Form 8879-EO Department of the Treasury Internal Revenue Service	for an Exempt Organization		OMB No. 1545-1878
Internal Revenue Service			
Internal Revenue Service		o	2011
	 Do not send to the IRS. Keep for your records. See instructions. 		2011
Name of exempt organization		Employer Id	entification number
ISLAMIC RELIE	FUSA	95-44	53134
lame and title of officer			
ABED AYOUB			
CEO			
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	im for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, t lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave lin	e 1b. 2b. 3b. 4b. or 5b
a Form 990 check here		1b	6355184
a Form 990-EZ check he	ere 🕨 🛄 b Total revenue, if any (Form 990-EZ, line 9)	2b	
a Form 1120-POL check	there 🕨 🛄 b Total tax (Form 1120-POL, line 22)	3b	
a Form 990-PF check he	re 🚬 🔄 b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
ia Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
lectronic return and account intermediate service provide a) an acknowledgement or ne date of any refund. If a ebit) entry to the financial sturn, and the financial ins 888-353-4537 no later tha roccessing of the electronic ayment. I have selected a	I declare that I am an officer of the above organization and that I have examined a copy mpanying schedules and statements and to the best of my knowledge and belief, they a nount in Part I above is the amount shown on the copy of the organization's electronic ref der, transmitter, or electronic return originator (ERO) to send the organization's return to t if receipt or reason for rejection of the transmission, (b) the reason for any delay in process oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic network of the organization of the organization's return to the organization of the organization account indicated in the tax preparation software for payment of the organization's stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial is to payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic ref electronic funds withdrawal.	e true, corre um. I conserve he IRS and t sing the retu- lectronic fun- tion's federa Treasury Fin- histitutions in resolve issue	act, and complete. I nt to allow my to receive from the IRS urn or refund, and (c) nds withdrawal (direct al taxes owed on this nancial Agent at wolved in the ues related to the
as my signature (Is being filed with enter my PIN on As an officer of the	ERO firm name on the organization's tax year 2011 electronically filed return. If I have indicated within th n a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auti- the return's disclosure consent screen. he organization, I will enter my PIN as my signature on the organization's tax year 2011 e	orize the afo	Enter five numbers, do not enter all zero t a copy of the return orementioned ERO to filed return. If I have
X I authorize <u>MCC</u> as my signature of is being filed with enter my PIN on As an officer of th indicated within t program, I will en	ERO firm name on the organization's tax year 2011 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auti the return's disclosure consent screen. he organization, I will enter my PIN as my signature on the organization's tax year 2011 e this return that a copy of the return is being filed with a state agency(ies) regulating chari- ter my FIN on the return's disclosure consent screen.	s return that torize the afo lectronically les as part c	Enter five numbers, do not enter all zero t a copy of the return crementioned ERO to filed return. If I have of the IRS Fed/State
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Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

AF	or th	e 2011 calendar year, or tax year beginning an	d ending	_	
Ba	Check it pplicat	e: C Name of organization		D Employer identifie	cation number
	Addr chan	ISLAMIC RELIEF USA			
	Nam		95-445	3134	
	Initia		E Telephone number		
F	 		703-37		
Γ	Amer	ded City or town, state or country, and ZIP + 4	G Gross receipts \$	65,554,483.	
			H(a) Is this a group re		
	pend	for affiliates?			
		F Name and address of principal officer: MOHAMED AMR ATTAWIA SAME AS C ABOVE		H(b) Are all affiliates inc	
1 1	ax·ex	empt status: x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 🛄 527		list. (see instructions)
		te: WWW.IRUSA.ORG	,	H(c) Group exemption	
		forganization: 🗶 Corporation 🚺 Trust 🔛 Association 🔛 Other 🕨	L Year		State of legal domicile: CA
1	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: ISLAM	IC RELIEF	USA STRIVES TO	
nce	-	ALLEVIATE SUFFERING HUNGER, ILLITERACY, AND (CONT, ON SCH			
rna	2	Check this box		e than 25% of its net as	sets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			5
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
8 8	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		0	
Activities & Governance	6	Total number of volunteers (estimate if necessary)		2000	
Ġ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
<	b	Net unrelated business taxable income from 1976 1997 118341 ALC DE	TIM		0.
		Net unrelated business taxable income from 100 000 11034 ASDE		Prior Year	Current Year
m	8	Contributions and grants (Part VIII, line 1h)		182,491,174.	63,445,140.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,955.	106,703,
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		182,595,129.	63,551,843.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		166 484 271.	35,592,045.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŋ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		5,800,011.	6,717,794.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		12,000.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,134,148.	6,631,412.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		180,430,430,	48,941,251,
	19	Revenue less expenses. Subtract line 18 from line 12		2,164,699.	14,610,592.
es i				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		33,052,354.	44,341,367.
d Bit	21	Total liabilities (Part X, line 26)		17 237 356,	13,933,395
<u>S</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		15,814,998,	30,407,972.
Pa	irt II	Signature Block		· · · · · · · · · · · · · · · · · · ·	
Unde	r non	Ities of perjuny 1 declare that I have examined this return, including accompanying schedu	les and statem	ents and to the hest of m	knowledge and belief, it is

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

Sign Here	Signature of officer ABED AYOUB, CEO Type or print name and title	PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS	Date
Paid Preparer	Print/Type preparer's name WILLIAM E. TURCO, CPA Firm's name MCGLADREY LLP	Preparer 's signature	Date Check PTIN <i>11/13/12</i> Self-employed P00369217 Firm's EIN 42-0714325
Use Only	Firm's address > 9737 WASHINGTONIAN F	-	Phone no. (301) 296-3600
May the I	RS discuss this return with the preparer show		
132001 01-3	23-12 LHA For Paperwork Reduction Act	Notice, see the separate instructions.	Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2011) ISLAMIC RELIEF USA	95-445313	4 Page	2
Pa	rt III Statement of Program Service Accomplishments			_
	Check if Schedule O contains a response to any question in this Part III		x	
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			
2	PROJECTS. Did the organization undertake any significant program services during the year which were not listed on			
Z	the prior Form 990 or 990-EZ?			0
	If "Yes," describe these new services on Schedule O.			Ŷ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?		0
-	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	s measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of			
	others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$16,606,452, including grants of \$14,615,931.) (Rever	nue \$		_)
	HEALTH AND NUTRITION PROJECTS: TO PROVIDE ESSENTIAL HEALTHCARE AND			
	MEDICINE TO POOR COMMUNITIES AND INTEGRATED HEALTH PROGRAMS AIMED AT			
	CARING FOR CHILDREN TRAUMATIZED AND INJURED BY ARMED CONFLICT AND			
	CRISIS; TO HELP PEOPLE IN ADAPTING TO THEIR SOCIAL SURROUNDINGS; TO			
	OFFER MEDICAL AID AND TO CARE FOR MOTHERS AND CHILDREN IN AREAS THAT			
	LACK ADEQUATE HEALTH SERVICES.			
	AIDED OVER 3 MILLION BENEFICIARIES. WITHIN THE US, HEALTH & NUTRITION PROJECTS (USDA SUMMER FEEDING EVENTS) WERE FUNDED IN 6 STATES: FL, GA			
	IL. MD. MN. & DC. OVERSEAS. HEALTH & NUTRITION PROJECTS WERE FUNDED IN			
	11 COUNTRIES: EGYPT, GUINEA, ISRAEL (GAZA & WEST BANK), JORDAN, LIBYA,			-
	MALI, MAURITANIA, NIGER, PAKISTAN, SIERRA LEONE, & SOMALIA.	······		-
4b	(Code:) (Expenses \$1,646,884. including grants of \$1,319,600.) (Rever	nue \$		_)
	EMERGENCY AND RELIEF PROJECTS: TO PROVIDE FOOD, WATER & SANITATION,		<u></u>	
	HEALTH SERVICES, LIVELIHOOD SUPPORT, AND OTHER ESSENTIAL SERVICES TO			
	THE VICTIMS OF DISASTERS AND WHOEVER NEEDS IT ANYWHERE IN THE WORLD.	· · ·		
				<u> </u>
	AIDED OVER 775,000 BENEFICIARIES, WITHIN THE US, ISLAMIC RELIEF USA FUNDED EMERGENCY & RELIEF PROJECTS (THROUGH GRANTS, DAY OF DIGNITY			
	EVENTS, & DEPLOYING A DISASTER ASSISTANCE RESPONSE TEAM) IN 15 STATES:			
				-
	ISLAMIC RELIEF USA FUNDED EMERGENCY & RELIEF PROJECTS IN 13 COUNTRIES;			—
	COLUMBIA, EGYPT, ETHIOPIA, HAITI, JORDAN, KENYA, LEBANON, PAKISTAN,			
	SOMALIA, TUNISIA, TURKEY, WEST BANK, & YEMEN,			_
4c	(Code:) (Expenses \$4,486,939. including grants of \$4,400,231.) (Rever	nue\$)
	ORPHANS PROJECTS: TO PROVIDE EDUCATION, HEALTH CARE, AND LIVING			
	EXPENSE SUPPORT TO ORPHANS IN ORDER TO IMPROVE THEIR LIVING STANDARDS.			
	ISLAMIC RELIEF USA'S GENEROUS DONORS SPONSORED 14,722 ORPHANS IN 22			<u> </u>
	COUNTRIES: AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHECHNYA, EGYPT,			—
	ETHIOPIA, INDIA, INDONESIA, IRAQ, ISRAEL (GAZA & WEST BANK), JORDAN,			—
	KENYA, KOSOVO, LEBANON, MALI, NIGER, PAKISTAN, SOMALIA, SOUTH AFRICA,			
	SRI LANKA, & YEMEN. 100% OF THE DONORS' GIFTS ARE SENT TO THE ORPHAN			-
	RECIPIENTS.			—
				—
				_
4d	Other program services (Describe in Schedule O.)			_
	(Expenses \$ 5,378,204, including grants of \$ 5,256,282,) (Revenue \$)	
4e	Total program service expenses 38, 118, 479,			
13200	2		Form 990 (201	1)
02-09-	-12			
	2			

11131113 703287 7701394 2011.05000 ISLAMIC RELIEF USA 77013941

	990 (2011) ISLAMIC RELIEF USA 95-4453134		P	age 3
Pa	rt IV Checklist of Required Schedules		r	r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A		X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		ļ	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		· · · · · ·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	<u>x</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.41.		_
	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	<u>11c</u>		X
a		114		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u> 11e		x x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u>^</u>	
128	Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<u> </u>	<u> </u>
a	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
тэ 14а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<u> </u>
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	Į
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~	<u> </u>	
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		
	Schedule J	23	X	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	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		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				1.0
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-	dan seria da seria d	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_ <u>28a</u>		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			X
38	Note. All Form 990 filers are required to complete Schedule O	38	v	
	Note. Au Form 330 mais die required to complete contendie O	Form	agn #	20111
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Form 990 (2011)

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Page 4

Check If Schedule O contains a response to any question in this Part V Yes 1a Enter the number reported in Bax 3 of Form 1095. Enter -0: If not applicable 19 -6 1b Dort the number of emproyees reported on Form W37. Transmittal of Wage and Tax Statements, field for the calendar year ending with or Wilhin the year covered by this return. 2a 0 2 Enter the number of emproyees reported on Form W37. Transmittal of Wage and Tax Statements, field for the calendar year ending with or Wilhin the year covered by this return. 2a 0 2 Enter the number of emproyees reported on Form W37. Transmittal of Wage and Tax Statements, field for the calendar year ending with or Wilhin the year covered by this return. 2a 2 x Note. If the aum of lines 1a and 2a is greater than 250, your may be required to <i>a</i> -file (see instructions) 2a x 3 Diff the regarization have uninelistic have an interest 1, or a algointer or other authority over, a financial account, a coving country, they is routed an explanation in Schodulo O 3b x 3 Diff any canonization have an ending country. 5a x x 3 Diff any canonization have an ending country. 5a x 4 A any time enginaterin that was contex a part to a prohibition tax ster? 5a x 5 Wast in enginatitable		990 (2011) ISLAMIC RELIEF USA		95-4453134		P	age 5						
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Form 990 (2011)

