFER PAI
3200 MARSHALL AVE, SUITE 190
NORMAN OK 73019

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (**7**) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.MUALPHATHETA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **1967**

M State of legal domicile **OK**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **11**

4 Number of independent voting members of the governing body (Part VI, line 1b) **11**

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **4550**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **13,693**

7b Net unrelated business taxable income from Form 990-T, line 39 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	614,834	638,090
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,999	13,693
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,494	64,860
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	693,327	716,643
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,459	273,444
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	177,398	201,367
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,619	267,210
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	733,476	742,021
19 Revenue less expenses. Subtract line 18 from line 12	-40,149	-25,378
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	909,785	892,280
21 Total liabilities (Part X, line 26)	1,411	2,177
22 Net assets or fund balances. Subtract line 21 from line 20	908,374	890,103

Part II Signature Block

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

Sign Here

Signature of officer: **JENNIFER PAI** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **C JANESE SHEPARD** Preparer's signature: _____ Date: _____
 Check ☐ if PTIN self-employed: **P00162034**

Firm's name: **GRAY, BLODGETT & COMPANY, PLLC** Firm's EIN: **73-1352810**
 Firm's address: **629 24TH AVE SW**
NORMAN, OK 73069-3912 Phone no: **405-360-5533**

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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Form 990 (2019) **MU ALPHA THETA NATL HIGH SCHOOL & 73-6097246**Page **2****Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ including grants of\$) (Revenue \$)**SEE SCHEDULE O****4b** (Code) (Expenses \$ including grants of\$) (Revenue \$)**SEE SCHEDULE O****4c** (Code) (Expenses \$ including grants of\$) (Revenue \$)**SEE SCHEDULE O****4d** Other program services (Describe on Schedule O)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ▶

IOR

Form 990 (2019) **MU ALPHA THETA NATL HIGH SCHOOL & 73-6097246**Page **3****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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
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		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Part IV Checklist of Required Schedules (continued)

	Yes	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 27? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-convertible related organization? If "Yes," complete Schedule R, Part V, line 2		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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	2a 0	
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	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c 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	7d	
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	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a 634,165	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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 in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O		

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

Section A. Governing Body and Management

	1a	11	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 on Schedule O.		11		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12b	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	13	X
13 Did the organization have a written whistleblower policy?	14	X
14 Did the organization have a written document retention and destruction policy?		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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	X
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
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19 Describe on 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 ►

J PAI - C/O UNIV OF OKLA
NORMAN

3200 MARSHALL AVE, SUITE 190

OK 73019

405-325-4489

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA HERRON										
PRESIDENT	4.00 1.00	X		X				0	0	0
(2) DR. JOHN ALBERT										
TREASURER	5.00 2.00	X		X				0	0	0
(3) KATHY MOWERS										
PAST PRESIDENT	4.00 1.00	X		X				0	0	0
(4) DR. DEANNA WASMAN										
GOVERNOR REGION 1	1.00 1.00	X						0	0	0
(5) OLVIN CARIAS										
GOVERNOR REGION 2	1.00 1.00	X						0	0	0
(6) TODD TAYLOR										
GOVERNOR REGION 3	1.50 1.00	X						0	0	0
(7) KIM WOOLFENDEN										
GOVERNOR REGION 4	1.50 1.00	X						0	0	0
(8) RITA RALPH										
AMATYC REP	1.00 1.00	X						0	0	0
(9) DR. CHUCK GARNER										
MAA REPRESENTATIVE	1.00 1.00	X						0	0	0
(10) LAURA ENTREKIN										
NCTM REPRESENTATIVE	1.00 1.00	X						0	0	0
(11) DR. TERRY HERDMAN										
SIAM REPRESENTATIVE	1.00 1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JENNIFER PAI	40.00									
EXECUTIVE DIRECTOR	15.00			X				84,580	9,398	0
1b Subtotal								84,580	9,398	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								84,580	9,398	

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 **0**

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

	Yes	No
3		X

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 individual

4		X
----------	--	----------

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		X
----------	--	----------

