

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

ISLAMIC RELIEF USA ALLEVIATES SUFFERING, HUNGER, ILLITERACY & DISEASES WORLDWIDE REGARDLESS OF COLOR, RACE, RELIGION, OR CREED, PROVIDES RAPID DISASTER RELIEF, AND ESTABLISHES SUSTAINABLE LOCAL DEVELOPMENT PROJECTS

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 \$ 77,646,724 including grants of \$ 76,405,252) (Revenue \$)

HEALTH AND NUTRITION INCLUDES ACTIVITIES RELATED TO COMMUNICABLE DISEASES, HEALTH EDUCATION/BEHAVIOR CHANGE, HEALTH SYSTEMS AND GENERAL HEALTH, MEDICAL COMMODITIES AND PHARMACEUTICALS, NON-COMMUNICABLE DISEASES, REPRODUCTIVE HEALTH, INFANT AND YOUNG CHILD FEEDING, MANAGEMENT OF MODERATE ACUTE MALNUTRITION, MANAGEMENT OF SEVERE ACUTE MALNUTRITION, NUTRITION EDUCATION AND BEHAVIOR CHANGE, AND NUTRITION SYSTEMS SAMPLE PROJECTS ACCORDING TO THE UNHCR, AS OF JULY 2015, THERE ARE 332,749 REGISTERED SOMALI REFUGEES IN DADAAB CAMP THE LARGE NUMBER OF REFUGEES HAS PUT PRESSURE ON AVAILABLE RESOURCES, OVERSTRETCHING THE HEALTH SYSTEMS IN PARTICULAR IN 2014, IRUSA IMPLEMENTED THE INTEGRATED HEALTH AND NUTRITION PROGRAM TO SUPPORT REFUGEES IN DADAAB CAMP, KENYA,WHICH AT ITS CONCLUSION REACHED 207,678 INDIVIDUALS THIS PROJECT PROVIDED, AMONG OTHER THINGS MASS SCREENINGS FOR MALNUTRITION,PHARMACEUTICALS,REFERRALS TO SECONDARY AND TERTIARY CARE FACILITIES,LABORATORY AND DIAGNOSTIC EQUIPMENT THAT ENHANCED THE CAPABILITY FOR SCREENING AND DIAGNOSIS OF MALARIA, CHOLERA, SYPHILIS, AMONG OTHER DISEASES,POLIO IMMUNIZATION CAMPAIGN,REPAIR OF COLD ROOMS INITIATED FOR HEALTH FACILITIES TO PROPERLY STORE VACCINES FOR USE BY ISLAMIC RELIEF AND OTHER ORGANIZATIONS IN DADAAB,TRAININGS FOR HEALTH WORKFORCE CONDUCTED IN COLLABORATION WITH MINISTRY OF HEALTH FOR LOCAL AND REFUGEE HEALTH WORKERS ON HEALTH FACILITY MANAGEMENT, MATERNAL INFANT AND YOUNG CHILD NUTRITION, AND INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION, MATERNAL INFANT AND YOUNG CHILD FEEDING, BASIC LIFE SUPPORT, ADVANCED TRAUMA LIFE SUPPORT, ESSENTIAL OBSTETRIC CARE & NEWBORN CARE AND FOCUS ANTENATAL CARE, AND COMMUNITY TRAINING ON COMMUNITY HEALTH STRATEGIES TO HELP IN SCALING UP HEALTH INITIATIVES THROUGH DISEASE PREVENTION AND HEALTH PROMOTION IN 2014, IRUSA ALSO CONTRIBUTED OR DELIVERED PHARMACEUTICALS, DISPOSABLES, NUTRITIONAL SUPPLEMENTS, AND MEDICAL SUPPLIES TO 11 COUNTRIES AFGHANISTAN, BURKINA FASO, CHAD, LEBANON, MALAWI, MALI, NIGER, NIGERIA, TURKEY, UGANDA, AND YEMEN THIS HELPED MILLIONS OF VULNERABLE INDIVIDUALS ACCESS BETTER HEALTH CARE ESTIMATED BENEFICIARIES FOR THE DURATION OF HEALTH AND NUTRITION PROJECTS 4,363,495

4b

(Code) (Expenses \$ 20,538,537 including grants of \$ 19,810,382) (Revenue \$)

EMERGENCY RESPONSE & RELIEF THIS CATEGORY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING NEEDS OF A POPULATION AT THE ONSET OF A DISASTER, SUCH AS PROVIDING CLEAN WATER, SANITATION, FOOD, TEMPORARY SHELTER, NON-FOOD ITEMS AND EMERGENCY MEDICAL ASSISTANCE EXAMPLES OF SUCH PROJECTS INCLUDE AFGHANISTAN FACED SEVERE WINTER FLOODS IN NORTHERN MOUNTAINOUS REGIONS AN ESTIMATED 50,000 FLOOD-AFFECTED PEOPLE RECEIVED EMERGENCY FOOD, TENTS, KITCHEN SETS, HYGIENE KITS, BLANKETS, AND SLEEPING MATS AN ADDITIONAL WINTER CAMPAIGN IN AFGHANISTAN SUPPORTED AN ESTIMATED 58,000 VULNERABLE INDIVIDUALS WITH FOOD AND FIREWOOD TO PROVIDE LIFE-SAVING ASSISTANCE TO GET THEM THROUGH THE HARSH WINTER WEATHER BOSNIA AND HERZEGOVINA WAS HIT BY DEADLY FLOODS IN MAY 2014, DESTROYING INFRASTRUCTURE AND LEAVING HOMES UNINHABITABLE IRUSA PROVIDED EMERGENCY ASSISTANCE TO 18,840 SURVIVORS DIRECTLY AFTER THE FLOODS VIA DISTRIBUTION OF SLEEPING BAGS, ELECTRICITY GENERATORS, FOOD PACKAGES, HYGIENE KITS, BOTTLED WATER AND FLASHLIGHTS 90 PEOPLE WERE HELPED THROUGH THE RECONSTRUCTION OF 18 SEVERELY DAMAGED HOMES RENOVATIONS INCLUDED WATERPROOFING FLOORS, PLASTERING WALLS, PAINTING, INSTALLING DOORS AND FLOORING, AND TILING KITCHENS AND BATHROOMS CENTRAL AFRICAN REPUBLIC HAS SEEN SEVERE RELIGIOUS AND ETHNIC VIOLENCE IN RECENT YEARS THE SITUATION HAS BEEN VERY TENSE AND UNSTABLE, AND FAMILIES HAVE HAD A DIFFICULT TIME MAINTAINING THEIR HEALTH AND LIVELIHOODS IN LIGHT OF THE ONGOING CONFLICT IN THE REGION OVER 17,000 CHILDREN WERE PROVIDED SAFE SPACES TO RECOVER FROM THE EFFECTS OF PSYCHOLOGICAL TRAUMA AND RETURN TO NORMALCY, WITH COUNSELLING AND REFERRALS FOR SPECIAL CARE PROVIDED TO THOSE IN NEED 3,500 FAMILIES--APPROXIMATELY 17,500 INDIVIDUALS-- RECEIVED HYGIENE AND HOUSEHOLD KITS, MOSQUITO NETS, VEGETABLE SEEDS, FARMING TOOLS, AND TARPS FOR SHELTER, TO SUPPORT THEIR LIVELIHOODS AND IMPROVE THEIR FOOD SECURITY DURING TIMES OF INSTABILITY IN THEIR COMMUNITIES SYRIA HAS ENTERED ITS FIFTH YEAR OF BRUTAL CIVIL CONFLICT, LEAVING MILLIONS VULNERABLE AS SCHOOLS REMAIN CLOSED, HOSPITALS ARE STRETCHED BEYOND THEIR CAPACITY, FOOD AND CLEAN WATER ARE SCARCE, AND WHOLE TOWNS ARE DECIMATED IRUSA IS ADDRESSING THE SYRIAN HUMANITARIAN CRISIS THROUGH A MULTI-SECTORAL APPROACH AT LEAST 192,557 PEOPLE HAD THEIR FOOD NEEDS COVERED FOR ONE MONTH THROUGH THE PROVISION OF PARCELS CONTAINING BASIC STAPLE FOODS LIKE RICE, BULGUR, LENTILS, OLIVE OIL, COOKING OIL, OLIVES, GHEE, TOMATO PASTE, SUGAR, JAM, CANNED TUNA FISH AND BREAD 563,539 PEOPLE WERE HELPED WHEN IRUSA EQUIPPED 35 MEDICAL POINTS, FIELD HOSPITALS AND CLINICS WITH ADEQUATE MEDICAL SUPPLIES FOR SIX MONTHS AND INSTALLED 23 WATER, HYGIENE AND SANITATION UNITS WITH FIVE LATRINES AND TWO SHOWERS EACH IN CAMPS FOR INTERNALLY DISPLACED PEOPLE TO HELP 27,930 INDIVIDUALS SURVIVE THE WINTER WEATHER, 3,050 BLANKETS, 3,300 MATTRESSES AND 2,920 PLASTIC SHEETS WERE DISTRIBUTED ESTIMATED BENEFICIARIES FOR THE DURATION OF EMERGENCY RESPONSE PROJECTS 1,658,558

