

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

NATIONAL RELIEF CHARITIES

58-1888256

Name and title of officer

ROBBI RICE DIETRICH, PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>43916855.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 75090 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

TAX PAYER COPY

Officer's signature ▶ _____

Date ▶ 08/15/2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76915891353

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Handwritten Signature]

Date ▶ 8/15/2013

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL RELIEF CHARITIES		D Employer identification number 58-1888256
	Doing Business As		E Telephone number (903) 870-9633
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	500 E PEYTON STREET		G Gross receipts \$ 45,121,990.
City, town or post office, state, and ZIP code SHERMAN, TX 75090		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer: ROBBI RICE DIETRICH, PRESIDENT 500 E PEYTON STREET SHERMAN, TX 75090		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NRCPROGRAMS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989	M State of legal domicile: NC

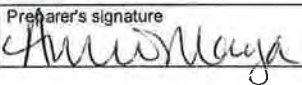
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP NATIVE AMERICAN PEOPLE IMPROVE THE QUALITY OF THEIR LIVES BY PROVIDING OPPORTUNITIES FOR THEM TO BRING ABOUT POSITIVE CHANGES IN THEIR COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	205.
	6 Total number of volunteers (estimate if necessary)	6	1,093.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-17,754.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 45,784,193.	Current Year 43,321,869.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-26,711.	180,427.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,516.	414,559.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,914,998.	43,916,855.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,674,188.	22,080,966.
	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)	6,930,328.	6,718,881.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,966,044.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,878,303.	16,231,081.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,482,819.	45,030,928.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,567,821.	-1,114,073.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,678,703.	End of Year 20,587,562.
	21 Total liabilities (Part X, line 26)	4,905,378.	2,910,755.
	22 Net assets or fund balances. Subtract line 21 from line 20.	18,773,325.	17,676,807.

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.

TAX PAYER COPY

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA MAYA	Preparer's signature 	Date 8/15/13	Check <input type="checkbox"/> if self-employed	PTIN P01067777
	Firm's name ▶ BKD, LLP		Firm's EIN ▶ 44-0160260		
	Firm's address ▶ 2800 POST OAK BLVD., STE 3200 HOUSTON, TX 77056		Phone no. 713-499-4600		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO HELP NATIVE AMERICAN PEOPLE IMPROVE THE QUALITY OF THEIR LIVES BY
PROVIDING OPPORTUNITIES FOR THEM TO BRING ABOUT POSITIVE CHANGES IN
THEIR COMMUNITIES.

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 \$ 14,195,810. including grants of \$ 9,506,484.) (Revenue \$ 432,309.)

ATTACHMENT 1

4b (Code:) (Expenses \$ 5,679,877. including grants of \$ 3,802,000.) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 6,448,083. including grants of \$ 4,301,400.) (Revenue \$)

ATTACHMENT 3

4d Other program services (Describe in Schedule O.)

(Expenses \$ 6,179,675. including grants of \$ 4,494,097.) (Revenue \$)

4e Total program service expenses ► 32,503,445.

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		X
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 temporarily restricted endowments, permanent endowments, or 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
12 a 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
14 a 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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
20 a 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?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 21-38. Includes questions about grants, compensation, tax-exempt bonds, and Section 501(c)(3) organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax shelter and contribution rules.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year. 1b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBBIE RICE DIETRICH, PRESIDENT 500 E PEYTON ST SHERMAN, TX 75090 903-870-9633

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JOSHUA TOMPKINS CHAIRMAN OF THE BOARD	2.00	X		X				0	0	0
(2) RODNEY TRAHAN TREASURER	2.00	X		X				0	0	0
(3) DR. HELEN USERA SECRETARY	2.00	X		X				0	0	0
(4) KEVIN DIEPHOLZ TRUSTEE	2.00	X						0	0	0
(5) ANN MARIE WOESSNER-COLLINS TRUSTEE	2.00	X						0	0	0
(6) SHANNON ALBERT FORMER PRESIDENT	40.00			X			147,500.	0	11,345.	
(7) MARIO PORRO CFO	40.00			X			105,000.	0	3,574.	
(8) CHARLES SMITH DIRECTOR OF FUNDRAISING	40.00					X	100,700.	0	21,455.	
(9) KELLY GIBSON DIRECTOR OF PROGRAMS	40.00					X	138,648.	0	22,487.	
(10) RICHARD MILLER PROGRAM MANAGER-SOUTHWEST	40.00					X	105,990.	0	16,603.	
(11)										
(12)										
(13)										
(14)										

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			
1b Sub-total ▶							597,838.	0	75,464.	
c Total from continuation sheets to Part VII, Section A ▶							0	0	0	
d Total (add lines 1b and 1c) ▶							597,838.	0	75,464.	