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2a MEMBERSHIP FEES	Business Code	611710	634,165	634,165		
	b CHARTER FEES	611710	3,925	3,925			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		638,090				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,693		13,693
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses		6b					
c Rental inc or (loss)		6c					
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales exps		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		8a					
b Less direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19		9a					
b Less direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a	104,089				
b Less cost of goods sold	10b	40,365					
c Net income or (loss) from sales of inventory			63,724	63,724			
Miscellaneous Revenue	11a SERVICE FEES	Business Code	900099	1,111	1,111		
	b MISC FEES	900099	25	25			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		1,136				
	12 Total revenue. See instructions		716,643	702,950	13,693	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	212,544			
2 Grants and other assistance to domestic individuals See Part IV, line 22	60,900			
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	84,580			
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	116,787			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees)				
a Management				
b Legal	2,443			
c Accounting	4,880			
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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)	2,500			
12 Advertising and promotion	174			
13 Office expenses	34,962			
14 Information technology	52,763			
15 Royalties				
16 Occupancy	13,969			
17 Travel	5,563			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,711			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,203			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTREACH EVENTS	18,799			
b CONTESTS & PRIZES	16,218			
c BANK FEES	25			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	742,021	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	31,002	1	27,866
	2 Savings and temporary cash investments	813,271	2	793,806
	3 Pledges and grants receivable net		3	
	4 Accounts receivable, net	191	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,409	8	24,205
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	39,980	11	46,301
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	932	15	102
16 Total assets. Add lines 1 through 15 (must equal line 33)	909,785	16	892,280	
Liabilities	17 Accounts payable and accrued expenses	1,411	17	2,177
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,411	26	2,177
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions			27	
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds		908,374	31	890,103
32 Total net assets or fund balances		908,374	32	890,103
33 Total liabilities and net assets/fund balances	909,785	33	892,280	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	716,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	742,021
3	Revenue less expenses Subtract line 2 from line 1	3	-25,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	908,374
5	Net unrealized gains (losses) on investments	5	5,757
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,350
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	890,103

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service.**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**Employer identification number
73-6C97246**MU ALPHA THETA NATL HIGH SCHOOL &
TWO-YEAR COLLEGE MATHEMATICS HONOR****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☒ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GRISSOM HIGH SCHOOL-MU ALPHA THETA 7901 BAILEY COVE RD HUNTSVILLE AL 35802	63-6000813	170 (B)	7,500				ROCKET CITY MATH CON
(2)	MU ALPHA THETA EDUCATIONAL FDN 3200 MARSHALL AVE., STE 190 NORMAN OK 73019	73-1506789	501C3	193,400				SCHOLARSHIPS
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019) **MU ALPHA THETA NATL HIGH SCHOOL & 73-6097246**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SUMMER MATH STUDY GRANTS	21	39,975			
2 NEED-BASED CONVENTION SCH	21	18,375			
3 CONVENTION STUDENT DEL	4	2,300			
4 STEVEN DUNBAR AWARD	1	250			
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information	2019
For calendar year 2019, or tax year beginning , and ending		
Name of the organization	MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR	Employer identification number 73-6097246

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

BOTH THE LOG1 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.

ACADEMIC SCHOLARSHIP FUNDS ARE GENERALLY 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 TWO STUDENTS 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

SCHEDULE I (Form 990)		Supplemental Information		2019
		For calendar year 2019, or tax year beginning _____, and ending _____		
Name of the organization MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR				Employer identification number 73-6097246

REIMBURSES UP TO \$300 IN TRAVEL EXPENSES.

PART IV - ADDITIONAL INFORMATION

GRISSOM HIGH SCHOOL-ROCKET CITY MATH CONTEST - \$7,500 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 TWO-YEAR 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 4,140 STUDENTS PARTICIPATED IN THE CONTEST.