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See		1 "INO" I	respon	se		
	Check if Schedule O contains a response to any question in this Part VI				Lx		
iec	tion A. Governing Body and Management				<u> </u>		
				Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year		5		1		
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b		5				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other	· · · · · · · · · · · · · · · · · · ·	<u>i i j. j</u>	625.		
	officer, director, trustee, or key employee?		_2_		X		
3	Did the organization delegate control over management duties customarily performed by or under the dire		_				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x		
6	Did the organization have members or stockholders?		6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_				
	more members of the governing body?		7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh						
	persons other than the governing body?		7b	· .	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the		_		. :		
a	The governing body?		<u>8a</u>	X			
b	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	<u>x</u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
<u>.</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>x</u>		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	le Code.)		Yes	21		
0-	Did the organization have local chapters, branches, or affiliates?		10a	res	x		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter		Iva				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b				
1-1	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	x			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	sto hang the term.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x			
h l	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		12b	1			
0	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of						
C	in Schedule O how this was done		12c	x			
13	Did the organization have a written whistleblower policy?		13	x			
14	Did the organization have a written document retention and destruction policy?		14		x		
5	Did the process for determining compensation of the following persons include a review and approval by i			1			
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	laspondont					
~	The organization's CEO, Executive Director, or top management official		15a	x			
	Other officers or key employees of the organization		15b	x			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		1.1.1		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	with a					
10a	taxable entity during the year?		16a				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		iva		<u></u>		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		e 1				
			16b				
	exempt status with respect to such arrangements? tion C. Disclosure		100	[
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{\text{SEE}}$ SCHEDULE O						
7	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501(c)(3)s only)	availah				
18	•	tion so r(c)(s)s only)	avallar	ne			
	for public inspection. Indicate how you made these available. Check all that apply.						
	x Own website x Another's website x Upon request	of interest colliny, or	nd finar	aial			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	or interest policy, ar	iu inar	icial			
	statements available to the public during the tax year.	and of the course'					
20	State the name, physical address, and telephone number of the person who possesses the books and rec		ation: 🖡	-			
	MR. TAREO OSMAN, CPA, CONTROLLER - 703-370-7202						
32000	3655 WHEELER AVE, ALEXANDRIA, VA 22304		<u>г-</u>	000	004		
1-23-	12		FOLU	990	201		
71		7	77/	1124			
51	113 703287 7701394 2011.05000 ISLAMIC RELIEF US	n	- 77)139	74		

Page **6**

Form 990 (2	011) ISLAMIC RELIEF USA	95-4453134	<u>Page</u> 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	and the first of the second second second second second second second second by a stability of the second by the second by the second by the second sec	and a stand of the second s	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average		Position o not check more than one					Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of other
	week (describe		[Ĺ	from the	from related organizations	compensation
	hours for	direct				'n		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)		organization
	organizations	l trus	nal tri		loyee	d m o a				and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. IHAB M. H. SAAD				<u>-</u>	×	==	E			·
PRESIDENT & CHAIR OF BOARD	3.00	x		x				0.	0.	0.
(2) MOHAMED AMR ATTAWIA										
VICE CHAIR & ACTING TREASURER	3.00	x		x				0.	0.	0.
(3) AAMIR REHMAN										
AUDIT CHAIR	3.00	x						0.	0.	0.
(4) NASERLDIN A. HAGHAMED										
DIRECTOR	3.00	x						0.	0.	0.
(5) YASER HADDARA					1					
DIRECTOR	3.00	x						0.	0.	0.
(6) ABED AYOUB										
CEO	40.00			X_	[143,809.	0.	23,759.
(7) ANWAR KHAN										
VP OF FUND DEVELOPMENT	40.00			x				128,087.	0.	27,026.
(8) KHALED FALAH										
VP OF OPERATIONS	40.00			x	ļ			116,596.	0.	24,990.
(9) TAREQ OSMAN										
CONTROLLER	40.00	<u> </u>		x	. <u> </u>			112,964.	0.	23,288.
(10) ADNAN ANSARI										
VP OF PROGRAMS	40.00	<u> </u>		X			<u> </u>	111,581.	0.	12,637.
(11) HEBAH REED		ļ								
VP_OF_COM. & PUBLIC AFFAIR	40.00	 .		X		<u> </u>		105,014.	0.	16,801.
(12) BEVERLY PEREZ						ļ				
CORPORATE COUNSEL & CORPORATE SECRET	r 40.00	 		X				111,020.	0.	12,323.
(13) AZHAR AZEEZ										
NATIONAL DIR. OF FUND DIVISION	40,00					X		108,689.	0.	24,597.
(14) OMAR SHAHIN	:								- _	
COMMUNITY RELATIONS DIRECTOR	40.00					X		109,545.	0.	23,445.
						-			·····	
			l					ļ		5 000 (posta)

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Form 990 (2011) ISLAMIC RELI					_	_			95-4453	134		P	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	oyee	es, a	ınd l	<u>High</u>	iest	Compensated Employ	ees (continued)				
(A) Name and title	(B) (C) Average hours per week veek (denot check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from	(E) Reportable compensation from related	ation ated		(F) stimate nount other	of
	(describe hours for related organizations in Schedule	Jual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	1		pensa om the anizat d relat anizatio	e tion ted
	O)	Individual 1	Institu	Officer	Key en	Higher	Erme						
								· · · · · · · · · · · · · · · · · · ·					
					_	ļ	ļ						
	· · · · · · · · · · · · · · · · · · ·					1							
													···
		[\rightarrow			
1b Sub-total						►		1,047,305.		٥.		188,	866.
c Total from continuation sheets to Part V								0.		_0.			0.
d Total (add lines 1b and 1c)							no r	<u>1,047,305</u> . eceived more than \$100	000 of reportable	0. e		188,	866.
compensation from the organization						·			· · · ·				<u> </u>
	diversion on the		- ka					highest componented a	malayoo aa	Г		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										. 	3	<u></u>	X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
and related organizations greater than \$15 5 Did any person listed on line 1a receive or			•						dual for services		4	X	· · · · ·
rendered to the organization? If "Yes," con											5		X
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 										pensa	ition fi	rom	
(A)	the calendar y	cai		ng v	WILL I	01 10	10.11	(B)			(C	"	
Name and business	address							Description of s	ervices	C	mper	nsatio	n
DIANA SUFIAN								ADMINISTRATOR				510	.000.
PO BOX 3459, SANTA MONICA, CA 90408 GAMMON & GRANGE, P.C., 8280 GREENSBO	RO						ĺ	ADMINISTRATOR				<u> </u>	000.
DRIVE, 7TH FLOOR, MCLEAN, VA 22102-3								LEGAL				223,	152.
TIMOTHY D. KELLY, P.A., 3720 IDS CEN												170	
80 SOUTH EIGHTH STREET, MINNEAPOLIS,	<u></u>						<u> </u>	LEGAL				<u> </u>	655.
2 Total number of independent contractors (iot li	mite	d to	tho	se li	sted	above) who received m	ore than		, i ;		
\$100,000 of compensation from the organ	zation 🕨					3			ŀ	· · · · · · · · · · · · · · · · · · ·	Form !	990 (2	2011)
132008 01-23-12										1	onny		-911)

