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12-4

Form **990-EZ**

**Short Form** *201309*  
**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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.  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 10/1/2012 and ending 9/30/2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Technical error  
 Amended return  
 Application pending

**C** Name of organization  
**SOUTHAVEN SAMARITANS**  
 Number and street (or P.O. box, if mail is not delivered to street address) **PO BOX 578**  
 City or town **HORN LAKE** State **MS** ZIP code **38637**  
 Foreign country name Foreign province/state/country Foreign postal code

**D** Employer identification number  
**64-0000404**

**E** Telephone number

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_  
 Website: \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Tax-exempt status (check only one) —  501(c)(2)  501(c)(1)  (insert no.)  4547(b)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **5** **55,444**

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	55,444
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	7a	Gross income from gaming (attach Schedule G if greater than \$15,000)	7a	
Expenses	7b	Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7b	
	7c	Less: direct expenses from gaming and fundraising events	7c	
	7d	Net income or (loss) from gaming and fundraising events (add lines 7a and 7b and subtract line 7c)	7d	0
	7e	Gross sales of inventory, less returns and allowances	7e	
	7f	Less: cost of goods sold	7f	
	7g	Gross profit or (loss) from sales of inventory (Subtract line 7f from line 7e)	7g	0
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,444
	10	Grants and similar amounts paid (list in Schedule O)	10	
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	8,410
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	8,999
15		Printing, publications, postage, and shipping	15	2,138
16		Other expenses (describe in Schedule O)	16	36,387
17		<b>Total expenses.</b> Add lines 10 through 16	17	64,642
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	502	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	219,250	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	219,752	

*LCVD*  
*12/05/2014*

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Form 990-EZ (2012) SOUTHAVEN SAMARITANS 84-0900404 Page 2

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? PUBLIC ASSISTANCE TO INDIVIDUALS. Describe the organization's program service accomplishments for each of its three largest program services...

Expenses (See instructions for section 501(c)(2) and 501(c)(4) organizations and section 507(b)(1) for optional columns.)

Table for program service expenses with rows 28-32. Columns include description of grants and estimated amount.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Compensation, (d) Health benefits, (e) Estimated amount of other compensation. Lists James Glass, Elizabeth Pakar, Lisa Baddor.

Form 990-EZ (2012)

- 43b Section 601(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c... 43c At any time during the calendar year, was the organization a party to a prohibited tax shelter transaction? 43d List the states with which a copy of this return is filed. 43e The organization's books are in care of... 43f 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... 43g At any time during the calendar year, did the organization maintain an office outside the U.S.? 43h Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041... 43i Did the organization maintain any donor advised funds during the year? 43j Did the organization operate one or more hospital facilities during the year?

Missing pg 3

Form 990-EZ (2013)

SOUTHAVEN SAMARITANS

64-0900404 Page 4

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Yes		No	
46			X

Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

Yes		No	
47			X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48			X
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a			X
-----	--	--	---

b If "Yes," was the related organization a section 527 organization?

49b			
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forma W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name: None				
Title: None	HR/MSK	.00		
Name: None	HR/MSK	.00		
Title: None	HR/MSK	.00		
Name: None	HR/MSK	.00		
Title: None	HR/MSK	.00		
Name: None	HR/MSK	.00		
Title: None	HR/MSK	.00		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name: None		
City: None		
Name: None		
City: None		
Name: None		
City: None		
Name: None		
City: None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4847(b)(1) nonexempt charitable trusts must attach a completed Schedule A.

X Yes No

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 constructive knowledge.