ROCKWALL HIGH SCHOOL - LOG1 GRANT - \$2,000 TOTAL GRANT

THE SPONSOR AND STUDENTS OF THE ROCKWALL HIGH SCHOOL MU ALPHA THETA CHAPTER WROTE AND PROOFED THE TESTS FOR THE 2019 LOG1 CONTEST. THE MOUNT RAINIER HIGH SCHOOL MU ALPHA THETA CHAPTER RECEIVED A \$875 GRANT FOR PROVIDING CONTEST ADMINISTRATION GUIDANCE TO THE NATIONAL OFFICE. 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 5,700 STUDENTS COMPETED IN THE

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2019, or tax year beginning _____, and ending _____		2019
Name of the organization MU ALPHA THETA NATL HIGH SCHOOL & TWO-YEAR COLLEGE MATHEMATICS HONOR	Employer identification number 73-6097246		

LOG1 MATH CONTEST IN OVER 300 SCHOOLS AROUND THE COUNTRY AND A NUMBER OF FOREIGN COUNTRIES. AFTER THE CONTEST IS COMPLETED, A REPORT IS MADE TO THE MU ALPHA THETA GOVERNING COUNCIL, INCLUDING A FINANCIAL ACCOUNTING OF HOW GRANT FUNDS WERE SPENT.

MU ALPHA THETA ALSO OFFERS CHAPTER AND COMPETITION GRANTS TO OUR SCHOOLS. FUNDS ARE USED TO REIMBURSE CHAPTERS FOR ACTIVITIES OR MATH COMPETITIONS IN WHICH THEIR STUDENTS PARTICIPATE.

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.

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

OMB No 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**MU ALPHA THETA NATL HIGH SCHOOL &
TWO-YEAR COLLEGE MATHEMATICS HONOR**

Employer identification number

73-6097246**FORM 990 - ORGANIZATION'S MISSION**

MU ALPHA THETA PROMOTES THE ENJOYMENT AND SCHOLARSHIP OF MATHEMATICS TO HIGH SCHOOL AND TWO-YEAR COLLEGE STUDENTS BY PROVIDING MATH-RELATED ACTIVITIES AND RESOURCES. THE ORGANIZATION PROVIDES GRANTS TO ITS MEMBERS AND CHAPTERS SO THEY MAY PARTICIPATE IN MATH COMPETITIONS AND PROMOTE THE ENJOYMENT OF MATHEMATICS WITHIN THEIR COMMUNITIES.

SCHOLARSHIPS AND GRANTS ARE AWARDED TO MATHEMATICALLY TALENTED MEMBERS TO HELP REDUCE THE FINANCIAL BURDEN OF ATTENDING MATH SUMMER PROGRAMS AND OUR CONVENTION. MU ALPHA THETA DONATED \$193,400 TO ITS EDUCATIONAL FOUNDATION FOR SCHOLARSHIPS FOR ITS ACADEMICALLY TALENTED MEMBERS. THE ORGANIZATION SUPPORTS MULTIPLE FREE MATHEMATICS COMPETITIONS FOR ITS MEMBERS. ADDITIONALLY, MU ALPHA THETA PROVIDES FREE GRAPHING CALCULATORS, ASSORTED MERCHANDISE, AND MATH-RELATED DVDS AS PRIZES TO ITS CHAPTERS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**SCHOLARSHIPS, GRANTS, AND AWARDS -**

MU ALPHA THETA DONATED \$193,400 TO ITS EDUCATIONAL FOUNDATION IN SUPPORT OF 3 \$5,000 SCHOLARSHIPS AND 47 \$4,000 SCHOLARSHIPS FOR ITS MEMBERS. APPLICANTS WERE JUDGED ON THEIR MATHEMATICAL ABILITIES, LEADERSHIP QUALITIES, AND SERVICE TO THEIR MU ALPHA THETA CHAPTERS. MANY SCHOLARSHIP RECIPIENTS INDICATED THEY WILL PURSUE A CAREER IN MATHEMATICS OR APPLIED MATHEMATICS.

IN 2019, MU ALPHA THETA SUPPORTED 21 MEMBERS WITH SUMMER STUDY GRANTS.