8 2011.05000 ISLAMIC RELIEF USA

b FOREIGN CURRENCY GAIN 900099 174,378. 174,378. c				2011) ISLAMIC	RELIEF	USA				95-4453134	Page 9
90 2 a Business Code	Pa	rt v	111	Statement of Reven	Ue				Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512.
90 2 a Business Code Business Code 0	trants				F						
90 2 a Business Code Business Code 0	Gifts, G lar Am						7,798,668.				
90 2 a Business Code Business Code 0	utions, (ter Simi			All other contributions, gifts, grant	s, and		FF (46 470				
90 2 a Business Code Business Code 0	Contrib and Oth		-	Noncash contributions included in lines	1a-1f: \$		14,453,615.				
g Total. Add lines 28.2? 3 Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax exempt bond proceeds 5 Royaties 6 a Gross rents 6 a Gross rents 7 a Gross mount from sales of assets other than inventory 9 Less: otor other basis and sales expenses a diver gain or (loss) (i) Securities a Net gain or (loss) b Less: income from fundralsing events (not including 3 7, 12, 928, 568, of cont from thord on line 1c). See Part W, line 18 284, 489, b Less: direct expenses c Net income (loss) from gaming activities. See a Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See c Net income or (loss) from gaming activities. See b Less: direct expenses Less: dincet expenses </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>and the second /th> <th></th> <th></th> <th></th>								and the second			
g Total. Add lines 28.2? 3 Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax exempt bond proceeds 5 Royaties 6 a Gross rents 6 a Gross rents 7 a Gross mount from sales of assets other than inventory 9 Less: otor other basis and sales expenses a diver gain or (loss) (i) Securities a Net gain or (loss) b Less: income from fundralsing events (not including 3 7, 12, 928, 568, of cont from thord on line 1c). See Part W, line 18 284, 489, b Less: direct expenses c Net income (loss) from gaming activities. See a Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See c Net income or (loss) from gaming activities. See b Less: direct expenses Less: dincet expenses </th <th>Servic inue</th> <th></th>	Servic inue										
g Total. Add lines 28.2? 3 Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax exempt bond proceeds 5 Royaties 6 a Gross rents 6 a Gross rents 7 a Gross mount from sales of assets other than inventory 9 Less: otor other basis and sales expenses a diver gain or (loss) (i) Securities a Net gain or (loss) b Less: income from fundralsing events (not including 3 7, 12, 928, 568, of cont from thord on line 1c). See Part W, line 18 284, 489, b Less: direct expenses c Net income (loss) from gaming activities. See a Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See c Net income or (loss) from gaming activities. See b Less: direct expenses Less: dincet expenses </th <th>ogram Reve</th> <th></th> <th>d e</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	ogram Reve		d e								
a income from investment of tax exempt bond proceeds 5 Royalites 6 a Gross rents b Less: rental expenses c Ronal income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) b Less: cost or other basis and sales expenses 0) Securities c Gain or (loss) b Less: clinet copenses c Gain or (loss) 8 a Gross income from fundralsing events (not including \$\frac{1}{2,728,658,0'}\$ c Not income or (loss) from fundralsing events b Less: direct copenses b Less: direct copenses b Less: direct copenses b Less: direct copenses c Not income or (loss) from garning activities a Less: clinet copenses b Less: clinet copenses b Less: clinet copenses c Not income or (loss) from garning activities c Net income or (loss) from sales of inventory	ā 			Total. Add lines 2a-2f							
5 Royalities (i) Real (ii) Personal 6 a Gross rents (iii) Real (iii) Personal b Less: rental expenses (iiii) Content (iiii) Content 7 a Gross amount from sales of assets other than inventory (iii) Other 8 a Gross income from fundralsing events (not including \$\frac{1,738,658,0}{2,738,668,0} (iiii) Other 8 a Gross income from fundralsing events (not including \$\frac{1,738,658,0}{2,022,640} (iiiii) Content 9 a Gross income from fundralsing events (iiii) Content (iiii) Content 9 a Gross income from gaming activities. See Part IV, line 18 a 284,485, 10 a Gross sales of Inventory, less returns and allowances a (iiiii) Conseported on line 10, See Part IV, line 19 a b Less: clinect expenses (iiii) Conseported on line 10, See Part IV, line 19 (iiii) Cons from gaming activities. See Part IV, line 19 (iiii) Conseported on line 10, See Part IV, line 19 (iiii) Cons from gaming activities. See Part IV, line 19 (iiii) Conseported on line 10, See Part IV, line 19 (iiii) Conseported on line 10, See Part IV, line 19 (iiiii) Conseported on line 10, See Part IV, line 19 (iiiii) Conseported on line 10, See Part IV, line 19 (iiiii) Conseported on line 10, See Part IV, line 19 (iiiiii) Conseported on line 10, See Part IV, line 19 (iiiiiiiii) Conseported on line 10, See Part IV, line 19		-		other similar amounts)							
b Less: rental expenses				Royalties							
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses (iii) Other (iii) Other and sales expenses (iii) Other (iii) Other c Gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other including \$\frac{1}{7,798,668,07} (iii) Other (iii) Other ochor (loss) from fundraising events (not including \$\frac{1}{7,798,668,07} (iiii) Other g Gross income from gaming activities. See (iii) Other (iiii) Other g Gross income from gaming activities (iii) Other (iiii) Other i a Gross alloe of inventory, less returns (iii) Other (iiii) Other a a allowances (iii) Other (iiii) Other (iiii) Other i a Gross alloe of inventory, less returns (iiii) Other		•	b	Less: rental expenses							
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 Gross income from fundraising events (not including \$7.798, 668, of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: cost of goods sold b S00099 1,650,476 1,650,476 900099 1,650,476 11 a GRANT REFUNDS 900099 1,650,476 12 To				Gross amount from sales of							
d Net gain or (loss)				Less: cost or other basis and sales expenses							
Including \$7, 798, 668 of contributions reported on line 1c). See Part IV, line 18a 284, 489, 2, 002, 640, 0, 0, 0, 100, 718, 151, 0, 0, 1, 718, 151, 0, 0, 1, 718, 151, 0, 0, 1, 718, 151, 0, 0, 0, 1, 718, 151, 0, 0, 0, 1, 0, 1, 718, 151, 0, 0, 0, 1, 0, 1, 718, 151, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,			d	Net gain or (loss)			···· >				
c Net income or (loss) from fundraising events -1,718,151. -1,718,151. 9 a Gross income from gaming activities. See a -1,718,151. -1,718,151. 9 a Gross income from gaming activities. See a -1,718,151. -1,718,151. 9 a Gross income from gaming activities. See a -1,718,151. -1,718,151. 9 a Gross income from gaming activities. See a -1,718,151. -1,718,151. 10 a Gross sales of inventory, less returns and allowances a -1 -1 a d llowances a -1 -1 -1 -1 6 Net income or (loss) from sales of inventory - - - Miscellaneous Revenue Business Code - 1,650,476. 1,650,476. 11 a GRANT REFUNDS 900099 1,74,378. 174,378. 174,378. c	Bevenue	-	-	including \$ 7,798 contributions reported on line	<u>, 668 .</u> of 1c). See	f	a 284 489				
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a GRANT REFUNDS 900099 ponerical Currency CAIN 900099 c	Other		С	Less: direct expenses Net income or (loss) from fund	raising e	vents	b <u>2,002,640</u> ,	-1,718,151.			-1,718,151.
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a GRANT REFUNDS 900099 1,650,476. 11 a GRANT REFUNDS 900099 174,378. 174,378. 174,378. c				Part IV, line 19							
b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11 a GRANT REFUNDS 900099 1,650,476. b FOREIGN CURRENCY GAIN 900099 174,378. c	ŗ		с	Net income or (loss) from gam Gross sales of inventory, less	ing activi returns	ties					
Miscellaneous Revenue Business Code 11 a GRANT REFUNDS 900099 1,650,476. 1,650,476. b FOREIGN CURRENCY GAIN 900099 174,378. 174,378. c				Less: cost of goods sold			b				
b FOREIGN CURRENCY GAIN 900099 174,378. 174,378. c	ļ										
c											<u>1,650,476.</u>
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 63,551,843. 132009								1/4,3/8.			
12 Total revenue. See instructions. 63,551,843. 0. 0. 106,703. 132009 Form 990 (2011)								1 824 854			
01-23-12 Point 350 (2011)	13200	<u>12</u>	ę								<u>106,703.</u> Form 990 (2011)

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9 2011.05000 ISLAMIC RELIEF USA Form 990 (2011) ISLAMIC RELIEF USA 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon		is Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,007,977.	1,007,977.	n de la data da la presida. Recta de transmissión de la composición	
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	34,584,068.	34,584,068.		
4	Benefits paid to or for members			e for a second	ana pro a successione
5	Compensation of current officers, directors,	0.00 070	00 5 76	205 005	E 472 COE
~	trustees, and key employees	962,276.	89,576.	325,005.	547,695
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	A EAC 712	402 041	1,535,634,	
7 8	Pension plan accruals and contributions (include	4,546,713.	423,241.	1,000,004.	2,587,838
0	section 401(k) and section 403(b) employer contributions)	79,249.	7,377.	26,766.	45,106
9	Other employee benefits	646,127.	60,146.	20,703.	367,754
9 10	Payroll taxes	483,429.	45,001.	163,276.	275,152
10	Fees for services (non-employees):	403,429.	45,001.	100,270.	212,132
	Management				
b	Legal	248,706,		248,706.	
	Accounting	129,592.	·	129,592.	
d	Lobbying	127,372.		125,552.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<u>an an a</u>		1
, g	Other	533,549.	37,700.	361,326.	134,523
9 12	Advertising and promotion	724,263.	12,557.	27,405.	684,301,
13	Office expenses	1,959,916.	20,378.	1,261,738.	677,800
14	Information technology	103 914	191.	95,771.	7,952.
15	Royalties			, · · ·	
16	Occupancy	211,222.	2,196.	135,979.	73,047
17	Travel	1,067,544.	111,191.	188,232.	768,121,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	863,958,	5,748.	9,551.	848,659,
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	218,438.		218,438.	
23	Insurance	75,739.		75,739.	
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 0.)				
а	HANDLING & RELATED COST	1,694,386.	1,694,386.		
b	COMMUNITY EVENT SPONSOR	545,975.			545,975.
с	HONORARIUM	167,907.	300.	35,038,	132,569
d	PROFESSIONAL EDUCATION	76,599.	15,432.	57,258.	3,909.
e	All other expenses	-1,990,296,	1,014.	219.	-1,991,529
25	Total functional expenses. Add lines 1 through 24e	48,941,251.	38,118,479.	5,113,900.	5,708,872.
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 if following SOP 98-2 (ASC 958-720)				

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10 2011.05000 ISLAMIC RELIEF USA Form 990 (2011)

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132011 01-23-12

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30,407,972.

44,341,367.

Form 990 (2011)

33

34

15,814,998

33 052 354

	1	Cash - non-interest-bearing			28,361,513.	1	39,421,595.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			130,779.	4	507,311.
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disgualified persons (as defined under section					
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	and contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net			70,588.	7	16.667.
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			29,471.	9	25,989.
	-	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,769,893.			
	ь	Less: accumulated depreciation				10c	4,094,013.
	11	Investments - publicly traded securities			250,715.	11	259,998.
	12	Investments - other securities. See Part IV, line 1				12	,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	15,794.
	16	Total assets. Add lines 1 through 15 (must equa				16	44.341.367.
	17	Accounts payable and accrued expenses			598.351.	17	950,232.
	18	Grants payable	16,639,005.	18	12,983,163.		
	19	Deferred revenue		19	,,		
	20	Tax-exempt bond liabilities		20			
w	21	Escrow or custodial account liability. Complete F				21	
itie	22	Payables to current and former officers, director					
Liabilities	_	highest compensated employees, and disqualifie					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			17,237,356.	26	13,933,395,
		Organizations that follow SFAS 117, check he					
ŝ		lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets			3,475,662.	27	8,867,815,
ala	28	Temporarily restricted net assets			12,339,336.	28	21,540,157.
Net Assets or Fund Balances	29					29	
n i		Organizations that do not follow SFAS 117, ch					
orF		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid in or capital surplus, or land, building, or eq				31	
μĂ	32	Retained earnings, endowment, accumulated in				32	
ž	00	Total not accets or fund balances			15 914 009	22	20 407 972

Total net assets or fund balances

Total liabilities and net assets/fund balances

ISLAMIC RELIEF USA

(A) Beginning of year

Page 11

(B) End of year

Form	990 (2011) ISLAMIC RELIEF USA	95-445313	4	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		x
1	Total revenue (must equal Part VIII, column (A), line 12)	1	63	<u>,551</u>	<u>,843</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	,941	<u>,251.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	14	<u>,610</u>	<u>,592.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	,814	<u>,998.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-17	<u>,618.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30	,407	<u>,972.</u>
Pa	rt XII Financial Statements and Reporting				<u> </u>
	Check if Schedule O contains a response to any question in this Part XII				
			·	Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		·	<u>.</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	x
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	<u>x</u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis x Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		<u>3b</u>	000	<u> </u>

Form 990 (2011)

132012 01-23-12 SCHEDULE A

(Form 990 or 990-EZ)

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. 000.E7 **b** Sa

C 1 L Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal Rever	nue Service	► At	tach to Form 990 or For	rm 990-EZ. 🕨 See	separate instructio	ins.	Inspec	ction	ce 1
Name of t	he organizati	on				Employer i	dentificatio	ភា វាម	mber
	-	ISLAMIC RE	TEF USA			95-	-4453134		
Part I	Reason		ity Status (All organiza	ations must complet	e this part.) See inst				
The organ			because it is: (For lines 1						
1			s, or association of churc						
2						-			
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 stat	•	.poreitot int e-rij						
5			penefit of a college or un	iversity owned or on	erated by a governm	nental unit describe	d in		
•		(b)(1)(A)(iv). (Comple			, ,				
6			ent or governmental unit	described in section	n 170(b)(1)(A)(v).				
_	-		eives a substantial part o			r from the general p	ublic descr	ibed i	n
• ـــــ	-	b)(1)(A)(vi). (Comple			•	. .			
8			ection 170(b)(1)(A)(vi). (Complete Part II.)					
9			eives: (1) more than 33 1		om contributions, m	embership fees, an	d gross rec	eipts	from
			octions - subject to certai						
			axable income (less secti						
		509(a)(2). (Complete							
10			erated exclusively to tes	it for public safety. S	See section 509(a)(4	ŀ).			
11			erated exclusively for the				purposes of	fone d	or
			tions described in sectio						
	describes the	e type of supporting	organization and comple	te lines 11e through	11h.				
	а 🛄 Туре I	ь р]Type II c	Type III - Func	tionally integrated	d	Type III - O	ther	
e 🗌	By checking t	this box, I certify tha	t the organization is not o	controlled directly or	r indirectly by one or	r more disqualified p	persons othe	er tha	n
	foundation m	anagers and other t	han one or more publicly	supported organiza	tions described in s	ection 509(a)(1) or s	ection 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from th	he IRS that it is a Ty	pe I, Type II, or Type	e III			
		rganization, check th							
g			rganization accepted any				г		
	(i) A person	n who directly or ind	irectly controls, either alc	one or together with	persons described i	n (ii) and (iii) below,		Yes	No
	the gove	erning body of the su	pported organization?				. <u>11g(i)</u>		<u> </u>
	(ii) A family	member of a persor	described in (i) above?				11g(ii)		<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	r (ii) above?			. 11g(iii)		<u> </u>
h	Provide the fe	ollowing information	about the supported org	anization(s).					
						······			
(i) Name	of supported	(ii) EIN		(iv) Is the organization		(vi) is the organization in col.	(vii) Am	ount o	f
• •	nization			in col. (i) listed in your governing document?	organization in col.	(i) organized in the	supp	ort	
			above or IRC section	governing upeninents	(i) or your aupports	U.S.?			