4c

(Code) (Expenses \$ 9,099,482 including grants of \$ 8,770,219) (Revenue \$)

ORPHANS IRUSA'S WORK IN THIS SECTOR FOCUSES PRIMARILY ON MONTHLY SUPPORT TO ORPHANS TO SUPPLEMENT THEIR BASIC NEEDS, SUCH AS FOOD, EDUCATION, HEALTH CARE AND CLOTHING IRUSA SUPPORTED 14,968 ORPHANS IN THE FOLLOWING 21 COUNTRIES THROUGH THE ORPHANS 1-2-1 SPONSORSHIP PROGRAM AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHECHNYA, ETHIOPIA, INDIA, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON, MALI, NIGER, PAKISTAN, PALESTINE-WEST BANK, SOMALIA, SOUTH AFRICA, SRI LANKA AND YEMEN IN ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO IMPLEMENTS ADDITIONAL ORPHAN SUPPORT PROGRAMS AN EXAMPLE OF THIS INNOVATIVE PROGRAMMING IS THE LIVELIHOOD AND CHILD PROTECTION IMPROVEMENT PROGRAM IN ETHIOPIA THE PROJECT, WHICH IS STILL ONGOING, HAS ESTABLISHED SELF-HELP SAVINGS GROUPS FOR WIDOWS AND TRAINED THEM IN BOOKKEEPING SKILLS, AS WELL AS BUILDING THE CAPACITY OF YOUTH CENTERS THROUGH THE PROVISION OF BOOKS, FURNITURE, ACCESS TO TECHNOLOGY, AND INDOOR GAMES THE YOUTH CENTERS ALSO PROVIDE IT TRAINING AND LIBRARY SERVICES TO CHILDREN AND YOUTH RESIDING IN THE AREA 150 UNEMPLOYED YOUTH WERE SELECTED FOR VOCATIONAL TRAINING, WITH 138 YOUTH STARTING TRAINING IN DIVERSE AREAS SUCH AS MOBILE PHONE MAINTENANCE, FOOD PREPARATION, HAIR DRESSING OR MEN'S HAIR CUTTING, GARMENT WORK, WOODWORK, DRIVING LICENSE, ELECTRICIAN, FINISHING AND CONSTRUCTION WORK TRAINING COURSES RANGE BETWEEN 2 TO 6 MONTHS DEPENDING ON THE VOCATION, BUT REGARDLESS OF THE TYPE OF TRAINING, ALL STUDENTS NEED TO PASS THE NATIONAL CERTIFICATE OF COMPETENCE AND OBTAIN CERTIFICATION IN THEIR RESPECTIVE VOCATION PRIOR TO JOINING THE LABOR MARKET THIS PROJECT HAS REACHED OVER 9,000 BENEFICIARIES TO DATE, AND IS STILL ONGOING ESTIMATED BENEFICIARIES FOR THE DURATION OF ORPHAN PROJECTS 30,438

See Additional Data

4d

Other program services (Describe in Schedule O)

























(Expenses \$ 17,902,111 including grants of \$ 17,176,621) (Revenue \$)

4e

Total program service expenses ▶ 125,186,854

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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 	3	No
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 	4 Yes	
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 	5	No
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
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 	10	No
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. 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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 	14b Yes	
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 	15 Yes	
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 	16	No
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) 	17	No
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 	18 Yes	
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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b		No
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>	36		No
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>	37		No
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	38	Yes	

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

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	73	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	134
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, CA, CT, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NJ, NH, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records	TAREQ OSMAN CPA CONTROLLER

3655 WHEELER AVE
ALEXANDRIA, VA 22304 (703) 370-7202

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, or 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) MOHAMED AMR ATTAWIA CHAIRMAN	3 00	X		X				0	0	0
(2) KHALED LAMADA VICE-CHAIRMAN	3 00	X		X				0	0	0
(3) HAMADI BENGABSIA TREASURER	3 00	X		X				0	0	0
(4) HAMDY RADWAN DIRECTOR	3 00	X						0	0	0
(5) IHAB M HAMDI SAAD DIRECTOR	3 00	X						0	0	0
(6) KHALED HAMADE DIRECTOR	3 00	X						0	0	0
(7) ANWAR KHAN CHIEF EXECUTIVE OFFICER	40 00			X				156,952	0	28,716
(8) TAREQ OSMAN CONTROLLER	40 00			X				131,254	0	29,147
(9) SHARIF ALY ADVOCACY COUNSEL & CORP SECRETARY	40 00			X				27,446	0	6,067
(10) AZHAR AZEEZ DIRECTOR, FUND DIVISION	40 00					X		117,750	0	31,001
(11) YOUSEF ABDALLAH EAST ZONAL MANAGER	40 00					X		100,893	0	31,684
(12) DAVID HAWA DIRECTOR, COMMUNICATIONS	40 00					X		107,554	0	32,394

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	641,849	0	159,009

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 5

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REACH MEDIA INC 1110 SOUTH AVE SUITE 403 STATEN ISLAND, NY 10314	TELEVISION ADVERTISING	244,775
BLACKBAUD PO BOX 930256 ATLANTA, GA 311930256	DATABASE PREPARATION & SUPPORT	214,021
KELL PARTNERS 303 CAMP CRAFT RD SUITE 325 AUSTIN, TX 78746	DATABASE PREPARATION & SUPPORT	105,368

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

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, Grants and Other Similar Amounts	1a	Federated campaigns1a				
	b	Membership dues1b				
	c	Fundraising events1c	6,766,874			
	d	Related organizations1d				
	e	Government grants (contributions)1e				
	f	All other contributions, gifts, grants, and similar amounts not included above1f	105,812,090			
	g	Noncash contributions included in lines 1a-1f \$	51,502,062			
	h	Total. Add lines 1a-1f	112,578,964			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 6,766,874 of contributions reported on line 1c) See Part IV, line 18				
	a	308,487				
	b	Less direct expensesb	1,987,583			
	c	Net income or (loss) from fundraising events	-1,679,096			-1,679,096
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expensesb				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods soldb				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	110,899,868	0	0	-1,679,096