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 ▶ 5

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 27

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512, 513, or 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	481,630.	481,630.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	21,599,336.	21,599,336.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	267,419.	89,141.	89,141.	89,137.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,187,063.	1,806,514.	182,797.	3,197,752.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	738,531.	256,910.	32,004.	449,617.
10	Payroll taxes	525,868.	182,781.	25,809.	317,278.
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	88,655.	25.	55,855.	32,775.
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	641,764.	107,437.	45,770.	488,557.
12	Advertising and promotion	123,922.	4,100.	606.	119,216.
13	Office expenses	10,864,712.	5,842,191.	35,249.	4,987,273.
14	Information technology	400,141.	22,310.	23,123.	354,708.
15	Royalties	0			
16	Occupancy	518,940.	48,572.	2,604.	467,764.
17	Travel	134,295.	67,631.	21,120.	45,544.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	135,859.	83,082.	33,408.	19,369.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	626,500.	254,221.	10,780.	361,499.
23	Insurance	186,064.	17,415.	934.	167,715.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>GIFTING AND SHIPPING FEES</u>	1,434,132.	1,266,796.	667.	166,669.
b	<u>LIST RENTAL</u>	656,021.			656,021.
c	<u>EQUIP REPAIR & MAINTENANCE</u>	177,700.	177,700.		
d	<u>DUES AND FEES</u>	88,546.	88,546.		
e	All other expenses	153,830.	107,107.	1,573.	45,150.
25	Total functional expenses. Add lines 1 through 24e	45,030,928.	32,503,445.	561,439.	11,966,044.
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	9,764,584.	5,457,820.		4,306,764.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,764,672.	1	4,585,819.
	2 Savings and temporary cash investments	52,725.	2	76,991.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	24,248.	4	16,827.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	11,136,805.	8	7,857,767.
	9 Prepaid expenses and deferred charges	263,938.	9	345,803.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,288,408.		
	b Less: accumulated depreciation	10b 3,725,257.	9,313,667.	10c 7,563,151.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	122,648.	12	141,204.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,678,703.	16	20,587,562.	
Liabilities	17 Accounts payable and accrued expenses	1,512,749.	17	1,457,705.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,924,035.	23	1,453,050.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,468,594.	25	0
	26 Total liabilities. Add lines 17 through 25	4,905,378.	26	2,910,755.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,773,325.	27	16,888,335.
	28 Temporarily restricted net assets	0	28	723,472.
	29 Permanently restricted net assets	0	29	65,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,773,325.	33	17,676,807.
	34 Total liabilities and net assets/fund balances.	23,678,703.	34	20,587,562.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,916,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,030,928.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,114,073.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,773,325.
5	Net unrealized gains (losses) on investments	5	17,555.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,676,807.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

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 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, 2006, 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (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?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,754,269.	41,809,517.	43,267,786.	45,784,193.	43,321,868.	215,937,633.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	41,754,269.	41,809,517.	43,267,786.	45,784,193.	43,321,868.	215,937,633.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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	11,224,093.	14,172,916.	15,341,736.	16,127,384.	11,171,282.	68,037,411.
c Add lines 7a and 7b.	11,224,093.	14,172,916.	15,341,736.	16,127,384.	11,171,282.	68,037,411.
8 Public support (Subtract line 7c from line 6.)						147,900,222.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	41,754,269.	41,809,517.	43,267,786.	45,784,193.	43,321,868.	215,937,633.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-59,238.	88,022.	69,314.	1,393.	3,484.	102,975.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	-59,238.	88,022.	69,314.	1,393.	3,484.	102,975.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				232,608.	432,309.	664,917.
13 Total support. (Add lines 9, 10c, 11, and 12.)	41,695,031.	41,897,539.	43,337,100.	46,018,194.	43,757,661.	216,705,525.

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	68.25%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	69.57%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.05%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.21%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, 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, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to 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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

NATIONAL RELIEF CHARITIES

58-1888256

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions regarding donor advisement and private benefit.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Conservation Easements including checkboxes for purposes (land, habitat, open space, historic structure), a table for held easements at end of tax year (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for revenues and assets.

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	65,000.	65,000.	50,000.	50,000.	
b Contributions			15,000.		50,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	65,000.	65,000.	65,000.	50,000.	50,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.0000 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,186,255.		1,186,255.
b Buildings		6,894,842.	1,195,934.	5,698,908.
c Leasehold improvements		454,538.	198,104.	256,434.
d Equipment		1,093,757.	1,093,757.	
e Other		1,659,016.	1,237,462.	421,554.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,563,151.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (11), and Total.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	43,952,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a 17,555.		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d 17,754.		
	e Add lines 2a through 2d		2e	35,309.
3	Subtract line 2e from line 1		3	43,916,855.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	43,916,855.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	45,048,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d 17,754.		
	e Add lines 2a through 2d		2e	17,754.
3	Subtract line 2e from line 1		3	45,030,928.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	45,030,928.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

INTENDED USES FOR ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS - PERMANENT ENDOWMENT FOR \$50,000 WHERE PROCEEDS WILL BE
DISTRIBUTED ANNUALLY TO SUPPORT NAVAJO ELDERS. ALSO PERMANENT ENDOWMENT
FOR \$15,000 WHERE PROCEEDS WILL BE DISTRIBUTED ANNUALLY TO SUPPORT
DIALYSIS THROUGH THE AMERICAN INDIAN RELIEF COUNCIL.