		above or IRC section	above or IRC section		0.0.1). f			
		(see instructions))	Yes	No	Yes	No	Yes	No		
				-						
			-	literar .						
Total										
LHA For Paper	work Reduction Act Notice	, see the Instructions	for				Schedule	e A (Form 990	0 or 990-EZ) 20)11

Form 990 or 990-EZ. 132021 01-24-12

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Schedule A (Form 990 or 990 EZ) 2011 ISLAMIC RELIEF USA 95-4453134 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

Jec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	:					
	include any "unusual grants.")	60,611,813.	75,884,946.	147,309,234.	182,491,174.	63,729,629.	530,026,796.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	60,611,813.	75,884,946.	147,309,234.	182,491,174.	63,729,629.	530,026,796.
	The portion of total contributions						
Ŷ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				line de la composition de la compositio La composition de la c	a francis de P	
	amount shown on line 11,						
	a a la umana (A)						
~	Public support. Subtract line 5 from line 4.	<u>ala di</u> da a sunt Nu Tripoliti di divetto a					530 026 796.
	tion B. Total Support	<u>" L</u>	<u>1111</u>	<u>n a nga an tin tini si si si s</u> a	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	60,611,813.	75,884,946.	147,309,234.	182,491,174.	63,729,629.	530,026,796.
	Gross income from interest,	00,011,013.	75,004,540.	11, 303, 231.	102, 101, 11, 11,		
8							
	dividends, payments received on						
	securities loans, rents, royalties			1 040			6,061.
	and income from similar sources	1,746.	3,266.	1,049.			0,001.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				· · · · · · · · · · · · · · · · · · ·		·
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					<u>174,378,</u>	<u>174,378.</u>
11	Total support. Add lines 7 through 10			<u>ang tangké dé</u>			530,207,235.
12		, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	5
	organization, check this box and stor tion C. Computation of Publ	o here					·····
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (14	99.97 %
	Public support percentage from 2010					15	100.00 %
16a	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2011

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Page 2

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

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

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
З	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
ł	Amounts included on lines 2 and 3 received				ĺ		
	from other than disqualified persons that				ĺ		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support (Subtractione 7c from line 6.)	a fa gangganna A		1			
	ction B. Total Support		<u>,</u>	<u> </u>	<u> </u>	<u>1</u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		(a) 2007	(b) 2000	(0) 2000			(1) ! ! ! !
	Amounts from line 6		1				
104	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				·		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo						
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ						
15	Public support percentage for 2011 (15	<u>%</u>
16					<u></u>	16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20					17	<u>%</u>
18							<u>%</u>
19:	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			
1320	23 D1-24-12				Scl	nedule A (Form 99	0 or 990-EZ) 2011

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Schedule B (Form 990, 990-EZ,

or 990-PF)

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

ISLAMIC	RELIEF	USA	

95	-44	53	13	34

Filers of:	Section:
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,088,517.	Person Payroll Noncash x (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization

Page 3

Employer identification number

ISLAMIC RELIEF USA

95-4453134

(b) Description of noncash property given IEDICINES AND NON-PHARMACEUTICAL IEDICAL_SUPPLIES (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (see instructions) (c) (c)	(d) Date received <u>12/01/11</u> (d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) 	(d)
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) 	(d)
Description of noncash property given	FMV (or estimate) (see instructions) 	
	(c)	
	FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (see instructions) (see instructions) (b) (c) (b) (c) (b) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (b) S (b) (c) (b) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (see instructions) (c) (b) FMV (or estimate) (see instructions) (see instructions) (see instructions) (see instructions)

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Name of organ	ization		Employer identification number
<u>islamic re</u> Part III	LIEF USA Exclusively religious, charitable, etc., indiv	ridual contributions to section 501(c)((7), (8), or (10) organizations that total more than \$1,000 for the
<u></u>	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	te following line entry. For organization c., contributions of \$1,000 or less for t al space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \blacktriangleright \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
123454 01-23-1	2		

19 2011.05000 ISLAMIC RELIEF USA

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SCHEDULE D (Form 990)

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. ► See separate instructions.



Employer identification number

Department of the Treasury Internal Revenue Service

	ISLAMIC RELIEF USA		95-4453134
Par		inds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
<u> </u>		(a) Donor advised funds ((b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised fun	ids
9	are the organization's property, subject to the organization's exclu		
~	Did the organization inform all grantees, donors, and donor adviso		
6	for charitable purposes and not for the benefit of the donor or don		
Do	impermissible private benefit?		
<u> </u>			
1	Purpose(s) of conservation easements held by the organization (ch		ly important land area
	Preservation of land for public use (e.g., recreation or education	tion) Preservation of an historical	
	Protection of natural habitat	Preservation of a certified fit	istone structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a co	inservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 8		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the organ	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and e		
7	Amount of expenses incurred in monitoring, inspecting, and enforce		
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the org	ganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art		Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95)		
	historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 95)	8), to report in its revenue statement and t	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. 🕨 \$
	(ii) Assets included in Form 990, Part X		🕨 \$
2	If the organization received or held works of art, historical treasure	s, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (A		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for I	Form 990.	Schedule D (Form 990) 2011
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20 2011.05000 ISLAMIC RELIEF USA

1.0.0	dule D (Form 990) 2011 ISLAMIC REI						0	95-4453			<u>age 2</u>
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	following that	t are a s	signific	ant use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
c	Preservation for future generations						_				
4	Provide a description of the organization's c								t XIV.		
5	During the year, did the organization solicit of								٦		Т
	to be sold to raise funds rather than to be m								<u> </u>		No
Par	TIV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to	Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?						•••••	L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	blowing t	able:				<u> </u>			
									Amoun	t	
	Beginning balance										
	Additions during the year							1d			
e	Distributions during the year						··· _				
f	Ending balance						···· 🖵	1f	<u> </u>		п
	Did the organization include an amount on F		21?				•••••	····· L	_ Yes	L	No
	If "Yes," explain the arrangement in Part XIV				000 D 1	D.C. Para					
Par	t V Endowment Funds. Complete										haali
		(a) Current year	(b) Pi	rior year	(c) I WO year	'S DACK	(d) I n	ree years back	(e) Fou	r years	Dack
1a	Beginning of year balance	<u>.</u>						·.		<u> </u>	
b	Contributions									<u> </u>	
C	Net investment earnings, gains, and losses				-						
d	Grants or scholarships							.			<u> </u>
е	Other expenditures for facilities										
	and programs								<u> </u>	<u> </u>	
f	Administrative expenses										54 ()
g	End of year balance										1. a. j.
2	Provide the estimated percentage of the cur		e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment 🕨	%									
с	Temporarily restricted endowment 🕨	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	red for t	the org	janization			ı
	by:									Yes	No
	(i) unrelated organizations								. <u>3a(i)</u>		
	(ii) related organizations								. <u>3a(ii)</u>		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					. 3b		L
4	Describe in Part XIV the intended uses of the	e organization's ende	owment f	unds.							
Pa	t VI Land, Buildings, and Equipn	nent. See Form 990	D, Part X,	line 10.							
L	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccum	ulated	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	de	precia	tion			
1a	Land				1,303,279.	e e ja e e			1	303	.279.
	Buildings				2,606,558.		2	20.511.			047
	Leasehold improvements				303,671.			.57,777.			.894.
d	[']						-				
	Other				556 385.			97,592.		258	793
	. Add lines 1a through 1e. (Column (d) must e		X. colur	n (B), line	,			•	٨		013.
rota	, Aud intes ra unough re, jooidhin (d) must e	guari vini uzu, i alt	7,001011	<u> שוו שווים מיווים /u>		<u></u>	<u></u>	Schedule			
								Soneaulo		. 550)	2011

132052 01-23-12

Schedule D (Form 990) 2011 ISLAMIC RELIEF	USA		95-4	453134 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 1	<u>2.</u>	(c) Method of valuat	ion:
 (a) Description of security or category (including name of security) 	(b) Book value	0	(c) Method of Valuat Cost or end-of-year mark	
 (1) Financial derivatives				
(3) Other	·			
(A)			·	
(B)				·····
(C)				
(D)				
(6)				
(F)				
(G)				
<u>(H)</u>				·
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►			<u>hitoma na ana ana a</u>	Addition of the second second
Part VIII Investments - Program Related.	See Form 990, Part X, line	<u>13.</u> I	(c) Method of valuat	ion:
(a) Description of investment type	(b) Book value		Cost or end-of-year mark	
(4)				
(1)			·	
(2) (3)	<u> </u>			
(3)			·	
(5)		-		
(6)	·			
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, lir				(b) Book value
	a) Description			
	·			
	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				······································
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15.)		▶	
Part X Other Liabilities. See Form 990, Part 3	X, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		·		
(4)				
(5)				
<u>(6)</u>		· · -		
(8)				
(10)		· · · ·		
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote	ne 25.)			
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	e to the organization's financial state	ements that reports the org	anization's liability for uncertain	tax positions under
132053 01-23-12			Sche	dule D (Form 990) 2011

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<u>Sche</u>	dule D (Form 990) 2011 ISLAMIC RELIEF USA t XI Reconciliation of Change in Net Assets from Form 990 to	Auditod	Einonoial S	95-	-4453134	Page 4
				laterne	31115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)					63,551,843.
2	Total expenses (Form 990, Part IX, column (A), line 25)					48,941,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1 1			14,610,592.
4	Net unrealized gains (losses) on investments					-17,618.
5	Donated services and use of facilities					
6	Investment expenses				··	
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					45 640
9	Total adjustments (net). Add lines 4 through 8					-17,618.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement	nts With	Revenue pe	er Reti	มาก	14,592,974.
<u>1.0 01 0</u>	Total revenue, gains, and other support per audited financial statements					63,88 <u>6,38</u> 9.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a	-17,0	618		
b	Donated services and use of facilities		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
c	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)	i				
e	Add lines 2a through 2d			2	a	-17,618.
3	Subtract line 2e from line 1					63,904,007.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			·····		<u>00,004,007.</u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a			-352.2	164		
b	Other (Describe in Part XIV.) Add lines 4a and 4b					-352,164.
c	Add lines 4a and 4b					63,551,843.
5 Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses			03,331,043.
1	Total expenses and losses per audited financial statements				1	49,293,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					<u> </u>
_ a	Donated services and use of facilities	2a		÷		
b	Prior year adjustments	1 1		1.78		
	Other losses					
c d	Other (Describe in Part XIV.)		352	164		
	Add lines 2a through 2d					352,164,
e	Subtract line 2e from line 1				1	48,941,251.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•••••			40,541,251.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a h	Other (Describe in Part XIV.)	4b				
				4		Ο.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					48,941,251,
-	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	, lines 1a an	id 4; Part IV, lin	nes 1b ar	nd 2b; Part	V, line 4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
	X, LINE 2: IRUSA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES			-		
UNDE	R THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE C	ODE. IN				
ADDI	TION, IRUSA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS A	ND HAS				
BEEN	CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION	í.				
<u>INCO</u>	ME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE					
DEDU	CTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.	THERE				
WAS	NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEM	BER 31,				
2011				<u>.</u>		
				Scl	1edule D (F	orm 990) 2011
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Schedule D (Form 990) 2011 ISLAMIC RELIEF USA			Page 5
Part All Supplemental Information (continuea)		<u> </u>	
MANAGEMENT HAS EVALUATED IRUSA'S TAX POSITIONS AND HAS CON	እርጉ JIDRD የነዘልም		
IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE D			
FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENEL	RALLY, IRUSA IS		
NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOM	4E TAX		
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSE REPORTED ON LINE 8B	-2,002,640.		
GRANT REFUNDS REPORTED ON LINE 11A	1,650,476.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-352,164.		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSE REPORTED ON LINE 8B	2,002,640.		
GRANT REFUNDS REPORTED ON LINE 11A	-1,650,476.		
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	352,164.		
132055		Schedule D (For	m 990) 2011

01-23-12

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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. ► See separate instructions.