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THESE SUMMER GRANTS PROVIDED UP TO \$2,000 PER RECIPIENT IN TUITION FUNDING AND TRAVEL AND LIVING EXPENSES. THE SUMMER STUDY PROGRAMS OUR MEMBERS ATTENDED WERE INTENDED FOR HIGH-ACHIEVING HIGH SCHOOL STUDENTS AND WERE COMPRISED OF HIGHER-LEVEL MATHEMATICS COURSES, INCLUDING ABSTRACT AND APPLIED MATHEMATICS TOPICS. SOME PROGRAMS OFFERED THE OPPORTUNITY FOR STUDENTS TO DO INDEPENDENT RESEARCH USING MATHEMATICS AT THE HIGHEST LEVELS.

THIS YEAR, MU ALPHA THETA PROVIDED 21 NEED-BASED CONVENTION SCHOLARSHIPS FOR STUDENTS WHO COULD NOT HAVE ATTENDED OUR EDUCATIONAL FOUNDATION'S ANNUAL NATIONAL CONVENTION WITHOUT OUR SUPPORT.

THE ORGANIZATION SUPPORTED THE ACTIVITIES OF 12 OF ITS CHAPTERS WITH CHAPTER GRANTS UP TO \$1,000 EACH AND 17 OF ITS CHAPTERS WITH COMPETITION GRANTS UP TO \$500 EACH.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

MU ALPHA THETA, THE NATIONAL HIGH SCHOOL AND TWO-YEAR COLLEGE MATHEMATICS HONOR SOCIETY, CONTINUED TO SUPPORT SEVERAL MATHEMATICS COMPETITIONS. STUDENTS WHO COMPETE IN MATHEMATICS COMPETITIONS OFTEN ENJOY MATHEMATICS AND PURSUE THE TOPIC AT HIGHER LEVELS, TO INCLUDE PURSUING A MATHEMATICS, SCIENCE, OR MATHEMATICS EDUCATION CAREER.

THE LOG1 CONTEST, ROCKET CITY MATH LEAGUE, AND MATHEMATICAL MINUTES VIDEO CONTEST COMPETITIONS SERVED MORE THAN 8,000 PARTICIPANTS IN THE U.S. AND IN FOREIGN COUNTRIES. THESE COMPETITIONS WERE OFFERED FREE OF CHARGE. THE LOG1 CONTEST INTRODUCED MEMBERS TO COMPETITIONS LIKE THOSE AT OUR ANNUAL

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

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NATIONAL CONVENTION. THE ROCKET CITY MATH LEAGUE WAS OPEN TO ALL MIDDLE-SCHOOL THROUGH TWO-YEAR COLLEGE STUDENTS. PRIZES INCLUDED CERTIFICATES, TROPHIES, PLAQUES, MATHEMATICAL GAMES, AND PUZZLES. IN MU ALPHA THETA'S FREE MATHEMATICAL MINUTES CONTEST, STUDENTS MADE FUN, EDUCATIONAL, SHORT VIDEOS TO TEACH MATH LESSONS TO OTHER STUDENTS. VIDEOS WERE SCORED ON THEIR ORIGINALITY, ACCURACY, AND "WOW" FACTOR. WINNERS' VIDEOS WERE POSTED ONLINE AND THEIR CHAPTERS WERE GIVEN CASH AWARDS.

MU ALPHA THETA SUPPORTED THE AMERICAN MATHEMATICS COMPETITION AND THE U.S. MATHEMATICS OLYMPIAD TEAM BY PROVIDING FINANCIAL SUPPORT AND PRIZES TO FINALISTS. THE ORGANIZATION ALSO PROVIDED PRIZES AND FINANCIAL SUPPORT TO 23 ADDITIONAL ORGANIZATIONS' MATH COMPETITIONS.