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,372,363	1,372,363		
2	Grants and other assistance to domestic individuals See Part IV, line 22	291,382	291,382		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	120,498,729	120,498,729		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	379,373	72,156	69,390	237,827
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,609,359	1,062,548	897,239	3,649,572
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,276	28,454	29,148	91,674
9	Other employee benefits	947,894	185,141	317,085	445,668
10	Payroll taxes	507,951	99,212	169,917	238,822
11	Fees for services (non-employees)				
a	Management				
b	Legal	19,922	6,360	9,427	4,135
c	Accounting	75,638	24,148	35,792	15,698
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	110,439	44,299	3,733	62,407
12	Advertising and promotion	888,285	23,144	913	864,228
13	Office expenses	2,153,123	154,871	1,337,361	660,891
14	Information technology	102,674	13,671	52,709	36,294
15	Royalties				
16	Occupancy				
17	Travel	546,243	240,884	89,927	215,432
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,550	53,820	18,169	33,561
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,740		156,740	
23	Insurance	90,511		90,511	
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	SHIPPING AND HANDLING	989,321	989,321		
b	COMMUNITY EVENT SPONSOR	417,848	1,086		416,762
c	PROF EDUC & TRAINING	58,390	23,265	14,253	20,872
d	HONORARIUM	5,921	2,000	672	3,249
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	135,476,932	125,186,854	3,292,986	6,997,092
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance 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		43,412,272	1	40,177,917
	2	Savings and temporary cash investments			2	132,752
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		141,205	4	9,267
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		24,566,513	8	4,918,245
	9	Prepaid expenses and deferred charges		55,841	9	112,623
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a4,896,159			
	b	Less accumulated depreciation	10b738,937	3,977,177	10c	4,157,222
	11	Investments—publicly traded securities		644,164	11	986,253
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,653	15	34,781
	16	Total assets. Add lines 1 through 15 (must equal line 34)		72,822,825	16	50,529,060
Liabilities	17	Accounts payable and accrued expenses		1,651,932	17	840,744
	18	Grants payable		14,386,244	18	16,235,853
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		16,038,176	26	17,076,597
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		43,609,576	27	13,402,265
	28	Temporarily restricted net assets		13,175,073	28	20,050,198
	29	Permanently restricted net assets			29	
	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		56,784,649	33	33,452,463
	34	Total liabilities and net assets/fund balances		72,822,825	34	50,529,060

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	110,899,868
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,476,932
3	Revenue less expenses Subtract line 2 from line 1	3	-24,577,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,784,649
5	Net unrealized gains (losses) on investments	5	105,535
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,139,343
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,452,463

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-4453134
Name: ISLAMIC RELIEF USA

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 6,806,083	including grants of \$ 6,569,816)	(Revenue \$)
AGRICULTURE & FOOD SECURITY INCLUDES ACTIVITIES RELATED TO FISHERIES, LIVESTOCK, PESTS AND PESTICIDES, SEED SYSTEMS AND AGRICULTURAL INPUTS, VETERINARY MEDICINES AND VACCINES ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 1,668,710			
(Code)	(Expenses \$ 1,111,536	including grants of \$ 1,071,501)	(Revenue \$)
EDUCATION INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY EDUCATION WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 9,190			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 1,746,944	including grants of \$ 1,686,009)	(Revenue \$)
WATER, SANITATION & HYGIENE INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION, SANITATION, AND WATER SUPPLY ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 48,615			
(Code)	(Expenses \$ 1,821,438	including grants of \$ 1,663,745)	(Revenue \$)
US PROGRAMS TWO ANNUALLY RECURRING PROGRAMS 1) ZAKAT PARTNERSHIP - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS 2) DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES) NON-RECURRING PROGRAMS INCLUDED FOOD PROGRAMS, HEALTH AND WELLNESS INITIATIVES AND EDUCATION ASSISTANCE IN ADDITION TO OTHER DOMESTIC INITIATIVES THE IRUSA DISASTER RESPONSE TEAM AND THEIR INITIATIVES IN PREPAREDNESS AND RESPONSE ALSO FALLS IN THIS MAJOR PROGRAM CATEGORY ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 93,338			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 1,973,819	including grants of \$ 1,902,397)	(Revenue \$)
ECONOMIC DEVELOPMENT INCLUDES ACTIVITIES RELATED TO LONG-TERM AND SHORT TERM ECONOMIC ASSET DEVELOPMENT, ASSET RESTORATION, MARKET INFRASTRUCTURE REHABILITATION, MICRO-CREDIT, MICROFINANCE, AND TEMPORARY EMPLOYMENT SUCH AS CASH FOR WORK ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 95,023			
(Code)	(Expenses \$ 1,129,132	including grants of \$ 1,089,880)	(Revenue \$)
DISASTER RISK REDUCTION INCLUDES ACTIVITIES INTENDED TO MINIMIZE THE ADVERSE IMPACTS OF NATURAL HAZARDS BY REDUCING VULNERABILITY TO DISASTERS, INCREASING REGIONAL, NATIONAL AND LOCAL CAPACITY TO PREPARE FOR AND RESPOND TO DISASTERS, AND ENHANCING THE RESILIENCE OF VULNERABLE GROUPS AND COMMUNITIES TO RECOVER FROM RECURRENT NATURAL DISASTERS ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 216			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 2,075,087	including grants of \$ 2,000,000)	(Revenue \$)
REHABILITATION INCLUDES ACTIVITIES RELATED TO ENABLING BASIC SERVICES TO RESUME FUNCTIONING, ASSISTING VICTIMS SELF HELP EFFORTS TO REPAIR PHYSICAL DAMAGE AND COMMUNITY FACILITIES, REVIVE ECONOMIC ACTIVITIES AND PROVIDE SUPPORT FOR THE PSYCHOLOGICAL AND SOCIAL WELL BEING OF SURVIVORS FOCUS IS ON ENABLING THE AFFECTED POPULATION TO RESUME MORE OR LESS NORMAL PRE-DISASTER PATTERNS OF LIFE AND IS CONSIDERED AS A TRANSITIONAL PHASE TOWARDS LONG TERM DEVELOPMENT ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 61,950			
(Code)	(Expenses \$ 1,238,072	including grants of \$ 1,193,273)	(Revenue \$)
EARLY RECOVERY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING NEEDS OF A POPULATION AS WELL AS LAYING THE GROUNDWORK FOR LONGER-TERM DEVELOPMENT WORK BEYOND THE IMMEDIATE EMERGENCY ACTIVES SUCH AS EMERGENCY EMPLOYMENT, INCLUDING CASH FOR WORK AND START UP GRANTS, COMMUNITY INFRASTRUCTURE REHABILITATION, DEBRIS MANAGEMENT, ETC ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS 54,689			

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
--	--

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	182,491,174	63,729,629	62,288,900	66,416,174	112,578,964	487,504,841
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	182,491,174	63,729,629	62,288,900	66,416,174	112,578,964	487,504,841
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						487,504,841

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	182,491,174	63,729,629	62,288,900	66,416,174	112,578,964	487,504,841
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		174,378	27,651	178,175		380,204
11 Total support. Add lines 7 through 10						487,885,045

12 Gross receipts from related activities, etc. (see instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99 920 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	99 930 %

16a 33 1/3% support test—2014. 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

b 33 1/3% support test—2013. 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

17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2011 AMOUNT \$ 174,378 2012 AMOUNT \$ 27,651 2013 AMOUNT \$ 178,175

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,860
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			1,860
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	STAFF HOURS INCLUDED TIME PREPARING FOR AND ATTENDING MEETINGS ON CAPITOL HILL. VOLUNTEERS PARTICIPATED IN SEVERAL ADVOCACY MEETINGS WITH CONGRESSIONAL STAFF THAT INCLUDED A LOBBY ASK.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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.

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) Revenue 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

Revenue 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.

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| 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 | | | | |
- 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
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)
- 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		1,303,279		1,303,279
b Buildings		2,606,557	416,003	2,190,554
c Leasehold improvements		227,336	201,932	25,404
d Equipment				
e Other		758,987	121,002	637,985
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,157,222

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	112,887,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	0
a	Net unrealized gains (losses) on investments	2a	
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	0
3	Subtract line 2e from line 1	3	112,887,451
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	-1,987,583
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	110,899,868

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	136,340,394
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	1,987,583
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	1,987,583
3	Subtract line 2e from line 1	3	134,352,811
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	1,124,121
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	135,476,932

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.

Return Reference	Explanation
PART X, LINE 2	IRUSA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, IRUSA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THERE WAS NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER 31, 2014. MANAGEMENT HAS EVALUATED IRUSA'S TAX POSITIONS AND HAS CONCLUDED THAT IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. IRUSA FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE REPORTED ON LINE 8B -1,987,583
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE REPORTED ON LINE 8B 1,987,583
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT REFUNDS REPORTED ON PART XI, LINE 9 1,124,121

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites 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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			120,498,728
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			120,498,728

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(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 ▶

10

3

Enter total number of other organizations or entities ▶

3

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

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; do not file with Form 990)*

☒

Yes

☐

No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	FOREIGN GRANTS MONITORING PROCEDURES 1 PER REPORTING SCHEDULE REQUIRED BY THE GRANT AGREEMENT, PERIODIC REPORTS WILL BE SENT BY THE STAFF CARRYING OUT THE FUNDED PROJECT ACCORDING TO THE PROJECT DURATION 2 REPORTS CONSIST OF PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS 3 THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE IRUSA PROGRAM STAFF REVIEW THE SUBMITTED PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS TO ENSURE THAT THE GRANT FUNDS ARE BEING USED IN ACCORDANCE WITH THE PARAMETERS OF GRANT AGREEMENT 4 IRUSA CONDUCTS FIELD AUDITS AND MONITORING AND EVALUATION VISITS OF SELECTED GRANTEES EACH YEAR TO ENSURE APPROPRIATE EXPENDITURES OF GRANT FUNDING, AND TO MEASURE THE SUBSTANTIVE AND PROCEDURAL IMPACT 5 IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROJECT NARRATIVES AND/OR BUDGET EXPENDITURE REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION OF SUCH DISCREPANCY FROM THE GRANTEE IF THE GRANTEE FAILS TO PROVIDE AN ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY (30) DAYS, THE FINANCE DEPARTMENT MAY INVOKE IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT 6 IF AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND OF SUCH AMOUNT IN FULL OR IN PART TO IRUSA 7 IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO THE GRANTEE UNTIL ALL ISSUES ARE RESOLVED TO THE SATISFACTION OF BOTH THE PROGRAMS AND FINANCE DEPARTMENTS

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 6	THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK BOX 6, OF PART IV O F SCHEDULE F AS YES FOR FORM 5713, HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSIN ESS INCOME AND IS NOT REQUIRED TO FILE A FORM 990-T IN ADDITION, THE ORGANIZATION HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM 5713

Additional Data

Software ID:
Software Version:
EIN: 95-4453134
Name: ISLAMIC RELIEF USA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		62,479
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		505,307
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		41,857,015

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		29,846,500
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		513,464
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		11,764,854

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		35,949,109

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI - RAMADAN FEED THE NEEDY	62,479	WIRE			
		EAST ASIA AND THE PACIFIC	CHINA - RAMADAN FEED THE NEEDY	48,114	WIRE			
		EAST ASIA AND THE PACIFIC	CHINA - QURBANI	12,391	WIRE			
		EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP	51,529	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		EAST ASIA AND THE PACIFIC	PHILIPPINES - TYPHOON HAIYAN LIVELIHOODS RESPONSE AND EARLY RECOVERY	300,000	WIRE			
		EAST ASIA AND THE PACIFIC	PHILIPPINES - EARLY RECOVERY ASSISTANCE FOR THE YOLANDA AFFECTED COMMUNITIES	93,273	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - RAMADAN FEED THE NEEDY	22,241	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP	94,986	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - URGENT ASSISTANCE TO THE POPULATION AFFECTED BY FLOODS AND LANDSLIDES	193,991	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - HAND SUPPORT FOR ELDERLY FOOD/VITAMINS AND HYGIENE PRODUCTS	43,122	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - RECONSTRUCTION OF HOUSES AFTER THE FLOODS	95,023	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - RAMADAN FEED THE NEEDY	79,530	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - QURBANI	99,165	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - ORPHAN SPONSORSHIP	212,467	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - RAMADAN FEED THE NEEDY	27,368	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - QURBANI	49,653	WIRE			

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		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP	102,743	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - VAN RELIEF PROJECT	27,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - ISLAMIC RELIEF ACADEMY	400,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	EGYPT - ORPHAN SPONSORSHIP	84,497	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	IRAQ - RELIEF TO INTERNALLY DISPLACED PERSONS IN NORTH OF IRAQ	476,133	WIRE			
		MIDDLE EAST AND NORTH AFRICA	IRAQ - RAMADAN FEED THE NEEDY	128,313	WIRE			
		MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI	15,138	WIRE			
		MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP	329,847	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	JORDAN - URGENT WINTERIZATION SUPPORT FOR VULNERABLE SYRIANS AND HOST COMMUNITY IN JORDAN 2014	116,942	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - PROMOTING PEACE BUILDING AND HYGIENE AWARENESS AMONG JORDANIAN HOST COMMUNITY AND SYRIAN REFUGEES	43,001	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - URGENT WINTERIZATION SUPPORT FOR VULNERABLE SYRIANS AND THE HOST COMMUNITY IN JORDAN 2015	231,846	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - LIFE-SAVING HEALTH ASSISTANCE FOR VULNERABLE SYRIAN AND JORDANIAN FAMILIES AFFECTED BY SYRIA'S HUMANITARIAN CRISIS	507,787	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	JORDAN - RAMADAN FEED THE NEEDY	10,055	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI	18,085	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP	216,539	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON - SUPPORTING DISPLACED SYRIANS IN LEBANON WINTERIZATION	250,000	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	LEBANON - PROTECTION OF SYRIAN CHILDREN IN LEBANON	251,501	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON - IMPROVING KIDNEY DIALYSIS SERVICES FOR SYRIAN REFUGEES IN LEBANON	326,946	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON - PROVIDING WINTERIZATION ITEMS FOR SYRIAN REFUGEES IN LEBANON 2014-2015	226,572	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON - RAMADAN FEED THE NEEDY	56,778	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	LEBANON - QURBANI	12,903	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP	355,747	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - AL AHLI HOSPITAL BREAST CANCER DIAGNOSTIC CENTER	500,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY FOOD ASSISTANCE 2014 IN THE GAZA STRIP PHASE III	3,000,000	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	GAZA - EMERGENCY AL AHLI HOSPITAL IN GAZA	295,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - NON FOOD ITEMS FOR EMERGENCY DISTRIBUTION IN THE GAZA STRIP	3,000,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - URGENT WATER SYSTEM REPAIRS FOR GAZA	485,071	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - ENSURING A CLEAN ENVIRONMENT IN COLLECTIVE CENTERS	500,000	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	GAZA - PROVISION OF PRIMARY HEALTH CARE IN COLLECTIVE CENTRES	500,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - STRENGTHENING CHILDRENS PSYCHOSOCIAL RESILIENCE IN THE GAZA STRIP	1,000,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	GAZA - QURBANI	600,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - OVERCOMING THE DAMAGE CAUSED BY THE ALEXA STORM	155,813	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	WEST BANK - PROMOTING HEALTH SERVICES TO PREMATURE BABIES AT AHLI HOSPITAL HEBRON, WB	405,852	WIRE			
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - YOUTH EMPOWERMENT THROUGH VOCATIONAL TRAINING	498,200	WIRE			
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - RAMADAN FEED THE NEEDY	61,098	WIRE			
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - ORPHAN SPONSORSHIP	1,595,114	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	SYRIA - WINTERIZATION CAMPAIGN FOR SYRIANS INSIDE SYRIA 2014	301,662	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA - FOOD SUPPORT FOR NEEDY FAMILIES INSIDE SYRIA	2,037,570	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA - MEDICAL AND WATER, SANITATION AND HYGIENE SUPPORT	2,037,570	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA - WINTERIZATION SUPPORT FOR SYRIAN INTERNALLY DISPLACED PERSONS IN NORTHERN SYRIA 2014-2015	921,167	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	SYRIA - NON-FOOD ITEMS AND FOOD SUPPORT FOR THE SYRIAN IDPS IN NORTHERN SYRIA FOR THE COMING WINTER	1,507,700	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA - RAMADAN FEED THE NEEDY	996,720	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA - QURBANI	730,313	WIRE			
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - DROP OF HOPE PROVISION OF DRINKABLE WATER FOR RURAL SCHOOLS IN TUNISIA	1,007,330	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	TUNISIA - RAMADAN FEED THE NEEDY	19,937	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN - SAFETY NET & LIVELIHOOD CO-FINANCING THE COMMUNITY ASSET	1,404,197	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN - RAMADAN FEED THE NEEDY	104,727	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI	19,873	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP	196,216	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - RAMADAN FEED THE NEEDY	69,048	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - QURBANI	99,196	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - ORPHAN SPONSORSHIP	345,220	WIRE			

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		SOUTH ASIA	AFGHANISTAN - WINTERIZATION ASSISTANCE FOR FOOD AND FUEL 2014	154,577	WIRE			
		SOUTH ASIA	AFGHANISTAN - WATER SUPPLY FOR CAVE DWELLER SHELTERS 2014	127,424	WIRE			
		SOUTH ASIA	AFGHANISTAN - EMERGENCY FOOD FOR FLOOD AFFECTED AFGHANS	100,000	WIRE			
		SOUTH ASIA	AFGHANISTAN - TRANSITIONAL SHELTER FOR THE LANDSLIDE AFFECTED FAMILIES	150,047	WIRE			

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		SOUTH ASIA	AFGHANISTAN - EMERGENCY RESPONSE FOR FLOOD AFFECTED AFGHANS	750,093	WIRE			
		SOUTH ASIA	AFGHANISTAN - WINTERIZATION ASSISTANCE OF FOOD AND FIREWOOD 2014-2015	282,818	WIRE			
		SOUTH ASIA	AFGHANISTAN - RAMADAN FEED THE NEEDY	76,254	WIRE			
		SOUTH ASIA	AFGHANISTAN - QURBANI	49,606	WIRE			

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		SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP	496,056	WIRE			
		SOUTH ASIA	BANGLADESH - STRANDED COMMUNITY ACTION PROJECT	352,237	WIRE			
		SOUTH ASIA	BANGLADESH - SUPPORT FOR MYANMAR ROHINGYA REFUGEES	127,061	WIRE			
		SOUTH ASIA	BANGLADESH - RAMADAN FEED THE NEEDY	19,998	WIRE			

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		SOUTH ASIA	BANGLADESH - QURBANI	79,347	WIRE			
		SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP	546,052	WIRE			
		SOUTH ASIA	INDIA - KASHMIR RELIEF WINTER DRIVE 2014	200,000	WIRE			
		SOUTH ASIA	INDIA - RAMADAN FEED THE NEEDY	101,842	WIRE			

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		SOUTH ASIA	INDIA - QURBANI	223,865	WIRE			
		SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP	441,189	WIRE			
		SOUTH ASIA	PAKISTAN - SUPPORTING DISTRICT HEALTH SYSTEMS	1,175,808	WIRE			
		SOUTH ASIA	PAKISTAN - STRENGTHENING AJK THROUGH RURAL AND URBAN RESILIENCE	1,089,880	WIRE			

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		SOUTH ASIA	PAKISTAN - HUMANITARIAN ASSISTANCE FOR INTERNALLY DISPLACED PERSONS IN NORTH WAZIRISTAN	931,674	WIRE			
		SOUTH ASIA	PAKISTAN - HUMANITARIAN ASSISTANCE FOR FLOOD AFFECTED PEOPLE IN HAVELI	471,455	WIRE			
		SOUTH ASIA	PAKISTAN - RAMADAN FEED THE NEEDY	97,091	WIRE			
		SOUTH ASIA	PAKISTAN - QURBANI	301,082	WIRE			

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		SOUTH ASIA	PAKISTAN - ORPHAN SPONSORSHIP	1,379,132	WIRE			
		SOUTH ASIA	SRI LANKA - RAMADAN FEED THE NEEDY	67,593	WIRE			
		SOUTH ASIA	SRI LANKA - QURBANI	99,231	WIRE			
		SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP	94,470	WIRE			

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		SUB-SAHARAN AFRICA	BENIN - 2014/2015 SCHOOL PROJECT - INSTITUT ANNOUR	200,000	WIRE			
		SUB-SAHARAN AFRICA	CENTRAL AFRICAN REPUBLIC - EMERGENCY PSYCHOSOCIAL SUPPORT AND EDUCATION FOR INTERNALLY DISPLACED CHILDREN IN BANGUI	143,145	WIRE			
		SUB-SAHARAN AFRICA	CENTRAL AFRICAN REPUBLIC - EMERGENCY FOOD SECURITY AND NON-FOOD ITEMS	500,477	WIRE			
		SUB-SAHARAN AFRICA	CHAD - RAMADAN FEED THE NEEDY	48,439	WIRE			

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		SUB-SAHARAN AFRICA	CHAD - QURBANI	99,218	WIRE			
		SUB-SAHARAN AFRICA	ETHIOPIA - LIVELIHOOD AND CHILD PROTECTION IMPROVEMENT	545,536	WIRE			
		SUB-SAHARAN AFRICA	ETHIOPIA - INTEGRATED BASIC SERVICES PROVISION	199,018	WIRE			
		SUB-SAHARAN AFRICA	ETHIOPIA - RAMADAN FEED THE NEEDY	229,618	WIRE			

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		SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI	56,561	WIRE			
		SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP	97,622	WIRE			
		SUB-SAHARAN AFRICA	GHANA - MUSLIM TEACHERS TRAINING INSTITUTE	220,000	WIRE			
		SUB-SAHARAN AFRICA	KENYA - INTEGRATED HEALTH AND NUTRITION PROGRAM TO SUPPORT REFUGEES IN DADAAB CAMPS	1,272,520	WIRE			

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		SUB-SAHARAN AFRICA	KENYA - RAMADAN FEED THE NEEDY	61,305	WIRE			
		SUB-SAHARAN AFRICA	KENYA - QURBANI	69,458	WIRE			
		SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP	354,856	WIRE			
		SUB-SAHARAN AFRICA	MALAWI - RAMADAN FEED THE NEEDY	58,852	WIRE			

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		SUB-SAHARAN AFRICA	MALAWI - QURBANI	49,633	WIRE			
		SUB-SAHARAN AFRICA	MALI - RAMADAN FEED THE NEEDY	104,426	WIRE			
		SUB-SAHARAN AFRICA	MALI - QURBANI	89,299	WIRE			
		SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP	365,915	WIRE			

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		SUB-SAHARAN AFRICA	NIGER - RAMADAN FEED THE NEEDY	81,712	WIRE			
		SUB-SAHARAN AFRICA	NIGER - QURBANI	114,085	WIRE			
		SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP	148,610	WIRE			
		SUB-SAHARAN AFRICA	SOMALIA - RAMADAN FEED THE NEEDY	310,975	WIRE			

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		SUB-SAHARAN AFRICA	SOMALIA - QURBANI	62,469	WIRE			
		SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP	179,366	WIRE			
		SUB-SAHARAN AFRICA	SOUTH AFRICA - CONSTRUCTION OF ONCOLOGY WARD FOR NELSON MANDELA CHILDREN'S HOSPITAL	2,000,000	WIRE			
		SUB-SAHARAN AFRICA	SOUTH AFRICA - RAMADAN FEED THE NEEDY	13,022	WIRE			

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		SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI	8,681	WIRE			
		SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP	110,950	WIRE			
		SUB-SAHARAN AFRICA	SOUTH SUDAN - HUMANITARIAN ASSISTANCE FOR INTERNALLY DISPLACED PERSONS AND VULNERABLE COMMUNITIES AFFECTED BY CONFLICT IN SOUTH SUDAN	216,248	WIRE			
		SUB-SAHARAN AFRICA	SOUTH SUDAN - INTEGRATED RESPONSE IN SOUTH SUDAN	800,000	WIRE			

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		SUB-SAHARAN AFRICA	SOUTH SUDAN - QURBANI	21,863	WIRE			
		SUB-SAHARAN AFRICA	SUDAN - WIDOWS AND ORPHANS INTEGRATED PROJECT IN BLUE NILE	425,560	WIRE			
		SUB-SAHARAN AFRICA	SUDAN - RAMADAN FEED THE NEEDY	99,652	WIRE			
		SUB-SAHARAN AFRICA	SUDAN - QURBANI	297,729	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SUB-SAHARAN AFRICA	ZIMBABWE - QURBANI	99,266	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - SYRIAN REFUGEES - PHARMACEUTICALS			23,809,273	PHARMACEUTICALS	EXIT MARKET PRICING AND WAC
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - SYRIAN REFUGEES - PHARMACEUTICALS AND MEDICAL SUPPLIES			16,600,455	PHARMACEUTICALS AND MEDICAL SUPPLIES	EXIT MARKET PRICING AND WAC
		MIDDLE EAST AND NORTH AFRICA	LEBANON - PHARMACEUTICALS			1,881,679	PHARMACEUTICALS	EXIT MARKET PRICING

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		MIDDLE EAST AND NORTH AFRICA	YEMEN - WHEELCHAIRS AND NUTRITIONAL SUPPLEMENTS			425,061	WHEELCHAIRS AND NUTRITIONAL SUPPLEMENTS	EXIT MARKET PRICING
		SOUTH ASIA	AFGHANISTAN - PHARMACEUTICALS			1,778,971	PHARMACEUTICALS	FMV - WHOLESALE VALUE
		SUB-SAHARAN AFRICA	BURKINA FASO - DISPOSABLES AND NUTRITIONAL SUPPLEMENTS			288,334	DISPOSABLES AND NUTRITIONAL SUPPLEMENTS	EXIT MARKET PRICING
		SUB-SAHARAN AFRICA	CHAD - PHARMACEUTICALS			4,853,316	PHARMACEUTICALS	EXIT MARKET PRICING

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SUB-SAHARAN AFRICA	MALAWI - PHARMACEUTICALS AND DISPOSABLES			2,427,328	PHARMACEUTICALS AND DISPOSABLES	EXIT MARKET PRICING
		SUB-SAHARAN AFRICA	MALI - PHARMACEUTICALS			4,874,035	PHARMACEUTICALS	EXIT MARKET PRICING
		SUB-SAHARAN AFRICA	NIGER - PHARMACEUTICALS			5,677,665	PHARMACEUTICALS	EXIT MARKET PRICING
		SUB-SAHARAN AFRICA	NIGERIA - PHARMACEUTICALS			5,500,847	PHARMACEUTICALS	FMV - WHOLESALE VALUE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		SUB-SAHARAN AFRICA	UGANDA - PHARMACEUTICALS			2,564,040	PHARMACEUTICALS	WAC

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

2014

Open to Public
Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number

95-4453134

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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 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.
-
-

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>WEBATHON</u>	<u>DINNER</u>	<u>203</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	640,318	382,422	6,052,621	7,075,361	
2	Less Contributions	. .	640,318	372,541	5,754,015	6,766,874	
3	Gross income (line 1 minus line 2)	. . .		9,881	298,606	308,487	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	12,000	25,240	572,017	609,257
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.		4,626	1,373,700	1,378,326
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(1,987,583)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-1,679,096

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.

Revenue		(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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	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 conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a 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 conduct 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 activities conducted 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

15a

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 \$ and the \$

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations 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 provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

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
2014
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

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 Domestic Organizations and Domestic Governments. 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.

(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
See Additional Data Table							

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) DART EMERGENCY CASH ASSISTANCE CARD	1000	100,000			PRE-APPROVED CASH ASSISTANCE CARDS FOR EMERGENCY DART DEPLOYMENTS
(2) PURCHASES OF MEAT FOR QURBANI	37624		160,787	INVOICE	FOOD
(3) FOOD PURCHASES FOR GIVING GRAIN PANTRY	3574		16,689	INVOICE	FOOD
(4) SUPPLIES/FOOD FOR DAY OF DIGNITY	1350		13,906	INVOICE AND EXIT MARKET PRICING	SCHOOL/HYGIENE KITS, COATS, FOOD, AND EVENT SUPPLIES

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS 1 IRUSA ALSO ONLY ACCEPTS GRANT APPLICATIONS FROM U S NON-PROFIT ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE - RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE (IRS), - CURRENT STATE REGISTRATIONS 2 IRUSA CONDUCTS APPROPRIATE SANCTIONS SCREENINGS AS A REQUIREMENT FOR THE RELEASE OF GRANT FUNDS 3 ALL DOMESTIC GRANTS ARE ADMINISTERED BY THE IRUSA PROGRAMS DEPARTMENT WHICH ENSURES THAT DOMESTIC GRANTS COMPLY WITH IRUSA'S POLICIES AND PROCEDURES 4 THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED PROGRAM AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE GRANTEE USES IRUSA'S DOMESTIC GRANT REPORT FORM TO SUBMIT THEIR REPORTS THE PROGRAMS DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM THAT THEY CONTAIN THE NECESSARY INFORMATION 5 THE PROGRAMS DEPARTMENT, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT, CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT FUNDS WERE USED SOLELY FOR THE PURPOSES DESCRIBED IN THE GRANTEE'S GRANT APPLICATION 6 IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROGRAM AND/OR FINANCIAL REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION OF SUCH DISCREPANCY FROM THE GRANTEE IF THE GRANTEE FAILS TO PROVIDE AN ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY (30) DAYS, THE FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT 7 IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED 8 IF, AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND FOR REIMBURSEMENT TO THE GRANTEE FOR A REFUND OF SUCH AMOUNT IN FULL TO IRUSA
PART III, COLUMN (B) NUMBER OF RECIPIENTS	FOR DOMESTIC OTHER ASSISTANCE TO INDIVIDUALS, BENEFICIARY NUMBERS ARE DETERMINED FROM PROJECT REPORTS AND IRUSA'S PROGRAM STAFF BEST ESTIMATES ESTIMATES INCLUDE THE NUMBER OF FOOD PACKAGES OR OTHER ASSISTANCE - MULTIPLIED BY A FIXED AVERAGE OF PERSONS PER FAMILY

Additional Data

Software ID:
Software Version:
EIN: 95-4453134
Name: ISLAMIC RELIEF USA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACCESS CALIFORNIA SERVICES631 S BROOKHURST STREET SUITE 107 ANAHEIM, CA 92804	33-0826205	501(C)(3)	40,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL MAUN - NEIGHBORLY NEEDS - OF LAS VEGAS711 MORGAN AVENUE LAS VEGAS,NV 89106	32-0087926	501(C)(3)	10,000				GIVING GRAIN FOOD PROGRAM PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL MAUN - NEIGHBORLY NEEDS - OF LAS VEGAS711 MORGAN AVENUE LAS VEGAS,NV 89106	32-0087926	501(C)(3)	100,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL MAUN - NEIGHBORLY NEEDS - OF LAS VEGAS 711 MORGAN AVENUE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	9,200				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL MAUN - NEIGHBORLY NEEDS - OF LAS VEGAS 711 MORGAN AVENUE LAS VEGAS,NV 89106	32-0087926	501(C)(3)		7,736	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL-AQABAH ISLAMIC COMMUNITY CENTER (AICC)12818 JOSEPH COMPAU DETROIT,MI 48212	27-1683825	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL-AQABAH ISLAMIC COMMUNITY CENTER (AICC)12818 JOSEPH COMPAU DETROIT,MI 48212	27-1683825	501(C)(3)		8,114	EXIT MARKET PRICING	HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AL-MAAUUN1729 LYNDAL AVENUE N MINNEAPOLIS,MN 55411	27-1893708	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMAANAH REFUGEE SERVICES9898 BISSONNET SUITE 265 HOUSTON, TX 77036	26-3047598	501(C)(3)	100,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMAANAH REFUGEE SERVICES9898 BISSONNET SUITE 265 HOUSTON, TX 77036	26-3047598	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMANA FOUNDATION105 FAIRFAX COURT WAYNE, PA 19087	52-2226372	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAIR FLORIDA5405 NW 102 AVENUE SUITE 201 SUNRISE,FL 33351	65-1110616	501(C)(3)	9,827				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAIR FLORIDA5405 NW 102 AVENUE SUITE 201 SUNRISE,FL 33351	65-1110616	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAIR FLORIDA 5405 NW 102 AVENUE SUITE 201 SUNRISE,FL 33351	65-1110616	501(C)(3)		8,924	EXIT MARKET PRICING	SCHOOL KITS, HYGIENE KITS, CLOTHING	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAPITAL AREA ASSET BUILDING CORPORATION 1444 I STREET NW SUITE 201 WASHINGTON, DC 20005	52-2002672	501(C)(3)	57,000				INCREASING ACCESS AND OPPORTUNITY PATHWAYS TO SUCCESS PROVIDE FINANCIAL LITERACY TRAINING AND MATCHED SAVINGS PROGRAM FOR LOW-INCOME INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLLECTIONS & STORIES OF AMERICAN MUSLIMS INC2315 MARTIN LUTHER KING JR AVENUE SE WASHINGTON,DC 20020	52-2066863	501(C)(3)	10,000				COMMUNITY ENGAGEMENT PROGRAM ESTABLISH MONTHLY PRODUCE DISTRIBUTIONS AND HOST HEALTH AND NUTRITION WORKSHOPS IN THE ANACOSTIA NEIGHBORHOOD OF WASHINGTON DC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DALLAS MASJID OF AL-ISLAM4422 JAMIE WAY DALLAS,TX 75236	75-2941409	501(C)(3)		13,146	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DALLAS MASJID OF AL-ISLAM4422 JAMIE WAY DALLAS,TX 75236	75-2941409	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAR AL-HIJRAH ISLAMIC CENTER3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	10,000				SELF SUFFICIENCY PROGRAM TEACH LOW INCOME WOMEN SEWING SKILLS AS A MEANS TO ACHIEVE ECONOMIC SELF-SUFFICIENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAR AL-HIJRAH ISLAMIC CENTER3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	100,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP795 CENTER ST UNIT 2 HERNDON,VA 20170	54-1961618	501(C)(3)	100,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP795 CENTER ST UNIT 2 HERNDON,VA 20170	54-1961618	501(C)(3)	17,580				BRIGHT STARS PROGRAM BUILD A MENTORSHIP PROGRAM WITH AT RISK YOUTH THROUGH EXTRA CURRICULAR ACTIVITIES THAT WILL HELP THEM ACADEMICALLY AND SOCIALLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INNER CITY MUSLIM ACTION NETWORK2744 WEST 63RD STREET CHICAGO,IL 60629	36-4167433	501(C)(3)	50,000				IMAN HEALTH CLINIC MEDICAL DIRECTOR SUPPORT THE SALARY OF THE MEDICAL DIRECTOR OF THE IMAN HEALTH CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERNATIONAL RESCUE COMMITTEE SUBURBAN WASHINGTON RESETTLEMENT CENTER 8719 COLESVILLE RD THIRD FLOOR SILVER SPRING, MD 20910	13-5660870	501(C)(3)	50,000				EMERGENCY HOUSING FOR REFUGEES PROVIDE RENTAL ASSISTANCE TO REFUGEES RESETTLING IN THE SUBURBAN WASHINGTON, DC AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISLAMIC AMERICAN ZAKAT FOUNDATION4323 ROSEDALE AVE BETHESDA, MD 20814	52-1492341	501(C)(3)	40,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISLAMIC SOCIAL SERVICES OF OREGON STATEPO BOX 5996 ALOHA, OR 97006	38-3655438	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ISLAMIC SOCIAL SERVICES OF OREGON STATEPO BOX 5996 ALOHA,OR 97006	38-3655438	501(C)(3)		6,374	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KURDISH HUMAN RIGHTS WATCH INC10560 MAIN STREET SUITE 207 FAIRFAX, VA 22030	54-1596873	501(C)(3)	95,000				HOUSING AND CAPACITY BUILDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASJID AN-NUR ISLAMIC CENTER OF MINNEAPOLIS & ST PAUL1729 LYNDAL AVE MINNEAPOLIS, MN 55411	41-1447904	501(C)(3)	50,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

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MASJID AN-NUR ISLAMIC CENTER OF MINNEAPOLIS & ST PAUL1729 LYNDAL AVE MINNEAPOLIS,MN 55411	41-1447904	501(C)(3)		10,063	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASJID IBAADILLAH2900 WSALUSUN AVENUE LOS ANGELES,CA 90043	95-4266973	501(C)(3)	10,000				GIVING GRAIN FOOD PROGRAM PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASJID INSHIRAH INC 3664 TROOST AVENUE KANSAS CITY,MO 64109	43-1622042	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASJID INSHIRAH INC 3664 TROOST AVENUE KANSAS CITY,MO 64109	43-1622042	501(C)(3)		5,032	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASJID MUHAMMAD INC 1519 4TH STREET NW WASHINGTON,DC 20001	94-3135848	501(C)(3)	10,000				ELDERLY AND VETERANS SUPPORT PROGRAM PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO VULNERABLE SENIORS AND MILITARY VETERANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MICHIGAN MUSLIM COMMUNITY COUNCIL 30701 WOODWARD AVENUE SUITE 310 ROYAL OAK,MI 48073	38-3073638	501(C)(3)	103,000				DETROIT WATER RELIEF HELP LOW INCOME AND HIGH RISK SENIORS, FAMILIES AND VETERANS MAINTAIN ACCESS TO WATER IN THEIR HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM ASSOCIATION OF THE NW5507 238TH STREET SW MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM ASSOCIATION OF THE NW5507 238TH STREET SW MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)		5,032	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES7600 GLENVIEW DRIVE RICHLAND HILLS,TX 76180	75-2580088	501(C)(3)	10,000				DOMESTIC HEALTH PROJECT PROVIDE DOMESTIC VIOLENCE PREVENTION AND HEALTH EDUCATION TO UNDERSERVED IMMIGRANT AND ETHNIC COMMUNITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT1363 OGDEN AVENUE BRONX,NY 10452	80-0010627	501(C)(3)	10,000				GIVING GRAIN FOOD PROGRAM PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT1363 OGDEN AVENUE BRONX,NY 10452	80-0010627	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

