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

1212

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2012** Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: PHI THETA KAPPA GROUP

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P.O. BOX 13729

City, town, or post office, state, and ZIP code: JACKSON, MS 39236-3729

D Employer identification number: 23-7047681

E Telephone number: (601) 984-3504

G Gross receipts $ 603,621.

F Name and address of principal officer: DR. ROD A. RISLEY SAME AS C ABOVE

H(a) Is this a group return for affiliates? STMT 1 [X] Yes [ ] No

H(b) Are all affiliates included? [ ] Yes [X] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ PTK.ORG

H(c) Group exemption number ▶ 1350

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1956 M State of legal domicile: MS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE PHI THETA KAPPA GROUP IS THE TAX REPORTING ENTITY FOR THE AFFILIATED CHAPTERS COMPRISED OF

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)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	58500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	473,790.	553,363.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,782.	13,917.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,317.	21,284.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,889.	588,564.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,650.	156,750.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	444,546.	608,662.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	450,196.	765,412.
19	Revenue less expenses. Subtract line 18 from line 12	51,693.	<176,848.>

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	771,361.	740,979.
21	Total liabilities (Part X, line 26)	<106.>	0.
22	Net assets or fund balances. Subtract line 21 from line 20	771,467.	740,979.

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 — Date 11/14/13

▶ STEVEN D. MULHOLLEN, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MARSHA H. DIECKMAN, CPA	MARSHA H. DIECKMAN,	11/14/13		P00246741
Firm's name ▶ HORNE LLP			Firm's EIN ▶ 20-1941244	
Firm's address ▶ 1020 HIGHLAND COLONY PKWY, STE. 400 RIDGELAND, MS 39157			Phone no. 601-326-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

m2-12 14

PHI THETA KAPPA GROUP 23-7047681

FORM 990 LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
OMICRON IOTA CHAPTER	SCHOOLCRAFT COLLEGE 18600 HAGGERTY ROAD - LIVONIA, MI 48152	38-6146455
CAROLINAS REGION	HORRY-GEORGETOWN TECHNICAL COLLEGE 2050 HWY 501 - EAST CONWAY, SC 29526	91-1777616
ILLINOIS REGION	WILLIAM RAINEY HARPER COLLEGE 1200 WEST ALGONQUIN ROAD BUS/SS, J249 - PALAT	93-1226489
FLORIDA REGION	PASCO-HERNANDO COMMUNITY COLLEGE EAST CAMPUS 36727 BLANTON ROAD - DADE CIT	91-1777621
MIDDLE STATES REGION	DELAWARE TECHNICAL COMMUNITY COLLEGE 333 NORTH SHIPLEY STREET - WILMINGTON,	93-1226513
MISSOURI REGION	OZARKS TECHNICAL COMMUNITY COLLEGE 1001 E. CHESTNUT EXPRESSWAY - SPRINGFIEL	93-1226518
NEW YORK REGION	BOROUGH OF MANHATTAN COMMUNITY COLLEGE 199 CHAMBERS ST. - NEW YORK, NY 1000	91-1777547
TEXAS REGION	LONE STAR COLLEGE-KINGWOOD 3234 TIMERLARK DR - KINGWOOD, TX 77339	91-1777606

STATEMENT(S) 1

Form 8868 (Rev. 1-2013) Page 2

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print. File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	PHI THETA KAPPA GROUP	23-7047681
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 13729	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39236-3729	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ROD A. RISLEY 1625 EASTOVER DRIVE - JACKSON, MS 39211
  Telephone No. ▶ 601-984-3504 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 1350. If this is for the whole group, check this box ▶ [X]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN. TAXPAYER REQUESTS AN ADDITIONAL EXTENSION UNTIL 11/15/13.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Daniel J. Whitman Title ▶ CPA Date ▶ 8-14-13

Form 8868 (Rev. 1-2013)

823842
01-21-13