RECONCILIATION OF REVENUE PER AUDITED FINANCIALS TO FORM 990

SCHEDULE D, PART XII, LINE 2D

LOSS ON SALES OF GOODS IN AUDIT EXPENSE \$ 17,754

RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS TO FORM 990

SCHEDULE D, PART XIII, LINE 2D

LOSS ON SALES OF GOODS IN AUDIT EXPENSE \$ 17,754

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

NATIONAL RELIEF CHARITIES

58-1888256

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	1.	232.	FUNDRAISING	N/A	3,777,271.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	232.			3,777,271.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	232.			3,777,271.

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL RELIEF CHARITIES

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

58-1888256

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	ARIZONA STATE UNIVERSITY BOX 870412 MC 0412 TEMPE, AZ 85287	86-0196696	501(C)(3)	18,000.				SCHOLARSHIPS
(2)	BLACK HILLS STATE UNIVERSITY 200 UNIVERSITY STREET, UNIT 967	46-6000364	501(C)(3)	9,000.				SCHOLARSHIPS
(3)	EASTERN NEW MEXICO 10 SPATION20, 1500 SOUTH AVENUE	85-6000286	501(C)(3)	8,000.				SCHOLARSHIPS
(4)	FORT LEWIS COLLEGE 1000 RIM DRIVE DURANGO, CO 81301	84-6000556	501(C)(3)	14,000.				SCHOLARSHIPS
(5)	MESA COMMUNITY COLLEGE 1833 WEST SOUTHERN AVE. MESA, AZ 85202	86-0185552	501(C)(3)	6,000.				SCHOLARSHIPS
(6)	MONTANA STATE UNIVERSITY SPRAND UNION BLDG. P.O. BOX 174	81-6010045	501(C)(3)	8,000.				SCHOLARSHIPS
(7)	NEW MEXICO STATE UNIVERSITY P.O. BOX 30001, MSC 5100	85-6000401	501(C)(3)	10,000.				SCHOLARSHIPS
(8)	NORTHERN ARIZONA UNIVERSITY BOX 4108 FLAGSTAFF, AZ 86011	74-2579628	501(C)(3)	21,000.				SCHOLARSHIPS
(9)	UNIVERSITY OF ALASKA P.O. BOX 141608 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	8,000.				SCHOLARSHIPS
(10)	UNIVERSITY OF ALASKA P.O. BOX 756360, 101 FAIRBANKS, AK 99775	92-6000147	501(C)(3)	8,000.				SCHOLARSHIPS
(11)	UNIVERSITY OF MONTANA LOWMASSON CENTER 218 MISSOULA, MT 59812	81-6001713	501(C)(3)	10,000.				SCHOLARSHIPS
(12)	UNIVERSITY OF NEW MEXICO 116315, 1 UNIVERSITY OF NM	85-6000642	501(C)(3)	19,000.				SCHOLARSHIPS

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) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL RELIEF CHARITIES

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

58-1888256

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	UNIVERSITY OF OKLAHOMA ASP AVENUE, BUCHANAN HALL NORMAN, OK 73019	73-6017987	501(C)(3)	8,000.				SCHOLARSHIPS
(2)	UNIVERSITY OF UTAH 201 S. 1460 EAST, ROOM 105	87-6000525	501(C)(3)	8,000.				SCHOLARSHIPS
(3)	DESERT VIEW ANIMAL CLINIC P.O. BOX 3811 TUBA CITY, AZ 86045	51-1236257	501(C)(3)	10,000.				HEALTHY LIVING
(4)	BORDERS WITHOUT BOUNDARIES P.O. BOX 703 VALENTINE, NE 69201	20-8671625	501(C)(3)	8,000.				HEALTHY LIVING
(5)	UNIVERSITY OF IDAHO P.O. BOX 443030 MOSCOW, ID 83844	82-6000945	501(C)(3)	5,260.				SCHOLARSHIPS
(6)	UNIVERSITY OF MINN. - MORRIS 600 EAST 4TH STREET MORRIS, MN 56257	41-6007513	501(C)(3)	10,000.				SCHOLARSHIPS
(7)	NORTH IDAHO COLLEGE 1000 WEST GARDEN AVENUE	82-0337334	501(C)(3)	10,000.				SCHOLARSHIPS
(8)	LEWIS CLARK STATE COLLEGE 500 8TH AVENUE LEWISTON, ID 83501	82-6000935	501(C)(3)	10,000.				SCHOLARSHIPS
(9)	ALASKA CHRISTIAN COLLEGE 35109 ROYAL PLACE SOLOTNA, AK 99669	92-0174205	501(C)(3)	10,000.				SCHOLARSHIPS
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21
- 3 Enter total number of other organizations listed in the line 1 table 21