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MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT1363 OGDEN AVENUE BRONX,NY 10452	80-0010627	501(C)(3)		7,736	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

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NATIONAL ISLAMIC ASSOCIATION INC237-239 ROSEVILLE AVENUE NEWARK,NJ 07107	22-2229888	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SABIL AL-IHSSAN2 DANDELION IRVINE,CA 92620	46-1100276	501(C)(3)	10,000				GIVING GRAIN FOOD PROGRAM PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

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SAHABA INITIATIVE242 W 5TH STREET SAN BERNARDINO ,CA 92401	45-2488503	501(C)(3)	10,000				GIVING GRAIN FOOD PROGRAM PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHARE ATLANTA INC1352 LARSON COURT MARIETTA,GA 30064	26-2389234	501(C)(3)	50,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

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SHARE ATLANTA INC1352 LARSON COURT MARIETTA,GA 30064	26-2389234	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHARE ATLANTA INC1352 LARSON COURT MARIETTA,GA 30064	26-2389234	501(C)(3)		20,504	EXIT MARKET PRICING	SCHOOL AND HYGIENE KITS	DAY OF DIGNITY - PROVISION OF FOOD,CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOMALI FAMILY SERVICE OF SAN DIEGO6035 UNIVERSITY AVENUE SAN DIEGO,CA 92115	91-2065038	501(C)(3)	10,000				DAY OF DIGNITY PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TA'LEEF COLLECTIVE 43170 OSGOOD ROAD FREMONT, CA 94539	72-1528691	501(C)(3)	10,000				ZAKAT PARTNER PROGRAM EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS

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Wafa House Inc246 Clifton Avenue Suite 21 Clifton, NJ 07011	20-0845890	501(C)(3)	20,000				DIRECT EMERGENCY AID PROVIDE TEMPORARY FINANCIAL ASSISTANCE FOR VICTIMS OF DOMESTIC VIOLENCE, REFUGEES, AND OTHER AT-RISK POPULATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YOUTH VISION INDUSTRY BUSINESS AND EMPOWERMENT INC5240 SNAPPINGER PARK DRIVE SUITE 125 DECATUR,GA 30035	58-2384492	501(C)(3)	15,000				MOHAMMED SCHOOLS OF ATLANTA FOOD PROGRAM PROVIDE FREE MEALS FOR LOW INCOME CHILDREN THROUGHOUT THE MOHAMMED SCHOOLS OF ATLANTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORPORATION FOR NATIONAL & COMMUNITY SERVICE1201 NEWYORK AVENUE NW WASHINGTON,DC 20525		GOV'T	34,443				INCREASING ACCESS AND OPPORTUNITY PATHWAYS TO SUCCESS PROVIDE FINANCIAL LITERACY TRAININGS AND MATCHED SAVINGS PROGRAM FOR LOW-INCOME INDIVIDUALS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANWAR KHAN, CHIEF EXECUTIVE OFFICER	(i)	140,428	16,404	120	9,417	19,369	185,738	0
	(ii)	0	0	0	0	0	0	0
2 TAREQ OSMAN, CONTROLLER	(i)	117,004	14,250	0	7,932	21,284	160,470	0
	(ii)	0	0	0	0	0	0	0
3 AZHAR AZEEZ, DIRECTOR, FUND DIVISION	(i)	104,212	13,538	0	7,536	28,534	153,820	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE PAID AS A PERCENTAGE OF SALARY BASED ON AN ANNUAL PERFORMANCE EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD APPROVAL

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

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		2,700	EXIT MARKET PRICING
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	50	369,305	FMV
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				
20 Drugs and medical supplies	X	8	50,271,641	EXIT MARKET PRICING, WAC
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NUTRITIONAL SUPPLEMENTS)	X	3	761,096	EXIT MARKET PRICING
26 Other ▶ (HYGEINE & SCHOOL KITS)	X	12	97,319	EXIT MARKET PRICING
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

30a

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

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.

Cat No 51227J

Schedule M (Form 990) (2014)

Part II

Supplemental Information. 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.

Return Reference	Explanation
PART I, LINE 32B	CHARITABLE ADULT RIDES & SERVICES, INC (CARS) IS A 501(C)(3) CHARITABLE ORGANIZATION THAT ACCEPTS VEHICLE DONATIONS TO SUPPORT ITS CHARITABLE PURPOSE AND HELPS OTHER NON-PROFITS WITH THEIR VEHICLE DONATION PROGRAM THE DONOR SPECIFIES TO CARS TO WHICH CHARITY THE SHARED NET PROCEEDS OF THE VEHICLE SALE SHOULD GO ONCE THE VEHICLE IS AUCTIONED, THE PROCEEDS ARE SENT TO THE PRESELECTED CHARITY AT NO TIME DOES IRUSA HAVE POSSESSION OR CONTROL OF THE VEHICLE

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS	
FORM 990, PART IV, LINE 12	ISLAMIC RELIEF USA RECEIVED A CONSOLIDATED STATEMENT THAT INCLUDED ITSELF AND ITS DISREGARDED ENTITY, 88 WHEELER FOUNDATION LLC, PREPARED IN ACCORDANCE WITH GAAP ISLAMIC RELIEF US A DID NOT RECEIVE A SEPARATE STATEMENT FOR ITSELF AS A STAND ALONE ENTITY
FORM 990, PART V, LINE 2A, EMPLOYEE'S W-2'S	OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET, FILED 134 W-2'S ON BEHALF OF IRUSA TRINET (TRINET GROUP, INC) IS A PROFESSIONAL EMPLOYER ORGANIZATION HEADQUARTERED AT 1100 SAN LEANDRO BLVD # 400, SAN LEANDRO, CA 94577, (888) 874-6388 IT PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL, HEALTH BENEFITS, AND HUMAN CAPITAL MANAGEMENT FOR SMALL BUSIN ESS OWNERS THEIR EIN IS 48-1304650
FORM 990, PART VI, SECTION B, LINE 11	THE IRS FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE, PROGRAM, AND LEGAL DEPARTMENTS IT IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY THE CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SIGNED BY ALL BOAR D OF DIRECTORS AND OFFICERS ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEW RECOMMENDED COMPENSATION LEVELS IN LIGHT OF MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS, RELEVANT SALARY SURVEYS, IRS FORM 990 DATA FROM SIMILARLY SITUATED NGOS, AND OTHER COMPARABLES, AND THEN APPROVES OR ADJUSTS THE TOTAL COMPENSATION AND/OR INDIVIDUAL COMPONENTS THEREOF THESE DELIBERATIONS ARE RECORDED IN CONTEMPORANEOUS MINUTES COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE ORGANIZATION ARE APPROVED BY IRUSA'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	IRUSA'S FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.IRUSA.ORG GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT OFFICIAL@IRUSA.ORG FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)
FORM 990, PART XI, LINE 9	FOREIGN CURRENCY EXCHANGE GAIN 15,222 GRANT REFUNDS 1,124,121

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 88 WHEELER FOUNDATION LLC PO BOX 23862 ALEXANDRIA, VA 22304 27-1092788	REAL ESTATE	VA	0	3,501,607	ISLAMIC RELIEF USA

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) IRUSA WAQF 3655 WHEELER AVENUE ALEXANDRIA, VA 22304 47-1666091	ACCEPT GIFTS AND MANAGES ASSETS FOR PRODUCTION OF INCOME	VA	ISLAMIC RELIEF USA	C				Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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