Sign Here Signature of officer: [Signature] Date: 5-19-14 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only Print preparer's name: AUBREY L JAYROE Preparer's signature: AUBREY L JAYROE Date: 5/16/2014 Check: [ ] not-employed [X] employed PTIN: P00809813 Firm's name: JAYROE & COMPANY, INC Firm's EIN: 71-0658144 Firm's address: 101 S WASHINGTON, SUITE 1, FORREST CITY, AR 72335 Phone no: 870-633-6045

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization

SOUTHAVEN SAMARITANS

Employer identification number

64-0900404

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g Since August 17, 2008, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows for (i), (ii), (iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (B) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of publicly support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. H7A

Schedule A (Form 990 or 990-EZ) 1013

Schedule A (Form 990 or 990-EZ) 2011

SOUTHAVEN SAMARITANS

94-2800404

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished by a governmental unit; 4 Total, Add lines 1 through 3; 5 Portion of total contributions by each person; 6 Public support, Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support, Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test—2013; 16b 33 1/3% support test—2012; 17a 10%-facts-and-circumstances test—2013; 17b 10%-facts-and-circumstances test—2012; 18 Private foundation.

Schedule A (Form 990 of 5-10-2013)

SOUTHAVEN SAMARITANS

84-0800494

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 6 columns: (a) 2008, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf; 5 The value of services or facilities furnished by a governmental unit to the organization without charge; 6 Total, Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2008, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) = 16 / 0.00%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 = 16 / 0.50%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) = 17 / 0.20%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 = 18 / 0.00%.

- 18a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 18a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 18a, or 18b, check this box and see instructions.

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Schedule A (Form 990 or 990-E) 2013

SOUTHAVEN SAMARITANS

64-0600404

Page 4

**Part IV** Supplemental information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule A (Form 990 or 990-E) 2013

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**SOUTHAVEN SAMARITANS**

Employer identification number

**64-0900404**

Form 990-EZ, Part I, Line 16, Other Expenses: **BENEFITS TO INDIVIDUALS: 31,595**

Form 990-EZ, Part I, Line 16, Other Expenses: **INSURANCE: 2,713**

Form 990-EZ, Part I, Line 16, Other Expenses: **PAYROLL TAXES: 349**

Form 990-EZ, Part I, Line 16, Other Expenses: **OTHER: 740**

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Schedule O (Form 990 or 990-EZ) (2015)

Page 2

Name of the organization

Employer identification number

SOUTHAVEN SAMARITANS

84-0803404

Schedule O (Form 990 or 990-EZ) (2015)

04B.001

Form **8868**

### Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1720

File a separate application for each return.  
Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**  
A corporation required to file Form 990-T and requesting an automatic 3-month extension—check this box and complete Part I only.   
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer. See instructions. <b>SOLTHAVEN SAMARITANS</b>	Employer identification number (EIN) or	<b>64-3900404</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions <b>PO BOX 576</b>	Social Security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HORN LAKE MS 38637</b>		

Enter the Return code for the return that this application is for (file a separate application for each return):  01  02  03  04  05  06  07  08  09  10  11  12

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 6227	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

- The books are in the care of \_\_\_\_\_
- Telephone No. \_\_\_\_\_ 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) \_\_\_\_\_ If this is for the whole group, check this box  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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 9/15/2014 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning 10/1/2012 and ending 9/30/2013

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 6463-EO and Form 8879-EO for payment instructions.  
 For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  
 Form 8868 (Rev. 1-2014)

Form 8868 (Rev. 1-2014)

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).**

Enter filer's identifying number, see instructions

Type of print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SOUTHAVEN SAMARITANS	64-0800404
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	PO BOX 576	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HORN LAKE, MS 38637	

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

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

**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  SOUTHAVEN SAMARITANS  
Telephone No.  (870) 633-6046 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) \_\_\_\_\_, if this is for the whole group, check this box  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.

- I request an additional 3-month extension of time until 8/15/2014
- For calendar year \_\_\_\_\_, or other tax year beginning 10/1/2012 and ending 9/30/2013
- If the tax year entered in line 6 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO FILE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Ba	\$	0
b	If this application is for Forms 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.	Bb	\$	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.	Bc	\$	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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Form 8868 (Rev. 1-2014)