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HEALTHY LIVING	413,352.		9,506,484.	FMV	990 PT III, 4A
2 FOOD & WATER	127,460.		3,802,000.	FMV	990 PT III, 4A
3 HOLIDAY	119,405.		4,301,400.	FMV	990 PT III, 4A
4 SPECIAL PROGRAMS	61,169.		1,327,858.	FMV	990 PT III, 4D-SCH O
5 EMERGENCY	11,984.		869,353.	FMV	990 PT III, 4D-SCH O
6 SCHOLARSHIPS	403.	488,584.		FMV	990 PT III, 4D-SCH O
7 COMMUNITY INVOLVEMENT	61,247.		1,426,414.	FMV	990 PT III, 4D-SCH O

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

PART I, LINE 2.

FOR EACH OF OUR GRANTS, WE ACCEPT APPLICATIONS FOR FUNDS ON A STANDARD APPLICATION FORM. THAT FORM OUTLINES THE REPORTING REQUIREMENTS OF THE GRANT FOR WHICH THE ORGANIZATION IS APPLYING. ONCE AN ORGANIZATION IS SELECTED FOR A GRANT, OUR PROGRAM TEAM DEVELOPS A SUPPORT PLAN FOR THE INSTITUTION. THIS PLAN OUTLINES THE SCHEDULE OF FOLLOW-UP CALLS, PERSONAL VISITS, AND EXPECTED DELIVERABLES FROM THE GRANTEE. AT A MINIMUM,

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

A SEMI-ANNUAL REPORT IS REQUIRED FROM EACH GRANTEE.

THE REPORT DETAILS HOW THE GRANT FUNDS WERE EXPENDED

AND REQUIRES PHYSICAL BACKUP FOR VERIFICATION OF EXPENDITURES.

IN ADDITION TO DETAILING THE EXPENDITURES, THE GRANTEE

DETAILS ACCOMPLISHMENTS AND PROGRESS TOWARD GOALS

ON THE PROJECTS THE GRANT WAS INTENDED TO SUPPORT.

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

ADDITIONAL INFORMATION

SCHEDULE I, PART II, COLUMN (H)

PUBLIC EDUCATION - THE LIVING CONDITIONS IN THE REMOTE AND ISOLATED

RESERVATION COMMUNITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHANNON ALBERT FORMER PRESIDENT	(i) 87,033. (ii) 0 (iii) 0	0	60,467.	4,425.	6,920.	158,845.	0
2 KELLY GIBSON DIRECTOR OF PROGRAMS	(i) 138,648. (ii) 0 (iii) 0	0	0	4,159.	18,328.	161,135.	0
3	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
4	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
5	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
6	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
7	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
8	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
9	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
10	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
11	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
12	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
13	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
14	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
15	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
16	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SEVERANCE PAY

FORM 990, SCHEDULE J, PART 1, LINE 4C

SHANNON ALBERT, FORMER PRESIDENT, RECEIVED SEVERANCE COMPENSATION DURING

2012 OF \$60,467. THIS INCLUDED 3 MONTHS OF SEVERANCE PAY AND AN

AUTOMOBILE. ALL WAS PROPERLY INCLUDED IN THE FORM W-2 WAGES AS TAXABLE

COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

Employer identification number

NATIONAL RELIEF CHARITIES

58-1888256

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,755,053.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	8.	6,316,266.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		44.	4,215,783.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

OTHER INFORMATION ON DONORS

NRC RECEIVES PRODUCTS FROM 86 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS) .

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MEDICAL SUPPLIES	X	3.	3,034,821.	FMV
MISCELLANEOUS	X	41.	1,180,962.	FMV
TOTALS		<u>44.</u>	<u>4,215,783.</u>	

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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

DOING BUSINESS AS

FORM 990, ITEM C

AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN),
AMERICAN INDIAN EDUCATION FOUNDATION (AIEF), SOUTHWEST INDIAN RELIEF
COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND
(NFR), NATIVE AMERICAN AID (NAA), RESCUE OPERATION FOR ANIMALS ON THE
RESERVATION (ROAR).

ALL OTHER ACHIEVEMENTS DESCRIPTION

FORM 990, PART III, LINE 4D

PUBLIC EDUCATION: THE LIVING CONDITIONS IN THE REMOTE AND ISOLATED
RESERVATION COMMUNITIES NRC SERVES ARE COMPARABLE TO WHAT IS FOUND IN THE
DEVELOPING WORLD. MANY AMERICANS ARE UNAWARE OF THE EXTENT OF THE POVERTY
ON THESE RESERVATIONS. MISCONCEPTIONS ALSO EXIST, FUELING FALSE
SPECULATION THAT NATIVE AMERICAN PEOPLE RECEIVE SPECIAL GOVERNMENT
ENTITLEMENTS SUCH AS FREE HOUSING, HEALTH CARE, AND EDUCATION UNDER THE
STATUS OF TREATIES. NRC IS COMMITTED TO EDUCATING THE AMERICAN PUBLIC AND
DISPELLING THE PUBLIC'S MISPERCEPTIONS REGARDING NATIVE AMERICANS. THOUGH
OUR PUBLIC EDUCATION PROGRAMS, NRC SEEKS TO EXPAND THE PUBLIC'S
UNDERSTANDING OF NATIVE AMERICANS, THEIR CULTURE AND CHALLENGES, AND
ENCOURAGE THEM TO WORK WITH NRC TO CREATE POSITIVE CHANGE ON THE
RESERVATIONS. IN 2012 NRC REACHED AN ESTIMATED 4.5 MILLION PEOPLE WITH
PUBLIC EDUCATION.

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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EMERGENCY/MEDICAL: THE PHYSICAL ENVIRONMENT ON THE RESERVATIONS NRC SUPPORTS IS OFTEN HARSH, WITH A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH AS FLOODS, FOREST FIRES, EXTREME WINTER STORMS AND BLIZZARDS, TORNADOS AND HURRICANES OCCURRING FREQUENTLY. SOME COMMUNITIES ALSO EXPERIENCE ACUTE OR CHRONIC CONTAMINATED-WATER EMERGENCIES. DURING 2012, NRC PROVIDED GOODS TO COMMUNITIES EXPERIENCING 14 SUCH CRISES. THIS ALSO INVOLVES ASSISTANCE TO PATIENTS AND FAMILY MEMBERS WHO MUST LEAVE THE RESERVATION FOR HEALTHCARE SERVICES. NRC'S PREVENTATIVE HEALTH SERVICES ARE DESCRIBED IN THE PRECEDING HEALTH SECTION.

SCHOLARSHIPS: NRC PROVIDES SCHOLARSHIPS FOR NATIVE AMERICAN STUDENTS PURSUING A HIGHER EDUCATION, FOCUSING ON APPLICANTS WHO ARE OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING, BUT HAVE SERIOUS DRIVE AND A DEMONSTRATED ABILITY TO OVERCOME OBSTACLES. THE COMPLETION RATE FOR STUDENTS WHO RECEIVE NRC SCHOLARSHIPS AND COMPLETE THE ACADEMIC YEAR IS OVER 95%, CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE. NRC CREDITS OUR UNIQUE SELECTION PROCESS AND A COMMITTED, INDIVIDUALIZED MENTORSHIP PROGRAM FOR THIS SUCCESS. NRC PROVIDED \$365,000 IN SCHOLARSHIPS IN 2012. FOR TRIBAL COLLEGES, UNIVERSITIES IN OUR SERVICE AREA, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, WE ALSO PROVIDED MORE THAN \$123,000 IN CREATIVE GRANTS DESIGNED TO INCREASE FUNDS AVAILABLE FOR NATIVE AMERICAN SCHOLARSHIPS AND SUPPORT RETENTION OF THESE STUDENTS IN COLLEGE.

COMMUNITY INVOLVEMENT: A LONG HISTORY OF OPPRESSION HAS CONTRIBUTED TO A LIMITED VIEW OF POSSIBILITIES MANY NATIVE AMERICANS ENVISION FOR

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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THEMSELVES AND THEIR FAMILIES. NRC ENCOURAGES NATIVE AMERICANS TO BECOME INVOLVED IN THE SERVICES AND ISSUES THAT AFFECT THEIR COMMUNITIES AND WILL LEAD TO LONG-TERM CHANGE. IN 2012 NRC RECEIVED AND HONORED OVER 750 REQUESTS FOR ASSISTANCE FROM RESERVATION PROGRAMS AND PROJECTS DESIGNED TO INCREASE COMMUNITY INVOLVEMENT IN SCHOOLS, ELDERLY SERVICE PROGRAMS, AND WELLNESS PROJECTS INVOLVING NEARLY 61,250 PEOPLE. SUPPORTING SELF-DETERMINATION AND REQUIRING PEOPLE TO PARTICIPATE ACTIVELY IN SERVICES AND COMMUNITY PROJECTS TO RECEIVE NRC SUPPORT AND SUPPLIES ARE IMPORTANT ASPECTS CONTRIBUTING TO THE SUCCESS OF NRC-SUPPORTED COMMUNITY INVOLVEMENT PROGRAMS.

ANIMAL WELFARE: MANY RESIDENTS LIVING ON RESERVATIONS SERVED BY NRC FACE EXTREME POVERTY. RESERVATION ANIMALS ARE OFTEN NOT A PRIORITY WHEN IT COMES TO MEETING THE NEED FOR FOOD, SHELTER AND HEALTHCARE. ON THE NAVAJO NATION, THE PROBLEMS CREATED FROM OVERPOPULATED AND STRAY ANIMALS ARE IMMENSE, INCLUDING DISEASE, ANIMAL BITES, RABIES AND OTHER SAFETY CONCERNS. ESTIMATES ON THE INCIDENCE OF STRAY DOGS AND CATS ROAMING THE NAVAJO NATION ALONE RANGE FROM 1,500 TO 6,000. THE NAVAJO NATION SHELTERS AND EVENTUALLY EUTHANIZES ABOUT 8,000 DOGS A YEAR. NRC'S GOALS ARE TO SUPPORT RESERVATION PROGRAMS THAT SPAY/NEUTER/VACCINATE ANIMALS OF THE RESERVATION, EDUCATE THE COMMUNITY ON PROPER CARE OF ANIMALS, AND ASSIST BY PROVIDING SUPPLIES THAT ENABLE ANIMAL GROUPS TO CARE FOR MORE ANIMALS. IN 2012 NRC SUPPORTED SPAY/NEUTER CLINICS AND PROVIDED VETERINARY PROGRAMS WITH THOUSANDS OF POUNDS OF FOOD AND OTHER ITEMS NECESSARY TO REDUCE ANIMAL HEALTH RISK AND RELATED HEALTH RISK TO HUMANS.

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SPECIAL PROGRAMS: THIS CATEGORY CONSISTS OF SEVERAL SERVICES, WHICH ARE TARGETED TO SPECIFIC COMMUNITIES ON THE RESERVATIONS SERVED BY NRC. FOR EXAMPLE, NRC DISTRIBUTES CORDS OF WOOD TO SELECTED RESERVATION COMMUNITIES IN THE PLAINS REGION BASED ON NEED AND NUMBER OF ELDERS. DUE TO THE EXPENSE AND LOGISTICS, NRC IS UNABLE TO OFFER THIS PROGRAM TO ALL RESERVATIONS WE SERVE, ALTHOUGH THERE IS SUBSTANTIAL NEED TO EXPAND THE PROGRAM. IN ADDITION, NRC FREQUENTLY ROTATES SPECIAL PROJECTS TO DIFFERENT COMMUNITIES TO AVOID CREATING A DEPENDENCY. EACH OF THE SERVICES INCLUDED IN THIS CATEGORY RESPONDS TO A BASIC NEED AND ADDRESSES THE LACK OF ACCESS TO SERVICES IN THE COMMUNITIES SERVED. IN 2012 NRC'S SPECIAL PROGRAMS BENEFITED 44,881 PEOPLE IN OUR SERVICE AREA. IN ADDITION TO FIREWOOD, NRC PROVIDED WINTER FUEL VOUCHERS FOR HUNDREDS OF NATIVE AMERICAN ELDERS AND SUPPORTED LITERACY FOR 16,623 CHILDREN, PROVIDING SUPPLIES AND INCENTIVES TO ENCOURAGE PARENT-CHILD READING TIME.

ORGANIZATION'S PROCESS USED TO REVIEW FOR 990 FORM 990, PART VI, QUESTION 11B THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE FORM 990. ONCE PREPARED, THE ORGANIZATION'S CFO REVIEWS THE FORM AS WELL AS THE FINANCE AND AUDIT COMMITTEE. IT IS THEN SENT TO THE FULL BOARD OF DIRECTORS FOR FINAL REVIEW AND COMMENT PRIOR TO FILING.

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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PROCESS TO MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY

FORM 990, PART VI, QUESTION 12C

THE BOARD OF DIRECTORS AND THE CEO SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. ADDITIONALLY, FOR OUR EMPLOYEES, OUR EMPLOYEE REFERENCE GUIDE HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY. CONFLICTS OF INTEREST ARE RESOLVED AS THEY ARISE.

PROCESS FOR DETERMINING COMPENSATION OF CEO, EXEC DIR OR TOP MGMT OFFICIAL

FORM 990, PART VI, QUESTION 15A

THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A FORMAL PERFORMANCE APPRAISAL OF THE CEO, INCLUDING THE CEO'S COMPENSATION. EVERY 2-3 YEARS COMPENSATION DATA FOR CEO'S OF SIMILAR SIZED NON-PROFITS IS GATHERED AND COMPARED WITH THE COMPENSATION PROVIDED TO THE ORGANIZATION'S CEO.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTH: THE PEOPLE NRC SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON INDIAN HEALTH SERVICES (IHS) FOR MEDICAL CARE.

TRANSPORTATION IS A MAJOR PROBLEM BECAUSE OF THE LONG DISTANCE FROM COMMUNITIES TO CLINICS AND THE LACK OF TRANSPORTATION OPTIONS. BECAUSE IHS IS SEVERELY UNDERFUNDED AND UNDERSTAFFED FOR THE SIZE AND LOCATION OF THE POPULATIONS IT SERVES, THE AGENCY FOCUSES ON HEALTHCARE CRISES SITUATIONS RATHER THAN PREVENTIVE CARE. WITH HIGHER INFANT MORTALITY, LOWER LIFE EXPECTANCY, DIABETES AT EPIDEMIC LEVELS, TUBERCULOSIS SEVEN TIMES HIGHER FOR NATIVE AMERICANS, AND CANCER-RELATED DISPARITIES HIGHER THAN FOR ANY MINORITY GROUP IN THE U.S., NRC FOCUSES ON PREVENTATIVE CARE

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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ATTACHMENT 1 (CONT'D)

AND HEALTH EDUCATION. IN 2012 NRC SUPPORTED HEALTHY LIFESTYLE PROGRAMS FOR 413,352 PEOPLE WHO PARTICIPATED IN THE FOLLOWING TYPES OF ACTIVITIES: HEALTH SCREENINGS FOR DIABETES, HIGH BLOOD PRESSURE, TUBERCULOSIS AND CANCER; EDUCATION CLASSES ON DIABETES PREVENTION, HEALTHY NUTRITION AND HEART HEALTH; YOUTH PROGRAMS INCLUDING CAMPS, SUICIDE AWARENESS AND PREVENTION, AND YOUTH OBESITY AND EXERCISE; HEALTH APPOINTMENTS FOR IMMUNIZATIONS, HOSPITAL POST-RELEASE AND MEDICATION MONITORING; HOME VISITS WITH THOSE WHO ARE HOMEBOUND OR OTHERWISE UNABLE TO ACCESS SERVICES; PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH; AND RESIDENTIAL FACILITY AND SHELTER CARE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FOOD & WATER: THERE ARE 23% OF NATIVE AMERICAN HOUSEHOLDS EXPERIENCING LOW FOOD SECURITY, MEANING NOT ENOUGH FOOD QUALITY, VARIETY, OR DESIRABILITY OF DIETARY INTAKE. BECAUSE LOW FOOD SECURITY IS AN EVERYDAY ISSUE ON THE RESERVATIONS WHERE NRC WORKS, NUTRITION-RELATED DISEASE RATES ARE HIGH. IN ADDITION, DRINKING WATER IS CONTAMINATED IN MANY RESERVATION COMMUNITIES SERVED BY NRC. ALTHOUGH THERE ARE HUNDREDS OF FOOD BANKS WITHIN NRC'S SERVICE AREA, A 2009 STUDY BY AMERICA'S SECOND HARVEST SHOWING THE MAJORITY OF FOOD BANKS LACKED AN ADEQUATE SUPPLY OF FOOD TO MEET DEMAND CONTINUES TO HOLD TRUE. NRC INCREASED ITS SUPPORT OF FOOD BANKS IN 2012, PROVIDING STAPLE FOOD FOR ELDERLY NUTRITION

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ATTACHMENT 2 (CONT'D)

PROGRAMS AND SOUP KITCHENS HELPING TO FEED NEARLY 34,000 PEOPLE
HOT MEALS 5 DAYS A WEEK. NRC ALSO PROVIDED EMERGENCY AND BREAKFAST
FOOD FOR ANOTHER 10,345 PEOPLE. NRC'S FOOD BOXES HELPED FOOD
PANTRIES FEED 48,031 ADDITIONAL PEOPLE. NRC ALSO DISTRIBUTED FRESH
AND FROZEN PRODUCE FOR 900 PEOPLE, AND TILLED NEARLY 150 GARDENS
FOR FAMILIES DURING 2012. NRC FOOD AND WATER DISTRIBUTIONS AND
GARDENING SUPPORT REQUIRED NRC'S TRUCKS AND STAFF TO TRAVEL
HUNDREDS OF THOUSANDS OF MILES TO DISTRIBUTE THESE ESSENTIAL
PRODUCTS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