Name of the organization

Employer	identification	number
----------	----------------	--------

95-4453134

ISLAMIC RELIEF USA

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? X Yes No

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

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

3 Activities per Region. (1	ne loliowing Par	LI, III e o table ca	an De duplicated il additional space is i		1
(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
					-
EAST ASIA AND THE					
PACIFIC -	0	0	GRANTS TO RECIPIENTS		90,349.
BURADE (TNOLUDINO]			
EUROPE (INCLUDING ICELAND & GREENLAND)					
ICELAND & GREENDAND /	c	0	GRANTS TO RECIPIENTS		366,430.
	v	v			
MIDDLE EAST AND					
NORTH AFRICA -	c	0	GRANTS TO RECIPIENTS		11,909,077.
NORTH AMERICA					
(MEXICO AND CANADA,					
BUT NOT THE US)	0	0	GRANTS TO RECIPIENTS		269,187.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,	C	0	GRANTS TO RECIPIENTS		759,100.
SOUTH ASIA -					
AFGHANISTAN,			GRANTS TO RECIPIENTS		2,384,286.
BANGLADESH.		<u> </u>	GRANIS TO RECIFIENTS		2,001,200.
SUB-SAHARAN AFRICA -		1			
ANGOLA	C	0	GRANTS TO RECIPIENTS		18,579,843.
				RELIEF AID PURCHASES TO	
CENTRAL AMERICA AND				HAITIAN DISPLACED PERSON	
THE CARIBBEAN	c	0	PROGRAM SERVICES	CAMP	489.
3 a Sub-total	0	0			34,358,761.
b Total from continuation					
sheets to Part I	0	0 0			<u> </u>
c Totals (add lines 3a					
and 3b)	0	00			34,358,761.

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

Schedule F (Form 990) 2011

132071 01-23-12

Schedule F (Form 990) 2011		ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Grants and Othe recipient who rec	Grants and Other Assistance to Organizations or E recipient who received more than \$5,000. Check this t	ganizations or Entities C 000. Check this box if no	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. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000.	omplete if the or than \$5,000	ganization answered	l "Yes" to Form 90	90, Part IV, line 15, for	any
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	CHINA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	14 361	WIRE	o		
		TA AND THE						
			4 14	4,069.	WIRE	.0		
		EAST ASIA AND THE PACIFIC	MONTHLY STIPEND THAT PROVIDES SUPPORT TO	71,919.	WIRE	0.		
			ALBANIA - ORPHAN					
		EUROPE (INCLUDING ICELAND &	SPONSORSHIP: A MONTHLY STIPEND THAT					
		GREENLAND)	PROVIDES SUPPORT TO	80,399.	WIRE	0.		
			BOSNIA - QURBANI:					
		(INCLUDING						
		ICELAND & GREENLAND)	ORPHANS, REFUGEES, PEOPLE AFFECTED BY	18 874.	WIRE	0		
			BOSNIA - ORPHAN					
		EUROPE (INCLUDING	SPONSORSHIP: A					
		ICELAND & GREENLAND)	MONTHLY STIPEND THAT PROVIDES SUPPORT TO	124,637.	WIRE	0.		
			KOSOVO - QURBANI:					
		EUROPE (INCLUDING ICELAND &	FROVIDE WIDOWS, ORPHANS, REFUGEES,					
		GREENLAND)	PEOPLE AFFECTED BY	7,864.	WIRE	0.		
			KOSOVO - ORPHAN					
		EUROPE (INCLUDING ICELAND &	SFONSOKSHIF: A MONTHLY STIFEND THAT					
		GREENLAND)	PROVIDES SUPPORT TO	44,656,WIRE	WIRE	0.		
 Enter total number of the IRS, or for which t 	recipient organizatio the grantee or couns	ons listed above triat are l sel has provided a sectior	Enter total number or recipient organizations listed above that are recognized as chanties by the toteght country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	е когекди социку,	recognizeu as lax-e			σ
3 Enter total number of other organizations or entities	other organizations	or entities						102
132072 01-23-12	SEE PART V FOR	SEE PART V FOR COLUMN (D) AND COLUMN	UMN (H) DESCRIPTIONS 26	10			Sched	Schedule F (Form 990) 2011

ц. Ф	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation o	f Grants and Other	Continuation of Grants and Other Assistance to Organizations	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (Schedule F (Form 9	<u>90), Part II, line 1</u>		
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)
			TURKEY - EMERGENCY					
		EUROPE (INCLUDING	FOR EARTHQUAKE					
		ICELAND &	VICTIMS: TO					
		GREENLAND)	DISTRIBUTE FOOD	90,000.WIRE	4TRE	.0		
			EGYPT - QURBANI:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	82,335.1	WIRE	0.		
			EGYPT - RAMADAN FOOD					
			PACKAGES: PROVIDES					
		MIDDLE EAST AND	STAPLE FOOD PACKAGES					
		NORTH AFRICA	TO NEEDY FAMILIES	196,413.WIRE	WIRE	0		
			EGYPT - ORPHAN					
			SPONSORSHIP: A					
		MIDDLE EAST AND	MONTHLY STIPEND THAT					
		NORTH AFRICA	PROVIDES SUPPORT TO	33,412.6	WIRE	0.		
			EGYPT - FOOD SUPPLY					
			PROGRAM: PROVISION OF					
		MIDDLE EAST AND						
		NORTH AFRICA	NEEDY EGYPTIAN	98,842.	WIRE	.0	:	
			EGYPT - EARLY					
			INTERVENTION &					
		MIDDLE EAST AND	REHABILITATION					
		NORTH AFRICA	CENTER: A	642,622.	WIRE	0.		
			EGYPT - FAMILY					
			SPONSORSHIP: IMPROVE			_ ·		
		MIDDLE EAST AND	LIVING STANDARD OF					
		NORTH AFRICA		300 000	WIRE	.0		
			GAZA - EMERGENCY					
			SCHOOL FEEDING: FREE					
		MIDDLE EAST AND	BREAKFAST & LUNCH					
		NORTH AFRICA	PROGRAM FOR	500 000	WIRE	0		
			IRAQ - QURBANI:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	23,593,WIRE	WIRE	0		

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Schedule F (Form 990)	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation o	f Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 1)		
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)
		MIDDLE EAST AND	IRAQ - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES					
		NORTH AFRICA	TO NEEDY FAMILIES	6,367.WIRE	WIRE	0.		
			IRAQ - ORPHAN					
			SPONSORSHIP: A					
		MIDDLE EAST AND	MONTHLY STIPEND THAT					
		NORTH AFRICA	PROVIDES SUPPORT TO	253,598.WIRE	WIRE	0.		
			JORDAN - QURBANI:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	22,156.WIRE	WIRE	0.		
			JORDAN - RAMADAN FOOD					
			PACKAGES : PROVIDES					
		MIDDLE EAST AND	STAPLE FOOD PACKAGES					
		NORTH AFRICA	TO NEEDY FAMILIES	97,026.	WIRE	.0		
			JORDAN - ORPHAN					
			SPONSORSHIP: A					
		MIDDLE EAST AND	MONTHLY STIFEND THAT					
		NORTH AFRICA	PROVIDES SUPPORT TO	56,922.	WIRE	0		
			JORDAN - SYRIA					
			EMERGENCY ASSISTANCE					
		MIDDLE EAST AND	FOR SYRIA REFUGEES IN					
		NORTH AFRICA	JORDAN: FOOD PACKETS,	501,033.	WIRE	0		
			LEBANON - HADI &					
			QURBANI MEAT CANNING					
		MIDDLE EAST AND	2011: CAN, SHIP &					
		NORTH AFRICA	DISTRIBUTE CANNED	300,000.	WIRE	0		
			LEBANON - QURBANI:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	16.754.	WIRE	0.		
			LEBANON - RAMADAN					
			FOOD PACKAGES:					
		MIDDLE EAST AND	PROVIDES STAPLE FOOD					
		NORTH AFRICA	PACKAGES TO NEEDY	15,471,WIRE	WIRE	0.		

ц	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation of	f Grants and Other /	Continuation of Grants and Other Assistance to Organizations	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (Schedule F (Form 99	<u>30), Part II, line 1</u>)		
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)
			LEBANON - ORPHAN SPONSORSHIP: A					
		MIDDLE EAST AND	MONTHLY STIPEND THAT					
		NORTH AFRICA	PROVIDES SUPPORT TO	173,175.	WIRE	0.		
			LEBANON - SYRIA					
			EMERGENCY ASSISTANCE					
		MIDDLE EAST AND	FOR SYRIAN REFUGEES					
		NORTH AFRICA	IN LEBANON:	138,233.6	WIRE	0.		
			LIBYA - HEALTH AID:					
			ASSIST 6,000 INJURED					
		MIDDLE EAST AND	OR AGED THRU EXTERNAL					
		NORTH AFRICA	MEDICAL TEAMS.	250,000	WIRE	0.		
			WEST BANK - QURBANI:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	240,165.	WIRE	0.		
			WEST BANK - RAMADAN					
			FOOD PACKAGES:					
		MIDDLE EAST AND	PROVIDES STAPLE FOOD					
		NORTH AFRICA	PACKAGES TO NEEDY	122,524.	WIRE	0.		
			ISRAEL (GAZA & WEST					
			BANK) - ORPHAN					
		MIDDLE EAST AND	SPONSORSHIP: A					
		NORTH AFRICA	MONTHLY STIPEND THAT	1,121,147.	WIRE	0.		
			TUNISIA - RAMADAN					
			FOOD PACKAGES:					
		MIDDLE EAST AND	PROVIDES STAPLE FOOD					
		NORTH AFRICA	PACKAGES TO NEEDY	23,687.	WIRE	0		
			TUNISIA - LIBYA					
			HUMANITARIAN					
		MIDDLE EAST AND	INTERVENTION					
		NORTH AFRICA	REPATRIATION EGYPT	100,000.	WIRE	•0		
			FUNISIA - LIBYA	•				
			HUMANTTARIAN					
		MIDDLE EAST AND	INTERVENTION FOR					
		NORTH AFRICA	LIBYANS IN TUNISIA:	394,115.	WIRE	0		

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ц	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation of	f Grants and Other /	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (Schedule F (Form 99	0), Part II, line 1)		
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)
			TUNISIA - LIBYA		-			
			HUMANITARIAN					
		MIDDLE EAST AND	INTERVENTION IN					
		NORTH AFRICA	RAMADA & TATAOUINE	185,157.	WIRE	• 0		
			TUNISIA - THE RAMADA					
			PROJECT: CHILD					
		MIDDLE EAST AND	PROTECTION ACTIVITIES					
		NORTH AFRICA	FOR LIBYAN REFUGEE	297,405.	WIRE	0.		
	· · ·		WEST BANK - KIDNEY					-
			DIALYSIS UNIT AT					
		MIDDLE EAST AND	YATTA HOSPITAL PHASE					
		NORTH AFRICA	II B: PURCHASE 2	66,442.WIRE	WIRE	0.		
			WEST BANK - POOR					
			STUDENT RETURN TO					
		MIDDLE EAST AND	SCHOOL: ENABLE 3,700					
		NORTH AFRICA	ORPHAN STUDENTS AGED	81,864.1	WIRE	0.		
			WEST BANK - PROVIDING					
			ADEQUATE EDUCATION IN					
		MIDDLE EAST AND	THE WEST BANK:			<u></u>		
		NORTH AFRICA	IMPROVE 8 SCHOOLS IN	1 146 280	WIRE	•0		
			YEMEN - QURBANT:					
			PROVIDE WIDOWS,					
		MIDDLE EAST AND	ORPHANS, REFUGEES,					
		NORTH AFRICA	PEOPLE AFFECTED BY	15,215.	WIRE	0		
			YEMEN - RAMADAN FOOD				~	
			PACKAGES: PROVIDES					
		MIDDLE EAST AND	STAPLE FOOD PACKAGES					
		NORTH AFRICA		33,643.	WIRE	0		
			YEMEN – ORPHAN					
			SPONSORSHIP: A					
		MIDDLE EAST AND	MONTHLY STIFEND THAT					
		NORTH AFRICA	PROVIDES SUPPORT TO	77,129.	WIRE	0.		
			YEMEN - EMERGENCY					
			RESPONSE &					
		MIDDLE EAST AND	HUMANITARIAN SUPPORT					
		NORTH AFRICA	TO IDP'S: A ONE MONTH	100,548.	WIRE	0		

Schedule F (Form 990)	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation o	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	itions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line	(
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)
			LIBYA - HEALTH & NUTRITION GIK:					
		MIDDLE EAST AND	DONATIONS OF					
		NORTH AFRICA	PHARMACEUTICALS FOR	.0		1,637,187.	1.637,187. PHARMACEUTICALS	FMV - WHOLESALE
			JORDAN - HEALTH &					
			NUTRITION GIK:					
		MIDDLE EAST AND	DONATIONS OF					
		NORTH AFRICA	PHARMACEUTICALS FOR	0.		1,723,072.	723,072.PHARMACEUTICALS	FMV - WHOLESALE
			LIBYA – НЕАLTH &					
			NUTRITION GIK:					
		MIDDLE EAST AND	DONATIONS OF MEDICAL					
		NORTH AFRICA	SUPPLIES FOR STOCKING	• 0		30,540.	30,540.MEDICAL SUPPLIES	FMV - WHOLESALE
			JORDAN - HEALTH &	<u> </u>				
			NUTRITION GIK:					
		MIDDLE EAST AND	DONATIONS OF MEDICAL					
		NORTH AFRICA	SUPPLIES FOR STOCKING	0.		31,038.	MEDICAL SUPPLIES	FMV - WHOLESALE
		R	WEST BANK - EMERGENCY				MEDICAL SUPPLIES,	
			& RELIEF GIK:				NEWBORN SUPPLIES,	
		MIDDLE EAST AND	PROVIDING RELIEF AID				SCHOOL KITS,	
		NORTH AFRICA	TO CHILDREN &	0		623,622.	CHILDRENS	FMV - WHOLESALE
			EGYPT - EMERGENCY &				HYGEINE KITS,	
			RELIEF GIK: PROVIDING				EMERGENCY MEDICAL	
		MIDDLE EAST AND	POST-REVOLUTIONARY				SUPPLIES,	
		NORTH AFRICA	RELIEF AID TO	0.		150,343.	150,343.BLANKETS &	FMV - WHOLESALE
			CHECHNYA - QURBANI:				-	
			PROVIDE WIDOWS,					
			ORPHANS, REFUGEES,					
		NORTH AMERICA	PEOPLE AFFECTED BY	32,312.	WIRE	0.		
			CHECHNYA - RAMADAN					
			FOOD PACKAGES:					
			PROVIDES STAPLE FOOD					
		NORTH AMERICA	PACKAGES TO NEEDY	6,415.	WIRE	0.		
			CHECHNYA - ORPHAN					
			SPONSORSHIP: A					
			MONTHLY STIPEND THAT					
		NORTH AMERICA	PROVIDES SUPPORT TO	230,461.WIRE	WIRE	0	· · · · · · · · · · · · · · · · · · ·	

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Schedule F (Form 990)	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part II Continuation o	of Grants and Other /	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (Schedule F (Form 9	00), Part II, line	()	
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)
			COLUMBIA - EMERGENCY					
			& RELIEF GIK: RELIEF					
			FROM FLOODING FROM				CLOTHING,	
		SOUTH AMERICA	ABOVE-AVERAGE &	0		759,100.	BEDDING, BLANKETS	EMV - WHOLESALE
			AFGHANISTAN -					
			QURBANI: PROVIDE					
			WIDOWS, ORPHANS,					
		SOUTH ASIA	REFUGEES PEOPLE	71,325.0	WIRE	0.		
			AFGHANISTAN - RAMADAN					
			FOOD FACKAGES:					
			PROVIDES STAPLE FOOD					
		SOUTH ASIA	PACKAGES TO NEEDY	30,203.0	WIRE	.0		
			AFGHANISTAN - ORPHAN					
			SPONSORSHIP: A					
			MONTHLY STIPEND THAT					
		SOUTH ASIA	PROVIDES SUPPORT TO	112,199.	WIRE	0.		
			BANGLADESH - QURBANI:					
			PROVIDE WIDOWS,					
			ORPHANS, REFUGEES,					
		SOUTH ASIA	PEOPLE AFFECTED BY	33,030.WIRE	VIRE	0.		
			BANGLADESH - RAMADAN					
			FOOD PACKAGES:					
			PROVIDES STAPLE FOOD					
		SOUTH ASIA	PACKAGES TO NEEDY	13,285.4	WIRE	0.		
			BANGLADESH - ORPHAN					
			SPONSORSHIP: A					
			MONTHLY STIPEND THAT					
		SOUTH ASIA	ä	349,304.	WIRE	0.		
			INDIA - QURBANI:					
			PROVIDE WIDOWS,					
			ORPHANS, REFUGEES,					
		SOUTH ASIA	PEOPLE AFFECTED BY	129,383.	WIRE	0.		
			INDIA - RAMADAN FOOD					
			PACKAGES: PROVIDES					
		SOUTH ASIA	TO NEEDY FAMILIES	16,334.WIRE	VIRE	0	-	

The of organization and Eu(if applicable) (c) Plagfort and Eu(if applicable) (c) Plagfort grant (c) Amount (f) Amount (f) Amount The of organization and Eu(if applicable) (c) Plagfort and Eu(if applicable) (c) Plagfort grant (c) Plagfort grant (c) Plagfort grant (c) Plagfort grant (c) Plagfort grant (c) Plagfort grant (c) Amount (f) Amount The plagfort grant Economic striptory Economic striptory (c) Plagfort grant (c) Amount (f) Amount Plagfort Economics Economics (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort Plagfort Economics Economics (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort Plagfort Economics Economics (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort Plagfort Economics Economics (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort Plagfort Economics Economics (c) Plagfort (c) Plagfort (c) Plagfort (c) Plagfort Plagfort Economics	are regentration [0) RS cost section (0) Region (0) Purprese of grant. (0) Amount (0) Amount of grant. (0) Menserion are regenteration are (1) (1) graphical(a) (a) RS cost section are (a) Amount of grant. (b) Amount of grant.	Schedule F (Form 990) Part II Continuation of	ISLAMIC	<u>ISLAMIC RELIEF USA</u> nd Other Assistance to Organiz:	ations or Entities Outside the	United States. (95-4453134 Schedule F (Form 990)	34 30). Part II. line 1)		Page 2
INDIA - ORPHAN INDIA - ORPHAN SPONSORSHIP: A KONWHLX STIPEND THAT PROVIDES SUPPORT TO PAKISTAN - APPNA REMARTING: SUTTOR: A PAKISTAN - APPNA REMARTING: PAKING SALSTAN - QURBANI: PAKISTAN - QURBANI: PAKISTAN - QURBANI: PAKISTAN - QURBANI: PROVIDE WIDOWS, ORPHANS, RELAFED TO PAKISTAN - APPNA PROVIDE MIDOWS, ORPHANS, RELAFED TO PROVIDE STARL - APADAM PROVIDE STARL - APADAM PROVIDES STARLAFED BY PAKISTAN - ARADAM PROVIDES STARLAFED DY PROVIDES STARLAFED DY PROVIDES STARLAFED DY PROVIDES STARLAFED TO PAKISTAN - ARADAM PROVIDES STARLAFED DY PROVIDES STARLAFED TO PROVIDES STARLE FOOD PAKISTAN - ARADAM PROVIDES STARLE RODD PAKISTAN - ARADAM PROVIDES STARLE THAR PROVIDES STARLE A PROVIDES STARLE A PROVIDES STARLE POOD PROVIDES STARLE A PROVIDES STARLE A PROVIDES SUPPORT TO PROVIDES SUPPORT TO PROVIDES SUFFORT THAR PROVIDES WIDONG	INDIA - ORPHAN INDIA - ORPHAN FONSORSHIF: A LOWTHLY STIPEND THAT KOWTHLY STIPEND THAT 199,616, WIRE PAKUSTNA - APPUAL 199,616, WIRE PAKUSTNA - APPUAL 29,512, CHECK PAKUSTNA - APPUAL 29,512, CHECK PAKUSTNA - APPUAL 29,512, CHECK PAKUSTNA - OURBANI: 29,512, CHECK PAKUSTNA - OURBANI: 201,036, WIRE PAKUSTNA - AURDAN 201,036, WIRE PAKUSTNA - ANADAN 227,036, WIRE PAKUSTNA - ANADAN 227,036, WIRE PAKUSTNA - ANADAN 29,134, WIRE PAKUSTNA - ANADAN 29,134, WIRE PAKUSTNA - ANADAN 29,134, WIRE PAKUSTNA - ONERDY 29,134, WIRE PAKUSTNA - ANADAN 197,728 PAKUSTNA - ANADAN 197,728 PAKUSTNA - ORPHAN 197,728 PAKUSTNA - ORPHAN 197,728 PAKUSTNA - ORPHAN 197,728 PAKUSTNA - ORPHAN<	e	(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)
MONTHLY STIPEND THAT 199, 616, WIRE PROVIDES SUPPORT TO 199, 616, WIRE PAKISTAM - APFNA ERATTTIS CLINIC INTITTATURE CLINIC INTITTATURE CLINIC INTITTATURE CLINIC INTITTATURE IEPATTIS CLINIC INTITTATURE INTITTATURE CLINIC 29,512, CHECK EXENSES RELAYED TO 29,512, CHECK EXCOLD AND CONTRANT 27,036, WIRE PROVIDE STRETCHED BY 227,036, WIRE PROVIDE STRETCHED BY 227,036, WIRE PROVIDE STRETCHED BY 227,036, WIRE PROVIDE STRETCHED BY 29,134, WIRE PROVIDE STRETCHED BY 790,784, WIRE PROVIDES STRETCHED BY 790,784, WIRE PROVIDE MIDOWS, 197,728, WIRE STI LANKA - ORPHANT 197,728, WIRE <t< th=""><th>MONTHLY STTPEND THAT 199,616,WIRG PROVIDES SUPPORT TO 199,616,WIRG PAKISTNA - APPNA 199,616,WIRG PENTITIS CLINIC HUTTTATUUES SUPPORT TO HERMITTS CLINIC HUTTTATUUES PAXING HERMITTS CLINIC HINTTATUUES PAXING HERMITTS CLINIC HINTTATUUES PAXING HERMITTS CLINIC 29,512,CHECK PAKISTNA - QURBANI: 29,512,CHECK PAKISTNA - OURBANI: 227,036,WIRE PAKISTNA - PANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 791,728,WIRE PAKISTNA - ONEDA 197,728,WIRE PAKI</th><th></th><th></th><th></th><th>- DRS</th><th></th><th></th><th></th><th></th><th></th></t<>	MONTHLY STTPEND THAT 199,616,WIRG PROVIDES SUPPORT TO 199,616,WIRG PAKISTNA - APPNA 199,616,WIRG PENTITIS CLINIC HUTTTATUUES SUPPORT TO HERMITTS CLINIC HUTTTATUUES PAXING HERMITTS CLINIC HINTTATUUES PAXING HERMITTS CLINIC HINTTATUUES PAXING HERMITTS CLINIC 29,512,CHECK PAKISTNA - QURBANI: 29,512,CHECK PAKISTNA - OURBANI: 227,036,WIRE PAKISTNA - PANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 227,036,WIRE PAKISTNA - NANDAM 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 99,134,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 790,784,WIRE PAKISTNA - ONEDY 791,728,WIRE PAKISTNA - ONEDA 197,728,WIRE PAKI				- DRS					
PROVIDES SUPPORT TO 199, 616, WIRE PAKISTAN - APRNA IEPATTIC INTITIATURE CLINIC INTITIATURE CLINIC INTITIATURE CLINIC INTITIATURE CLINIC INTITIATURE PARIA 29, 512 CHECK PAKISTAN - QURBANI: 29, 512 CHECK PAKISTAN - QURBANI: 20, 036, WIRE PAKISTAN - RAMADAN 227, 036, WIRE PODPLA AFFECTED BY 227, 036, WIRE PAKISTAN - RAMADAN 99, 134, WIRE PAKISTAN - RAMADAN 99, 134, WIRE PAKISTAN - ORDEDY 99, 134, WIRE PAKISTAN - ORDENT 790, 784, WIRE PAKISTAN - ORDENT 790, 784, WIRE PAKISTAN - ORDENT 790, 784, WIRE PAKISTAN - ORDENT 197, 728, WIRE PANTHY STIPEND THAT	PROVIDES SUPPORT TO 199, 616, WIRE PAKISTAM - APPNA 199, 616, WIRE PAKISTAM - APPNA 29,512, CHECK HERATTYE CLINIC INITTATVEL PAXING EXPENSES RELATED TO 29,512, CHECK EXKISTAM - QURBANLI PROVIDE UDOKS PAKISTAM - QURBANLI 29,512, CHECK PAKISTAM - QURBANLI PROVIDE TOOK PAKISTAM - QURBANLI 227,036, WIRE PROVIDE AFFECTED BY 227,036, WIRE PROVIDES STABLE FOOD 99,134, WIRE PAKISTAM - ORBERY 790,784, WIRE PAKISTAM - ORBERY 790,784, WIRE PAKISTAM - ORBERY 790,784, WIRE PROVIDES STAPLE FOOD 99,134, WIRE PROVIDE STAPLE 790,784 PROVIDES STAPLE FOOD 99,134, WIRE PROVIDES STAPLE FOOD 99,134, WIRE PROVIDES THAU 197,728, WIRE PROVIDE MIDONS 197,728, WIRE PROVIDE MIDONS 99,137, W				MONTHLY STIPEND THAT					
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PROVIDE WIDOWS, ORPHANS, REFUGEDS, PEOPLE AFFECTED BY RENYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES STAPLE FOOD PACKAGES ON NEEDY FAMILLES TO NEEDY FAMILLES TO NEEDY FAMILLES NENYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT FROVIDES SUPPORT TO 9, 143, WIRE									
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SPONSORSHIP: A MONTHLY STIFEND THAT PROVIDES SUPPORT TO 94, 258, WIRE				1					
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PROVIDES SUPPORT TO 94,258.WIRE			SUB-SAHARAN	MONTHLY STIFEND THAT					
			AFRICA	PROVIDES SUPPORT TO	94.258.	WIRE	0.1		

Schedule F (Form 990) Part II Continuation of	ISLAMIC	ISLAMIC RELIEF USA Grante and Other Assistance to Organizations	95-4453134 strians ar Entities Outside the United States (Schedule F (Form 990) Part II line 1)	Inited States (95-4453134 Schedule F (Form 990)	3 <u>4</u> 30. Part II line 1)		Page 2
me of organization	(b) IRS code section and EIN (if applicable)	(c) Region		(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 ÀFRICA	KENYA - DROUGHT EMERGENCY: INTEGRATED EMERGENCY RESPONSE FOR THE DROUGHT	285 823	WIRE	0		
		SUB-SAHARAN	KENYA - INTEGRATED RESPONSE TO COMMUNITIES AFFECTED			c		
		AFRICA SUB-SAHARAN	MALAWI - QURBANI: MALAWI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, DEFORTE APPERMENT BV	ал <u>ти</u> с. с. с	а ц ч ч ч ч			
		SUB-SAHARAN AFRICA	MALAWI - RAMADAN FOOD PACKAGES: FROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	862.				
		SUB - SAHARAN AFRTCA	MALI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PROPLE AFFECTED BY	824	BALLIN	0		
		SUB-SAHARAN SUB-SAHARAN AFRICA	MALT - RAMADAN FOOD PACKAGES: FROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES		MIRB .	> 0		
		SUBSAHARAN AFRICA	MALI - ORFHAN SPONSORSHIF: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	.334.	MIRE	0		
		SUB- SAHARAN AFRICA	MALI - WATSAN: ACCESS TO CLEAN DRINKING WATER, BUILDING SANITATION	257,487.0	WIRE	0		
		SUB-SAHARAN AFRICA	NIGER - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PROPLE AFFECTED BY	52,519,WIRE	AIRE	0		

Schedule F (Form 990)	ISLAMIC	ISLAMIC RELIEF USA			95-4453134	34		Page 2
Part If Continuation of	f Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States,	(Schedule F (Form 9)	90), Part II, line 1)		
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)
			NIGER - RAMADAN FOOD PACKAGES: PROVIDES					
		SUB-SAHARAN	STAPLE FOOD PACKAGES			<u></u>		
		AFRICA	TO NEEDY FAMILIES	10 927.	WIRE	°0		
			NIGER - ORPHAN					
			SPONSORSHIP: A					
		SUB-SAHARAN	MONTHLY STIFEND THAT					
		AFRICA	PROVIDES SUPPORT TO	42 212	WIRE	.0		
			SOMALIA - QURBANI:					
			PROVIDE WIDOWS,					
		SUB-SAHARAN	ORPHANS, REFUGEES,					
		AFRICA	PEOPLE AFFECTED BY	205,153.WIRE	WIRE	0.		
			SOMALIA - RAMADAN					
			FOOD PACKAGES:					
		SUB-SAHARAN	PROVIDES STAPLE FOOD					
		AFRICA	PACKAGES TO NEEDY	10,251.	WIRE	0.		
	· · · · ·		SOMALIA - ORPHAN					
	· · · ·		SPONSORSHIP: A					
		SUB-SAHARAN	MONTHLY STIFEND THAT					
		AFRICA	PROVIDES SUPPORT TO	113 923.	WIRE	0.		
			SOMALIA - EMERGENCY					
			PROJECT: AN EMERGENCY					
		SUB-SAHARAN	WATER & SANITATION					
		AFRICA	PROJECT & LIVELIHOOD	2,970,695.	WIRE	0		
			SOMALIA - INTEGRATED					
			RESPONSE TO					
		SUB-SAHARAN	COMMUNITIES AFFECTED					
		AFRICA	BY DROUGHT: ASSIST	2,598,523.	WIRE	0.		
			SOUTH AFRICA -					
			QURBANI: PROVIDE					
		SUB-SAHARAN	WIDOWS, ORPHANS,					
		AFRICA	REFUGEES, PEOPLE	6 770.	WIRE	•0		
			SOUTH AFRICA - ORPHAN		~			
			SPONSORSHIP: A			-		
		SUB-SAHARAN	MONTHLY STIFEND THAT					
		AFRICA	PROVIDES SUPPORT TO	36,173,WIRE	WIRE	0.		

Part II Continuation of	ISLAMIC 1 Grants and Other A	(Form 990) ISLAMIC RELIEF USA Continuation of Grants and Other Assistance to Organizations	95-4453134 tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (95-4453134 Schedule F (Form 990)	34 90), Part II, line 1		Page 2
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)
			SUDAN - QURBANI 2011: PROVIDE 1,021					
	S <u> </u>	SUB-SAHARAN AFRICA	QURBANI'S TO ASSIST 6,126 PEOPLE IN NORTH	95,835.0	WIRE	0.		
			ZIMBABWE - QURBANI:					
			PROVIDE WIDOWS,		,			
	<u>0</u>	SUBSAHARAN	ORPHANS, REFUGEES,					
	V	AFRICA	PEOPLE AFFECTED BY	38,295.4	WIRE	0.[
			SOMALIA – НЕАLTH &			-		
			NUTRITION GIK:					
		SUB-SAHARAN	DONATIONS OF					
	A	AFRICA	PHARMACEUTICALS FOR	0.		1,723,162.F	.723.162. PHARMACEUTICALS	FMV - WHOLESALE
			GUINEA – HEALTH &					I .
			NUTRITION GIK:					
		SUB-SAHARAN	DONATIONS OF					
		AFRICA	PHARMACEUTICALS FOR	0.		1,724,964.P	PHARMACEUTICALS	FMV - WHOLESALE
			SIERRA LEONE - HEALTH					
	· · · · · · · · · · · · · · · · · · ·		& NUTRITION GIK:					
	<u>o</u>	SUB-SAHARAN	DONATIONS OF					
		AFRICA	PHARMACEUTICALS FOR	0.		1,723,337.P	PHARMACEUTICALS	FMV - WHOLESALE
			MAURITANIA - HEALTH &					
			NUTRITION GIK;					
	S	SUB-SAHARAN	DONATIONS OF					
		AFRICA	PHARMACEUTICALS FOR	0.		1,720,024.P	1.720.024.PHARMACEUTICALS	FMV - WHOLESALE
			NIGER - HEALTH &					1
			NUTRITION GIK:					
	<u>.</u>	SUB-SAHARAN	DONATIONS OF					
		AFRICA	PHARMACEUTICALS FOR	0.		1,628,019.F	PHARMACEUTICALS	FMV - WHOLESALE
	-		SOMALIA - HEALTH &					
			NUTRITION GIK:					
		SUB-SAHARAN	DONATIONS OF MEDICAL					
		AFRICA	SUPPLIES FOR STOCKING	0		30,847.M	30,847.MEDICAL SUPPLIES	FMV - WHOLESALE
			GUINEA - HEALTH &					
			NUTRITION GIK:					
		SUB-SAHARAN	DONATIONS OF MEDICAL					
	4	AFRICA	SUPPLIES FOR STOCKING	.0		. 30,858.M	30,858.MEDICAL SUPPLIES	<u>PMV - WHOLESALE</u>

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MALT - HEALTH & MALTANS OF MEDICAL SUPPLIES PARTONS OF MEDICAL			AFKLCA SUB-SAHARAN	NUCREALES FOR STOCAING NUCRETION GIK: DONATIONS OF MEDICAL SUIDDLIFS FOR STOCATING				MENT CAL SUFFLIES	
			SUB-SAHARAN A FRITCA	MALI - HEALTH & NUTRITION GIK: DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	c			MEDICAL SUPPLITES	