MU ALPHA THETA GAVE TI GRAPHING CALCULATORS TO CHAPTERS THAT REQUESTED THEM. RECEIVING CHAPTERS USED THE CALCULATORS AS PRIZES FOR THEIR MATH CONTESTS, AUCTIONED THE CALCULATORS FOR FUNDRAISERS, OR GAVE THEM AWAY AS AWARDS TO TALENTED CHAPTER MEMBERS. MU ALPHA THETA ALSO PROVIDED OTHER PRIZES TO CHAPTERS RUNNING MATH COMPETITIONS FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

MU ALPHA THETA PROVIDED AWARDS AT SCIENCE FAIRS AROUND THE COUNTRY FOR OUTSTANDING RESEARCH PROJECTS INVOLVING MATHEMATICS ACCESSIBLE TO HIGH SCHOOL STUDENTS. AT THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR, \$6,000 IN AWARD MONEY WAS PRESENTED TO 5 STUDENTS WITH THE TOP MATHEMATICS PROJECTS AS DEEMED BY MU ALPHA THETA'S JUDGES.

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Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

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MU ALPHA THETA NATL HIGH SCHOOL &

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MU ALPHA THETA PROVIDED SUPPORT TO ITS EDUCATIONAL FOUNDATION THIS YEAR, INCLUDING FUNDS TO SUPPORT THE FOUNDATION'S ANNUAL NATIONAL CONVENTION. 798 MU ALPHA THETA MEMBERS, SPONSORS (TEACHERS), AND CHAPERONES ATTENDED THE 2019 NATIONAL CONVENTION IN LAS VEGAS, NV. MEMBERS TOOK THREE ROUNDS OF MATHEMATICS TOPIC TESTS, INCLUDING TOPICS LIKE ANALYTIC GEOMETRY, LIMITS/DERIVATIVES, STATISTICS, NUMBER THEORY, AND MANY OTHERS. STUDENTS TOOK TESTS ON MULTIPLE MATH TOPICS. THERE WERE TEAM MATH CONTESTS, SPEED AND MENTAL MATH TESTS, AND A MATH-THEMED POSTER DESIGN CONTEST. SOME STUDENTS PREPARED A MATH "CHALK TALK" ON A SELECTED MATH TOPIC TO PRESENT TO AN AUDIENCE. STUDENTS ATTENDED SPEAKER SESSIONS PRESENTED BY MATHEMATICIANS. AN ADDITIONAL BENEFIT OF THE NATIONAL CONVENTION WAS THAT IT ALLOWED STUDENTS WHO LOVE MATH TO INTERACT WITH LIKE-MINDED PEERS.

FORM 990, PART V - ADDITIONAL INFORMATION

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.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 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

Name of the organization

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MU ALPHA THETA NATL HIGH SCHOOL &

73-6097246

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.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
MEMBERS OF THE GOVERNING COUNCIL FILL OUT A QUESTIONNAIRE DURING THE FIRST MEETING OF THE YEAR, USUALLY IN JANUARY. 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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS NATIONAL CONSTITUTION AND CONFLICT OF INTEREST POLICY, ALONG WITH OTHER GOVERNANCE POLICIES, AVAILABLE AT ITS WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE, UPON REQUEST, FROM THE NATIONAL OFFICE.

SCHEDULE R
(Form 990)**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.

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2019**Open to Public
Inspection**

Name of the organization

MU ALPHA THETA NATL HIGH SCHOOL &
TWO-YEAR COLLEGE MATHEMATICS HONOR

Employer identification number

73-6097246

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	MU ALPHA THETA EDUC FOUNDATION 3200 MARSHALL AVE, SUITE 190 NORMAN OK 73019 73-1506789	ED SUPPORT	OK	501 C3	7	N/A	X
(2)	CHI ALPHA MU 3200 MARSHALL AVE, SUITE 190 NORMAN OK 73019 26-3471479	ED SUPPORT	OK	501 C3	7	N/A	X
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2019

DAA

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

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate alloc?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Type of entity (C corp, S corp, or trust)	(6) Share of total income	(7) Share of end-of-year assets	(8) Percentage ownership	(9) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

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

Schedule R (Form 990) 2019

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) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income related, unrelated, excluded from tax under sections 512-514	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions