

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, 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 Doing Business As	D Employer identification number 58-1888256
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 E PEYTON STREET	E Telephone number (903) 870-9633
	City or town, state or province, country, and ZIP or foreign postal code SHERMAN, TX 75090	G Gross receipts \$ 43,732,640. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	F Name and address of principal officer: ROBBI RICE DIETRICH 500 E PEYTON STREET SHERMAN, TX 75090	
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:	MISSION: SERVING IMMEDIATE NEEDS. SUPPORTING LONG-TERM SOLUTIONS. VISION: STRONG, SELF-SUFFICIENT NATIVE AMERICAN 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	6.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	140.
	6 Total number of volunteers (estimate if necessary)	6	1,320.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,321,869.	43,192,908.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,427.	13,579.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,916,855.	43,732,640.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,080,966.	22,285,769.
	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)	6,718,881.	5,982,933.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	230,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,367,173.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,231,081.	13,699,139.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,030,928.	42,197,841.
19 Revenue less expenses. Subtract line 18 from line 12	-1,114,073.	1,534,799.	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	20,587,562.	20,971,826.
	22 Net assets or fund balances. Subtract line 21 from line 20.	2,910,755.	1,744,031.
		17,676,807.	19,227,795.

Part II Signature Block

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

Sign Here	Signature of officer COPY	Date 8-8-14
	Robbi Rice Dietrich President + CEO	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name AMANDA MAYA	Preparer's signature 	Date 8/4/2014	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) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 12,418,001. including grants of \$ 10,327,492.) (Revenue \$ 526,193.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 6,449,334. including grants of \$ 3,997,145.) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 6,636,959. including grants of \$ 4,152,340.) (Revenue \$)

ATTACHMENT 4

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

(Expenses \$ 5,225,456. including grants of \$ 3,803,792.) (Revenue \$)

4e Total program service expenses ▶ 30,729,750.

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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
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)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

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 or note to any line 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... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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 5
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: MARIO K. PORRO 500 E PEYTON ST SHERMAN, TX 75099 (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 or note to any line in this Part VII.

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

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

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

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) KEVIN DIEPHOLZ CHAIRMAN OF THE BOARD	2.00 0	X		X				0	0	0
(2) DR. HELEN USERA SECRETARY	2.00 0	X		X				0	0	0
(3) RODNEY TRAHAN TREASURER	2.00 0	X		X				0	0	0
(4) DR. JOSHUA TOMPKINS TRUSTEE	2.00 0	X						0	0	0
(5) ANN MARIE WOESSNER-COLLINS TRUSTEE	2.00 0	X						0	0	0
(6) DR. WAYNE GEAREY TRUSTEE	2.00 0	X						0	0	0
(7) ROBBI RICE DIETRICH PRESIDENT & CEO	40.00 0			X				190,769.	0	2,732.
(8) MARIO PORRO CHIEF FINANCIAL OFFICER	40.00 0			X				113,317.	0	6,312.
(9) KELLY GIBSON DIRECTOR OF PROGRAMS	40.00 0					X		146,032.	0	20,319.
(10) CHARLES SMITH DIRECTOR OF FUNDRAISING	40.00 0					X		100,881.	0	19,152.
(11) RICHARD MILLER PROGRAM MANAGER - SOUTHWEST	40.00 0					X		105,990.	0	14,253.
(12)										
(13)										
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?
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?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

Yes/No table for questions 3, 4, and 5.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 6'.

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 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 43,192,908.				
	g Noncash contributions included in lines 1a-1f: \$	20,803,785.				
	h Total. Add lines 1a-1f		43,192,908.			
Program Service Revenue	2a _____		Business Code			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,079.			2,079.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		11,500.			
	c Gain or (loss)					
	d Net gain or (loss)		11,500.			11,500.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code			
11a OTHER INCOME	900099		526,153.	526,153.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		526,153.				
12 Total revenue. See instructions		43,732,640.	526,153.			13,579.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	75,260.	75,260.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	22,210,509.	22,210,509.		
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	313,130.	81,938.	231,192.	
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	4,519,687.	1,581,572.	359,545.	2,578,570.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,513.	61,600.	5,712.	30,201.
9 Other employee benefits	552,181.	242,327.	59,948.	249,906.
10 Payroll taxes	500,422.	114,637.	39,782.	346,003.
11 Fees for services (non-employees):				
a Management	0			
b Legal	143,825.		122,577.	21,249.
c Accounting	51,338.		43,753.	7,585.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	230,000.			230,000.
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.)	633,961.	240,214.		393,747.
12 Advertising and promotion	117,197.	2,574.		114,623.
13 Office expenses	8,873,766.	4,248,718.	22,869.	4,602,179.
14 Information technology	609,135.	82,527.	46,471.	480,137.
15 Royalties	0			
16 Occupancy	513,113.	54,254.	2,779.	456,080.
17 Travel	151,074.	81,500.	27,269.	42,305.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	68,218.	61,538.		6,680.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	451,708.	222,687.	9,358.	219,663.
23 Insurance	180,526.	9,351.	125,014.	46,161.
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 LIST RENTAL	472,245.			472,245.
b GIK & SHIPPING FEES	1,140,578.	1,140,578.		
c EQUIP REPAIR & MAINTENANCE	177,407.	153,995.	1,748.	21,664.
d DUES & FEES	62,978.	25,756.	2,208.	35,014.
e All other expenses	52,070.	38,215.	693.	13,162.
25 Total functional expenses. Add lines 1 through 24e	42,197,841.	30,729,750.	1,100,918.	10,367,173.
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)	7,827,936.	4,203,750.		3,624,186.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,585,819.	1	3,265,825.
	2 Savings and temporary cash investments	76,991.	2	2,564,639.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	16,827.	4	68,833.
	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	7,857,767.	8	7,450,646.
	9 Prepaid expenses and deferred charges	345,803.	9	232,215.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,340,541.		
	b Less: accumulated depreciation	10b 4,109,266.	7,563,151.	10c 7,232,275.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	141,204.	12	157,393.
	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)	20,587,562.	16	20,971,826.	
Liabilities	17 Accounts payable and accrued expenses	1,457,705.	17	738,432.
	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	1,453,050.	23	1,002,047.
	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	0	25	3,552.
	26 Total liabilities. Add lines 17 through 25	2,910,755.	26	1,744,031.
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	16,888,335.	27	18,536,484.
	28 Temporarily restricted net assets	723,472.	28	626,311.
	29 Permanently restricted net assets	65,000.	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	17,676,807.	33	19,227,795.
	34 Total liabilities and net assets/fund balances.	20,587,562.	34	20,971,826.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,732,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,197,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,534,799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,676,807.
5	Net unrealized gains (losses) on investments	5	16,189.
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	19,227,795.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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.

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

Name of the organization

Employer identification number

NATIONAL RELIEF CHARITIES

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)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,809,517.	43,267,786.	45,784,193.	43,321,869.	43,192,908.	217,376,273.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	41,809,517.	43,267,786.	45,784,193.	43,321,869.	43,192,908.	217,376,273.
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).						4,736,869.
6 Public support. Subtract line 5 from line 4.						212,639,404.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	41,809,517.	43,267,786.	45,784,193.	43,321,869.	43,192,908.	217,376,273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,509.	69,314.	1,393.	3,484.	2,079.	157,779.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,614.	71,632.				82,246.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						217,616,298.
12 Gross receipts from related activities, etc. (see instructions)					12	1,191,074.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	97.71 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.98 %
16a 33 1/3% support test - 2013. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2012. 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 - 2013. 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 - 2012. 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. []

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 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.** 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 of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NATIONAL RELIEF CHARITIES**

Employer identification number
58-1888256

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 933,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,328,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,079,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,349,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,912,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,959,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RELIEF CHARITIES

Employer identification number
58-1888256

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,116,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS ITEMS ----- ----- -----	\$ 933,250.	VAR
2	VARIOUS ITEMS ----- ----- -----	\$ 1,328,681.	VAR
3	FOOD AND HOUSEHOLD ITEMS ----- ----- -----	\$ 1,079,798.	VAR
4	VARIOUS ITEMS ----- ----- -----	\$ 2,349,869.	VAR
5	MEDICAL AND HOUSEHOLD ITEMS ----- ----- -----	\$ 2,912,626.	VAR
6	VARIOUS ITEMS ----- ----- -----	\$ 7,959,142.	VAR

Name of organization **NATIONAL RELIEF CHARITIES**

Employer identification number

58-1888256

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	SHOES ----- ----- -----	\$ 2,116,411.	VAR
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

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.

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

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1889256

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: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows a-d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2013

JSA 3E1268 2 000

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.	65,000.	50,000.	50,000.
b Contributions				15,000.	
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.	65,000.	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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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.	1,350,151.	5,544,691.
c Leasehold improvements		454,538.	275,576.	178,962.
d Equipment		1,139,591.	1,021,517.	118,074.
e Other		1,665,315.	1,461,022.	204,293.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,232,275.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	3,552.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,552.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	43,748,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 16,189.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	16,189.
3	Subtract line 2e from line 1		3	43,732,640.
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	43,732,640.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	42,197,841.
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	42,197,841.
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	42,197,841.

Part XIII Supplemental Information.

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.

SCHEDULE D, PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

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.

Part XIII Supplemental Information (continued)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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" on 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.	135.	FUNDRAISING	N/A	2,835,925.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	135.			2,835,925.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	135.			2,835,925.

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

Schedule F (Form 990) 2013

JSA
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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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" on 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 G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DIRECT LINE TECHNOLOGIES	PHONE SOLICIT.		X	38,526.	230,000.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				38,526.	230,000.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2).				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, 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.

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

OMB No. 1545-0047

2013

**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 IDAHO P.O. BOX 443030 MOSCOW, ID 83844	82-6000945	501(C)(3)	5,260.				CHALLENGE FUNDS
(2) UNIVERSITY OF MN. - MORRIS 600 EAST 4TH STREET MORRIS, MN 56267	41-6007513	501(C)(3)	10,000.				CHALLENGE FUNDS
(3) NORTH IDAHO COLLEGE 1000 W GARDEN AVE COUER D'ALENE, ID 83818	82-0337334	501(C)(3)	10,000.				CHALLENGE FUNDS
(4) LEWIS-CLARK STATE COLLEGE 500 8TH AVENUE RCH 214 LEWISTON, ID 83501	82-6000935	501(C)(3)	10,000.				CHALLENGE FUNDS
(5) ALASKA CHRISTIAN COLLEGE 35109 ROYAL PLACE SOLDOTNA, AK 99669	92-0174205	501(C)(3)	20,000.				CHALLENGE FUNDS
(6) ALBUQUERQUE PUB. SCHOOLS P.O. BOX 25704 ALBUQUERQUE, NM 87106	85-0434438	501(C)(3)	10,000.				SCHOLARSHIPS
(7) DESERT VIEW ANIMAL CLINIC P.O. BOX 3811 TUBA CITY, AZ 86045	51-1236257	501(C)(3)	10,000.				SPAY & NEUTER
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table 7

Schedule I (Form 990) (2013)

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.

1	(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
2	HEALTH	262,318.		10,327,492.	FMV	PT. III, LN 4A, P. 53
3	FOOD & WATER	195,859.		3,997,145.	FMV	PT. III, LN 4B, P. 54
4	HOLIDAY	69,624.		4,152,340.	FMV	PT. III, LN 4C, P. 56
5	EMERGENCY SERVICES	53,886.		1,369,275.	FMV	PT. III 4D SCH O P. 46
6	EDUCATION SERVICES	45,007.	440,508.	760,465.	FMV	PT. III 4D SCH O P. 47
7	COMMUNITY SUPPORT	114,186.	10,000.	1,153,984.	FMV	PT. III 4D SCH O P. 48

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.

SCHEDULE I, PART I, LINE 2

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

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, A

SEMI-ANNUAL REPORT IS REQUIRED FROM EACH GRANTEE. THE REPORT DETAILS HOW

THE GRANT FUNDS WERE EXPENDED AND REQUIRES PHYSICAL BACKUP FOR

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.

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.

SCHEDULE I, PART III, COLUMN (F)

ADDITIONAL INFORMATION:

PUBLIC EDUCATION ABOUT LIVING CONDITIONS ON THE REMOTE AND ISOLATED

RESERVATION COMMUNITIES NRC SERVES. SEE PAGE 49 ON SCHEDULE O.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NATIONAL RELIEF CHARITIES

58-1889256

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) |

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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 directors, trustees, and officers, including 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?

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)?

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

Schedule J (Form 990) 2013

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 ROBBI RICE DIETRICH	(i) 190,769.	0	0	0	2,732.	193,501.	0
(ii) PRESIDENT & CEO	136,032.	0	0	4,381.	0	166,351.	0
2 KELLY GIBSON	(i) 10,000.	0	0	0	15,938.	166,351.	0
(ii) DIRECTOR OF PROGRAMS	0	0	0	0	0	0	0
3	(i)						
(ii)							
4	(i)						
(ii)							
5	(i)						
(ii)							
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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		7,440,219.	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.	3,235,955.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		18.	10,127,611.	
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.		

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

Schedule M (Form 990) (2013)

JSA

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.

SCHEDULE M, PART I

OTHER INFORMATION ON DONORS:

NRC RECEIVED PRODUCTS FROM 24 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	9.	9,471,162.	FMV
MISCELLANEOUS	X	9.	656,449.	FMV
TOTALS		<u>18.</u>	<u>10,127,611.</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

2013

**Open to Public
Inspection**

Name of the organization

NATIONAL RELIEF CHARITIES

Employer identification number

58-1888256

FORM 990, ITEM C

DOING BUSINESS AS:

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 OF THE
RESERVATION (ROAR).

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES:

EMERGENCY SERVICES:

PURPOSE OF THE PROGRAM: TO PROVIDE DISASTER RELIEF FOR TRIBES, AND
SEASONAL WEATHERIZATION AND HOUSING ASSISTANCE FOR NATIVE AMERICAN
ELDERS.

SITUATION: THE PHYSICAL ENVIRONMENT ON THE RESERVATIONS NRC SUPPORTS IS
OFTEN HARSH, GIVING RISE TO A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH
AS FLOODS, FOREST FIRES, BLIZZARDS, ICE STORMS, TORNADOS AND HURRICANES.
SOME COMMUNITIES ALSO EXPERIENCE ACUTE OR CHRONIC CONTAMINATED-WATER
EMERGENCIES. IN ADDITION, 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD,
OVERCROWDED HOUSING AND THE TYPICAL WAIT TIME FOR TRIBAL HOUSING
ASSISTANCE IS THREE YEARS OR MORE.

NRC RESPONSE: AS A FIRST RESPONDER IN 2013, NRC PROVIDED IMMEDIATE
DISASTER RELIEF FOR 1,450 TRIBAL MEMBERS DUE TO FLOODING IN ROCK POINT,
AZ AND BECENTI, NM AND A TORNADO AND WATER EMERGENCY IN MACY, NE. WE

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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DISTRIBUTED FIREWOOD, COAL AND WINTER FUEL VOUCHERS FOR 287 ELDERS, IN ADDITION TO SUPPLYING 1,324 ELDERS WITH WINTER AND SUMMER EMERGENCY KITS CONTAINING BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD AND OTHER ITEMS. NRC ALSO IMPROVED AND REPAIRED NEARLY 40 HOMES FOR NATIVE AMERICAN ELDERS OF THE ZUNI AND JEMEZ PUEBLOS AND THE TOHONO O'ODHAM RESERVATION, REPLACING WINDOWS, ADDING RAMPS FOR WHEELCHAIR ACCESS AND WEATHERIZING HOMES FOR THE WINTER. NRC OFFERS THESE SERVICES TO SELECTED RESERVATION COMMUNITIES BASED ON NEED, AS DUE TO THE EXPENSE AND LOGISTICS, NRC IS UNABLE TO OFFER THESE SERVICES TO ALL RESERVATIONS. NRC ALSO ROTATES OUR WINTER READINESS AND HOUSING SERVICES TO DIFFERENT COMMUNITIES IN THE PLAINS AND SOUTHWEST TO AVOID CREATING DEPENDENCY. DBA PROGRAMS OF NRC FOR EMERGENCY SERVICES: SNRF, SWIRC, NRF, CIN, NAA, AIRC

EDUCATION SERVICES:

PURPOSE OF THE PROGRAM: TO INVEST SIGNIFICANT RESOURCES TOWARD NATIVE AMERICAN EDUCATION AND ASSIST STUDENTS OF ALL AGES IN PRE-KINDERGARTEN TO COLLEGE.

SITUATION: EDUCATION IS ONE OF THE MOST IMPORTANT CORNERSTONES OF SELF-SUFFICIENCY AND QUALITY OF LIFE. IT IS ALSO A CRUCIAL FACTOR IN ADDRESSING THE LONG-TERM POVERTY AND OTHER CHALLENGES ON THE RESERVATIONS NRC SERVES. HIGH SCHOOL DROPOUT RATES RANGE FROM 30% TO 70% ON THE RESERVATIONS WE SERVE. ONLY 17% OF NATIVE AMERICAN STUDENTS START COLLEGE AND ONLY 11% COMPLETE COLLEGE. MANY NATIVE STUDENTS BELIEVE COLLEGE IS NOT AN OPTION FOR THEM. NON-NATIVE STUDENTS ARE TWICE AS LIKELY TO

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1889256
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ACHIEVE A COLLEGE DEGREE. IN ADDITION, CONTRARY TO PUBLIC PERCEPTION, COLLEGE IS NOT FREE FOR NATIVE AMERICANS.

NRC RESPONSE: IN 2013, NRC FURNISHED ESSENTIAL SCHOOL SUPPLIES FOR 27,492 STUDENTS ON 28 RESERVATIONS AND SUPPORTED LITERACY FOR 16,996 CHILDREN, PROVIDING SUPPLIES AND INCENTIVES TO ENCOURAGE PARENT-CHILD READING TIME. FOR NATIVE AMERICAN STUDENTS PURSUING A HIGHER EDUCATION, NRC PROVIDES SCHOLARSHIPS AND COLLEGE FUNDING. WE FOCUS ON APPLICANTS WHO ARE MOST OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING BUT WHO HAVE SERIOUS DRIVE AND A DEMONSTRATED ABILITY TO OVERCOME OBSTACLES. THE ACADEMIC-YEAR COMPLETION RATE FOR STUDENTS WHO RECEIVE NRC SCHOLARSHIPS IS 95%, CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE. NRC CREDITS THIS SUCCESS TO OUR INDIVIDUALIZED MENTORSHIP PROGRAM AND OUR UNIQUE SELECTION PROCESS OF TARGETING STUDENTS. IN 2013, NRC AWARDED \$372,000 IN SCHOLARSHIPS TO NATIVE STUDENTS FROM 24 STATES. WE GRANTED ANOTHER \$86,542 TO TRIBAL COLLEGES, UNIVERSITIES, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, TO INCREASE FUNDS AVAILABLE FOR NATIVE AMERICAN STUDENTS. BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM EDUCATIONAL NEEDS, NRC HELPS OUR PARTNER SCHOOLS AND COLLEGES MOTIVATE STUDENTS AND RETENTION.

DBA PROGRAMS OF NRC FOR EDUCATION SERVICES: AIEF AND AIRC

COMMUNITY SUPPORT:

PURPOSE OF THE PROGRAM: TO HELP RESERVATION PARTNERS MOTIVATE INVOLVEMENT IN COMMUNITY SERVICE, AND TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE ON THE RESERVATIONS.

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1889256
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SITUATION: A LONG HISTORY OF OPPRESSION HAS CONTRIBUTED TO THE LIMITED VIEW OF OPPORTUNITIES MANY NATIVE AMERICANS ENVISION FOR THEMSELVES AND THEIR FAMILIES. SUPPORTING SELF-DETERMINATION AND REQUIRING PEOPLE TO TAKE PART ACTIVELY IN COMMUNITY PROJECTS AND SERVICES IN ORDER TO RECEIVE NRC MATERIALS AND SERVICES ADDS TO THE SUCCESS OF OUR COMMUNITY INVOLVEMENT PROJECTS. IN ADDITION, ANIMAL WELFARE AND THE PROBLEMS CREATED FROM OVERPOPULATED AND STRAY ANIMALS ARE IMMENSE FOR COMMUNITIES, INCLUDING DISEASE, ANIMAL BITES, RABIES AND OTHER SAFETY CONCERNS. THE NAVAJO NATION ALONE HAS AN ESTIMATED 1,500 TO 6,000 STRAY DOGS AND CATS. BECAUSE OF THIS, NRC SUPPORTS RESERVATION PROGRAMS THAT SPAY, NEUTER AND VACCINATE ANIMALS OF THE RESERVATION; EDUCATE COMMUNITIES ON PROPER CARE OF ANIMALS; AND ENABLE ANIMAL GROUPS TO CARE FOR MORE ANIMALS.

NRC RESPONSE: IN 2013, NRC HONORED NEARLY 1,900 REQUESTS FOR SUPPORT OF PROJECTS DESIGNED TO INCREASE COMMUNITY INVOLVEMENT IN SCHOOLS, ELDERLY SERVICE PROGRAMS AND WELLNESS INITIATIVES INVOLVING 41,672 PEOPLE. IN ADDITION, NRC SUPPORTED IMMEDIATE AND LONG-TERM COMMUNITY CONCERNS RELATED TO ANIMAL WELFARE. WE SUPPORTED SPAY/NEUTER CLINICS AND SUPPLIED VETERINARY PROGRAMS WITH THOUSANDS OF POUNDS OF FOOD, BENEFITING OVER 72,500 ANIMALS THROUGH THIS ADDED CARE. OUR SUPPORT REDUCED ANIMAL HEALTH RISK AND RELATED COMMUNITY HEALTH RISK FOR PEOPLE ON 15 RESERVATIONS. DBA PROGRAMS OF NRC FOR COMMUNITY SUPPORT: AIRC, SWIRC, CIN AND ROAR

PUBLIC EDUCATION:

PURPOSE OF THE PROGRAM: TO PROVIDE ACCURATE INFORMATION ABOUT NATIVE AMERICAN CULTURES AND CONDITIONS ON THE RESERVATIONS, AS WELL AS NRC

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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SERVICES AND PROGRAM RESULTS.

SITUATION: THE LIVING CONDITIONS IN THE REMOTE AND ISOLATED RESERVATION COMMUNITIES NRC SERVES ARE COMPARABLE TO THOSE FOUND IN THE DEVELOPING WORLD. MANY AMERICANS ARE UNAWARE OF THE EXTENT OF POVERTY AND HARDSHIP THAT EXIST ON THE 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.

NRC RESPONSE: IN 2013, NRC REACHED AN ESTIMATED 8.8 MILLION PEOPLE WITH PUBLIC EDUCATION ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH ARTICLES, PRESS RELEASES, REPORTS, AND RELEVANT CONTENT ON NRC'S WEB SITE, BLOG AND OUR SOCIAL PAGES. YOU CAN LEARN MORE ABOUT CONDITIONS ON THE RESERVATIONS, AND NRC SERVICES AND RESULTS, IN OUR 2013 ANNUAL REPORT, ON THE NRC BLOG (WWW.BLOG.NRCPROGRAMS.ORG), AND IN THE NRC PRESSROOM (WWW.NRCPROGRAMS.ORG/PR).

DBA PROGRAMS OF NRC FOR PUBLIC EDUCATION: AIEF, AIRC, CIN, SWIRC, NAA, SNRF, NRF AND ROAR

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS:

THE ORGANIZATION UPDATED THE CORPORATE BYLAWS ON OCTOBER 25, 2013. ALSO IN OCTOBER 2013, NATIONAL RELIEF CHARITIES' BOARD OF DIRECTORS APPROVED A NEW STRATEGIC PLAN TO GUIDE ORGANIZATION DECISIONS FOR THE NEXT FIVE YEARS IN SUPPORT OF OUR MISSION. THE PLAN IDENTIFIES FIVE STRATEGIC

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1889256
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IMPERATIVES, ESTABLISHES GOALS WITHIN EACH, AND PROVIDES A TIMELINE AND MEASUREMENT OF SUCCESS FOR EACH GOAL.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

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.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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.

FORM 990, PART VI, SECTION B, LINE 13

WHISTLEBLOWER POLICY:

THE BOARD OF DIRECTORS STRENGTHENED THEIR WHISTLEBLOWER POLICY DURING 2013.

FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION:

THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A FORMAL PERFORMANCE APPRAISAL OF THE CEO, INCLUDING THE CEO'S COMPENSATION. EVERY 2-3 YEARS

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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COMPENSATION DATA FOR CEO'S OF SIMILAR SIZED NON-PROFITS IS GATHERED AND COMPARED WITH THE COMPENSATION PROVIDED TO THE ORGANIZATION'S CEO.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MISSION: SERVING IMMEDIATE NEEDS. SUPPORTING LONG-TERM SOLUTIONS.

NRC'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

NATIONAL RELIEF CHARITIES BELIEVES THAT NATIVE AMERICAN PEOPLES HAVE THE POWER WITHIN THEMSELVES TO BUILD STRONG COMMUNITIES. THE COMMUNITY MEMBERS WE WORK WITH KNOW THE CHALLENGES THAT EXIST AND ARE FINDING SOLUTIONS TO THEM. NRC IS A CONSISTENT, RELIABLE RESOURCE TO LIFT UP THEIR EFFORTS - TO PROVIDE HOPE AND SUPPORT FOR THEIR SUCCESS TODAY AND TOMORROW.

NRC EXECUTES A DUAL APPROACH TO SERVING NATIVE AMERICANS. WE RESPOND TO IMMEDIATE NEEDS IN RESERVATION COMMUNITIES, PROVIDING FOOD, WATER AND OTHER CRITICAL MATERIALS. WE ALSO SUPPORT COMMUNITY-BASED PROJECTS THAT SUSTAINABLY ADDRESS THE CORE SYMPTOMS OF POVERTY AND CONTRIBUTE TO SELF-SUFFICIENCY.

NRC APPROACHES HUMANITARIAN SERVICE THROUGH AN ASSET-BASED COMMUNITY DEVELOPMENT (ABCD) STRATEGY. ABCD ENCOMPASSES ALL STRANDS OF SERVICES IN NRC'S PROGRAM LOGIC MODEL (MATERIAL SERVICES, PARTNER CAPACITY BUILDING, COMMUNITY INVESTMENT PROJECTS, AND EDUCATION PROGRAMS), ENSURING WE BUILD ON ASSETS PRESENT IN THE COMMUNITIES WE SERVE AND

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

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRING TOGETHER INDIVIDUALS, PROGRAMS AND OUTSIDE RESOURCES TO FOCUS ON SOLUTIONS. THIS COMMUNITY-DRIVEN MODEL LEVERAGES THE SOCIAL CAPITAL OF A LARGER NETWORK MOBILIZING TOWARD A COMMON SOLUTION. IN ADDITION, LOCAL PARTICIPATION AND EMPOWERMENT LIE AT THE CORE OF ABCD AND LEAD TOWARD SUSTAINABLE COMMUNITY GAINS FOR THE RESERVATIONS AND PEOPLE WE SERVE.

ATTACHMENT 2

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

HEALTH:

PURPOSE OF THE PROGRAM: TO SUPPORT PREVENTATIVE CARE AND HEALTH EDUCATION INITIATIVES BY RESERVATION AGENCIES SERVING TRIBAL MEMBERS.

SITUATION: THE PEOPLE NRC SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (IHS) FOR MEDICAL CARE. TRANSPORTATION IS A MAJOR PROBLEM BECAUSE OF THE LONG DISTANCES TO CLINICS AND THE LACK OF TRANSPORTATION. SEVERELY UNDERFUNDED AND UNDERSTAFFED FOR THE SIZE AND LOCATION OF THE POPULATIONS IT SERVES, IHS FOCUSES ON HEALTHCARE CRISES RATHER THAN PREVENTIVE CARE. DUE TO 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 SUPPORTS RESERVATION PROGRAMS THAT ADDRESS PREVENTATIVE AND LONG-TERM HEALTHCARE NEEDS.

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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ATTACHMENT 2 (CONT'D)

NRC RESPONSE: IN 2013, NRC SUPPORTED HEALTHY LIFESTYLE PROGRAMS FOR 262,318 PEOPLE, AS PART OF THE FOLLOWING: 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 SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS.

DBA PROGRAMS OF NRC FOR HEALTH SERVICES: NRF, SNRF, CIN, NAA, SWIRC AND AIRC

ATTACHMENT 3

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

FOOD & WATER:

PURPOSE OF THE PROGRAM: TO EASE FOOD INSECURITY AMONG NATIVE AMERICAN ELDERS, CHILDREN AND FAMILIES ON THE RESERVATIONS WE SERVE.

SITUATION: NEARLY ONE IN FOUR (23%) NATIVE AMERICAN HOUSEHOLDS EXPERIENCE LOW FOOD SECURITY, MEANING INADEQUATE FOOD QUALITY, VARIETY, OR DESIRABILITY OF DIETARY INTAKE. BECAUSE LOW FOOD SECURITY IS AN EVERYDAY ISSUE ON THE RESERVATIONS NRC SERVES, NUTRITION-RELATED DISEASE RATES ARE HIGH. CONTAMINATED DRINKING

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1889256
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ATTACHMENT 3 (CONT'D)

WATER IS ALSO AN ISSUE IN MANY OF THE COMMUNITIES SERVED BY NRC. ALTHOUGH MANY FOOD BANKS OPERATE WITHIN NRC'S SERVICE AREA, A STUDY BY AMERICA'S SECOND HARVEST SHOWS THAT THE MAJORITY OF FOOD BANKS LACK AN ADEQUATE SUPPLY OF FOOD TO MEET DEMAND.

NRC RESPONSE: NRC HELPED MEET IMMEDIATE NEEDS BY INCREASING OUR OVERALL FOOD SUPPORT AGAIN IN 2013. OUR FOOD BOXES HELPED FOOD PANTRIES FEED 58,766 PEOPLE. NRC SUPPLIED STAPLE FOODS FOR ELDERLY NUTRITION PROGRAMS AND SOUP KITCHENS, FEEDING AN ADDITIONAL 30,742 PEOPLE HOT MEALS 5 DAYS A WEEK. WE PROVIDED 44,373 MEALS FOR THANKSGIVING, CHRISTMAS AND EASTER. IN ADDITION, NRC PROVIDED EMERGENCY AND BREAKFAST FOOD FOR 9,048 PEOPLE AND DISTRIBUTED MUCH NEEDED PRODUCE FOR AT LEAST 1,000 ADDITIONAL TRIBAL MEMBERS. NRC'S TRUCKS AND STAFF TRAVELED HUNDREDS OF THOUSANDS OF MILES IN 2013 TO DISTRIBUTE THESE ESSENTIAL PRODUCTS. TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND DIETARY HEALTH, NRC TILLED 92 GARDENS AND SUPPORTED 24 COMMUNITY GARDEN PROJECTS ON THE ROSEBUD, WINNEBAGO, YANKTON, CHEYENNE RIVER AND PINE RIDGE RESERVATIONS, PROVIDING A VARIETY OF SEEDS, GARDENING TOOLS AND INCENTIVES AS APPROPRIATE FOR EACH COMMUNITY. NRC ALSO ADVANCED THE GARDENING MOVEMENT ON THE PINE RIDGE RESERVATION, CONDUCTING TRAINING ON GARDENING AND CANNING; BUILDING AND DISTRIBUTING 50 RAISED GARDEN BEDS FOR USE BY ELDERS; ASSISTING IN THE FORMATION OF A FARMER'S MARKET FOR SUSTAINABLE INCOME; AND PROVIDING FULLY-FEATHERED CHICKENS, TURKEYS AND STARTER COOPS TO TRIBAL MEMBERS AS A SUSTAINABLE FOOD SOURCE.

DBA PROGRAMS OF NRC FOR FOOD SERVICES: NAA, NRF, AIRC, CIN, SWIRC

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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ATTACHMENT 3 (CONT'D)

AND SNRF

ATTACHMENT 4

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

HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY CHEER AND PARTICIPATION AT TIMES WHEN MANY FAMILIES ARE EXPERIENCING MORE STRESS AND DISENFRANCHISEMENT.

SITUATION: NATIVE AMERICAN ELDERS AND CHILDREN ON THE RESERVATIONS ASSISTED BY NRC ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT FREQUENTLY THEIR FAMILIES CANNOT AFFORD SPECIAL HOLIDAY GIFTS OR EXTRAS. UP TO 43% OF NATIVE AMERICAN CHILDREN LIVE IN POVERTY, MANY OF THEM RAISED BY GRANDPARENTS ON SEVERELY LIMITED, FIXED INCOMES. POVERTY RATES ON THE 65 RESERVATIONS SERVED BY NRC RANGE FROM 38% TO 85%.

NRC RESPONSE: DURING THE 2013 HOLIDAYS, 52,362 CHILDREN, TEENS AND ELDERS RECEIVED HOLIDAY GIFT STOCKINGS FILLED WITH PRACTICAL ITEMS TO MEET IMMEDIATE NEEDS, AND 17,262 CHILDREN AND FAMILIES RECEIVED INCENTIVES AND PRIZES WHEN THEY CAME TOGETHER TO PARTICIPATE IN SPRING, EASTER AND OTHER COMMUNITY GATHERINGS. THESE TYPES OF HOLIDAY EVENTS ALSO HELP PARTNERS AND LOCAL VOLUNTEERS DEVELOP SKILLS FOR FUTURE EVENT PLANNING AND COMMUNITY SERVICE.

DBA PROGRAMS OF NRC FOR HOLIDAY SERVICES: AIRC, CIN, NAA, SWIRC AND SNRF

Name of the organization NATIONAL RELIEF CHARITIES	Employer identification number 58-1888256
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ATTACHMENT 5

FORM 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 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SOUTHWEST PUBLISHING 2600 N.W. TOPEKA BOULEVARD TOPEKA, KS 66617	PRINTING	1,474,296.
CCA 13195 FREEDOM WAY BOSTON, VA 22713	PRINTING	1,419,466.
DIAMONDBACK DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	PRINTING	1,170,645.
IMAGE SALES P.O. BOX 165 MASSAPEQUA PARK, NY 11762	PRINTING	751,338.
MDI 21955 CASCADES PARKWAY STERLING, VA 20166	PRINTING	578,473.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile 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 <small>File by the due date for filing your return. See instructions.</small>	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 (other than individual)	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 ▶ ROBBI RICE DIETRICH, PRESIDENT
- 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, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2013 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	\$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

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

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