HOLIDAY: NATIVE AMERICAN ELDERS AND CHILDREN ON THE RESERVATIONS
SERVICED BY NRC ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS
THE U.S. AND THE WORLD, BUT FREQUENTLY THEIR FAMILIES CANNOT
AFFORD A SPECIAL MEAL OR GIFTS. UP TO 43% OF NATIVE AMERICAN
CHILDREN LIVE IN POVERTY, WITH MANY BEING RAISED BY GRANDPARENTS
LIVING ON SEVERELY LIMITED AND FIXED INCOMES. POVERTY RATES ON THE
RESERVATIONS SERVED BY NRC RANGE FROM 38% TO 85%, DEPENDING ON THE
RESERVATION. NRC'S HOLIDAY EFFORTS SUPPORT LARGE COMMUNITY MEAL
DISTRIBUTIONS. A TOTAL OF 49,235 THANKSGIVING MEALS WERE PROVIDED
BY NRC IN 2012. IN ADDITION, 2,530 MORE MEALS WERE PROVIDED AT
CHRISTMAS, ALONG WITH GIFT STOCKINGS FOR 52,237 YOUTH, TEENS,
BABIES AND ELDERS VIA COMMUNITY GIFT DISTRIBUTIONS. NRC ALSO
DELIVERED EASTER MEALS AND TREATS THAT ENCOURAGED 15,253 CHILDREN

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ATTACHMENT 3 (CONT'D)

AND FAMILIES TO COME TOGETHER FOR EASTER EGG HUNTS AND GATHERINGS.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AK, AZ, AR, CA, CT,

DC, FL, GA, HI, IN, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, TX, UT, VT, WA, WV, WI,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIAMONDBACK DIRECT 785 ELKRIDGE ROAD - SUITE 300 LINTHICUM, MD 21090	PRINTING	2,297,777.
SOUTHWEST PUBLISHING 2600 N.W. TOPEKA BOULEVARD TOPEKA, KS 66617	PRINTING	1,522,277.
CCA 13195 FREEDOM WAY BOSTON, VA 22713	PRINTING	867,869.
AKA PRINTING 44 JOSEPH MILLS DRIVE FREDRICKSBURG, VA 22408	PRINTING	795,191.
MDI IMAGING & MAIL 21955 CASCADES PARKWAY STERLING, VA 20166	PRINTING	679,905.

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ATTACHMENT 6

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	5,261.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	-23,015.
SUBTOTAL	-23,015.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>-23,015.</u>

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - 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 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 6-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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL RELIEF CHARITIES	Employer identification number (EIN) or 58-1888256
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 E PEYTON STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHERMAN, TX 75090	

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-T (corporation)	07
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

- The books are in the care of ▶ MARIO PORRO

Telephone No. ▶ 903 870-9633 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 08/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2012 or
 ▶ tax year beginning _____, 20____, and ending _____, 20____.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
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.	3b \$
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 \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- 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
	NATIONAL RELIEF CHARITIES	58-1888256
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	500 E PEYTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SHERMAN, TX 75090	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 **MARIO PORRO**
Telephone No. **903 870-9633** 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 11/15, 2013.
- For calendar year 2012, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 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 A COMPLETE AND ACCURATE RETURN.**

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 \$	<i>Nme</i>
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 \$	
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 \$	<i>Nme</i>

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 ***Mario Porro*** Title ***CPA*** Date ***7/10/2013***
Pro Porro

7011 2970 0004 0868 4351

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning ending , 2012, and See separate instructions.

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

NATIONAL RELIEF CHARITIES Number, street, and room or suite no. If a P.O. box, see instructions.

58-1888256

E Unrelated business activity codes (see instructions.)

X 501(C) 3 408(e) 220(e) 408A 530(a) 529(a)

500 E PEYTON STREET

City or town, state, and ZIP code

SHERMAN, TX 75090

C Book value of all assets at end of year

F Group exemption number (see instructions)

20,587,562.

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X

J The books are in care of ROBBIE RICE DIETRICH, PRESIDE Telephone number 903-870-9633

Part I Unrelated Trade or Business Income

(A) Income (B) Expenses (C) Net

Table with 13 rows for Part I. Line 13 Total: 0

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 34 rows for Part II. Line 34 Unrelated business taxable income: 0

Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041). 36
37 Proxy tax (see instructions) 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39. 41
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement). 42
43 Total tax. Add lines 41 and 42 43 0
44 a Payments: A 2011 overpayment credited to 2012 44a
b 2012 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 4136 Form 2439 Other Total 44g
45 Total payments. Add lines 44a through 44g. 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach statement) 4a
b Other costs (attach statement) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
MAY 15 2013
TAX PAYER COPY

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
AMANDA MAYA AMANDA MAYA 8/15/2013
Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 2800 POST OAK BLVD., STE 3200 HOUSTON, TX 77056 Phone no. 713-499-4600
PTIN P01067777
Form 990-T (2012)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes Total and (c) Total income rows.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on page 1, Part II, line 14.			

ATTACHMENT 1ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.