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
	IV, line 16.	(g) Description of non-cash assistance					Schedu
95-4453134	o Form 990, Part	(f) Amount of non-cash assistance					
95-	he organization answered "Yes" t	(e) Manner of cash disbursement					
	tes. Complete if tl	(d) Amount of cash grant	 2	 	-		
	e the United Sta d.	(c) Number of recipients					
ISLAMIC RELIEF USA	e to Individuals Outsid Iditional space is neede	(b) Region					
Schedule F (Form 990) 2011 ISI	r Assista olicated if	(a) Type of grant or assistance					

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Par	t 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	x No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	x 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	x 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	x 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	x No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	No No

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Part V Supplemental Information	<u></u>
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (account (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional infor	ting method); and Part III, colur
SCHEDULE F. PART I. LINE 2: PROCEDURE FOR MONITORING THE USE OF GRANT	
SCHEDULE F, PART I, LINE 2: PROCEDURE FOR MONITORING THE USE OF GRANT	
FUNDS OUTSIDE THE UNITED STATES:	
1. ISLAMIC RELIEF USA (IRUSA) PREPARES THE GRANT AGREEMENT, WHICH	
INCLUDES BUDGET, REPORTING SCHEDULE, AND PAYMENT SCHEDULE. IRUSA LEGAL	
COUNSEL REVIEWS THE GRANT AGREEMENTS PRIOR TO EXECUTION.	
2. IRUSA REQUIRES THAT ALL GRANTEES CONDUCT APPROPRIATE ANTI-TERRORISM	
SCREENINGS AND COMPLY WITH ALL APPLICABLE SANCTIONS AND LAWS. IRUSA ALSO	
CONDUCTS APPROPRIATE ANTI-TERRORISM SCREENINGS AS A REQUIREMENT FOR THE	
RELEASE OF GRANT FUNDS.	
3, PER REPORTING SCHEDULE IN SIGNED GRANT AGREEMENT, PERIODIC REPORTS	
SCHEDULED ACCORDING TO THE PROJECT DURATION WILL BE SENT BY THE STAFF	
CARRYING OUT THE FUNDED PROJECT.	
4. REPORTS CONSIST OF PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS.	
5. 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 REVIEWS 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.	
6. IRUSA CONDUCTS FIELD AUDITS OF SELECTED GRANTEES EACH YEAR TO ENSURE	
APPROPRIATE EXPENDITURES OF GRANT FUNDING.	
7. 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	Schedule F (Form 990) 20
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amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acc		art III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	information.	
CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT.		
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 TO THE GRANTEE FOR A REFUND		
OF SUCH AMOUNT IN FULL TO IRUSA.		
9. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS		
TO THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.		
TO THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.		
PART II, COLUMNS (D) AND (H):	· ·	
REGION: EAST ASIA AND THE PACIFIC		
REGION: EAST ASTA AND THE FROME		
(D) PURPOSE OF GRANT: CHINA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: EAST ASIA AND THE PACIFIC		
(D) PURPOSE OF GRANT: INDONESIA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
	····	
REGION: EAST ASIA AND THE PACIFIC		-
(D) PURPOSE OF GRANT: INDONESIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: ALBANIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND	Schedule F (Fo	rm 9901 201
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amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acc		art III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	information.	
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
THAT PROVIDES SUPFORT TO ORTHANS FOR ROUSING, SCHOOL & MEDICAL BARBACID.		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) DEPOST OF OF WE BOOKED OVERANT, DEOVERE WIDOWS OF WANG		
(D) PURPOSE OF GRANT: BOSNIA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: BOSNIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: KOSOVO - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
KEPOGES, FROMER REPECTED DI DIONOMIR & THE CHARME FOOR FOLODATION MILL		
QURBANI/UDHIYA MEAT,		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
REGION: SOROFE (INCLUDING ICEDIAND & GRIENDAND)		
(D) PURPOSE OF GRANT: KOSOVO - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES,		
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)		
(D) PURPOSE OF GRANT: TURKEY - EMERGENCY FOR EARTHQUAKE VICTIMS: TO	<u>.</u>	
DISTRIBUTE FOOD BASKETS FOR SCHOOL CHILDREN, WINTER CLOTHING FOR		
CHILDREN, & HYGIENE KITS TO FAMILIES		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - OURBANI: PROVIDE WIDOWS, ORPHANS,		
(D) PORPOSE OF GRAVE: EGTET - OORDANT: PROVIDE WIDOWD, ORTHIND,	Schedule F (Fo	rm 990) 2011
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional in	nformation.	
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		~~
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - FOOD SUPPLY PROGRAM: PROVISION OF FOOD		
RATIONS TO 2,200 NEEDY EGYPTIAN FAMILIES FOR 2 MONTHS.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - EARLY INTERVENTION & REHABILITATION		
CENTER: A MULTI-DISCIPLINARY CENTER FOR DISABLED CHILDREN W/ MENTAL,		
VISUAL, HEARING, MOTOR, & MULTIPLE DISABILITIES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: EGYPT - FAMILY SPONSORSHIP: IMPROVE LIVING		
STANDARD OF 150 FAMILIES IN AYYAT, SIXTH OF OCTOBER & HELWAN W/ BASIC		
NEEDS & INCOME GENERATION ACTIVITIES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: GAZA - EMERGENCY SCHOOL FEEDING: FREE BREAKFAST &		
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amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acco		in, colun
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional in	normation.	
LUNCH PROGRAM FOR MALNOURISHED STUDENTS IN GAZA ELEMENTARY SCHOOLS.		
REGION: MIDDLE EAST AND NORTH AFRICA		
	· · · · · · · · · · · · · · · · · · ·	
(D) PURPOSE OF GRANT: IRAQ - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES,		
PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: IRAQ - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD		
PACKAGES TO NEEDY FAMILIES DURING RAMADAN.	<u>.</u>	
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: IRAQ - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
(b) Forebon of other, and other stonoonship in home set and		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: JORDAN - QURBANI: PROVIDE WIDOWS, ORPHANS		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: MIDDLE EAST AND NORTH AFRICA		
MOTOR, HIDDE BADI AND NORTH MATCH		
(D) PURPOSE OF GRANT: JORDAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
<u></u>		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: JORDAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: JORDAN - SYRIA EMERGENCY ASSISTANCE FOR SYRIA		
REFUGEES IN JORDAN: FOOD PACKETS, BUTANE, KEROSENE & 2 MOS RENT ALLOWANCE		
TO 5 500 OVERAN DEFICEER IN TOPRAN		
TO 5,500 SYRIAN REFUGEES IN JORDAN.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LEBANON - HADI & QURBANI MEAT CANNING 2011: CAN		
SHIP & DISTRIBUTE CANNED MEAT TO PALESTINIAN REFUGEES IN LEBANON (3		
CONTAINERS) & JORDAN (1 CONTAINER). MEAT IS DONATED BY THE ISLAMIC		
DEVELOPMENT BANK.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LEBANON - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH	_	
QURBANI/UDHIYA MEAT.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LEBANON - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LEBANON - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDED GUDDORT TO OPDUANG FOR HOUSTNG SCHOOL & MEDICAL FYDENGES		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LEBANON - SYRIA EMERGENCY ASSISTANCE FOR SYRIAN	Schedule F (Fo	
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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.
REFUGEES IN LEBANON: DISTRIBUTE FOOD, WATER, CLOTHING, MEDICAL & HYGIENE
THING NO DIGDIAGED OVETANG IN AVVAD
ITEMS TO DISPLACED SYRIANS IN AKKAR.
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: LIBYA - HEALTH AID: ASSIST 6,000 INJURED OR AGED
THRU EXTERNAL MEDICAL TEAMS, ESSENTIAL DRUGS, MEDICAL SUPPLIES /EQUIPMENT
& 2 AMBULANCES IN BENGHAZI & TOBRUK.
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: WEST BANK - QURBANI: PROVIDE WIDOWS, ORPHANS,
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH
QURBANI/UDHIYA MEAT.
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: WEST BANK - RAMADAN FOOD PACKAGES: PROVIDES STAPLE
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT; ISRAEL (GAZA & WEST BANK) - ORPHAN SPONSORSHIP: A
MONTHLY STIPEND THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL &
MEDICAL EXPENSES.
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: TUNISIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.
REGION: MIDDLE EAST AND NORTH AFRICA
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	nation required by Part I, line 2 (monitoring of funds); Part I, line		
	res per region); Part II, line 1 (accounting method); Part III (acco		t III, columi
(c) (estimated number of recipients), as	applicable. Also complete this part to provide any additional in	itormation.	
(D) PURPOSE OF GRANT: TUNISIA - LIBYA H	IUMANITARIAN INTERVENTION		
REPATRIATION EGYPT WORK: RETURN EGYPT W	WORKERS WHO FLED LIBYA INTO		
TUNISIA, AS A RESULT OF THE LIBYA CRIS	S. BACK TO EGYPT.		
REGION: MIDDLE EAST AND NORTH AFRICA			
(D) PURPOSE OF GRANT: TUNISIA - LIBYA H	IUMANITARIAN INTERVENTION FOR		
LIBYANS IN TUNISIA: PROVISION OF FOOD B	PACKS & HYGIENE KITS TO LIBYAN		
REFUGEE FAMILIES & THEIR TUNISIAN HOSTS	3.	<u></u>	
REGION: MIDDLE EAST AND NORTH AFRICA			
(D) PURPOSE OF GRANT: TUNISIA - LIBYA H	IUMANITARIAN INTERVENTION IN		
RAMADA & TATAOUINE REFUGEE CAMPS: DISTR	RIBUTED FOOD PACKS, BABY KITS &		
HYGIENE KITS TO 4,116 FAMILIES OF LIBY?	NN REFUGEES.		
REGION: MIDDLE EAST AND NORTH AFRICA			
(D) PURPOSE OF GRANT: TUNISIA - THE RAN	IADA PROTECTO CHILD PROTECTION		
(b) Foreods of Grave, Tourbing The Mar			
ACTIVITIES FOR LIBYAN REFUGEE CHILDREN	PROVIDING EDUCATION &		
EXTRA-CURRICULAR ACTIVITIES.			
BAIRA-CORRICODAR ACTIVITIES.			
REGION: MIDDLE EAST AND NORTH AFRICA			
MOLON. MIDDLE MAY IND NORTH MADE			
(D) PURPOSE OF GRANT: WEST BANK - KIDNE	Y DIALYSIS UNIT AT YATTA HOSPITAL		
PHASE II B: PURCHASE 2 KIDNEY DIALYSIS	MACHINES 2 HEMODIALYSIS CHAIRS		
Indi ii <u>b.</u> Ionomice i <u>kibnit bindioit</u>	<u> </u>		
FOR HEPATITIS B / C PATIENTS.			
REGION: MIDDLE EAST AND NORTH AFRICA			···
(D) PURPOSE OF GRANT: WEST BANK - POOR	STUDENT RETURN TO SCHOOL: ENABLE		
12, IONION OF CAMAR, MAST DAWN TOON			
3,700 ORPHAN STUDENTS AGED 6 - 14 TO F	ETURN TO SCHOOL BY PROVIDING THEM	0.1 . 1.1	- 0001 00 :
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional		ar in, column
W/ SCHOOL BAGS & STATIONARY.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: WEST BANK - PROVIDING ADEQUATE EDUCATION IN THE		
WEST BANK: IMPROVE 8 SCHOOLS IN 3 DISTRICTS AIDING 2,013 STUDENTS & 114		
TEACHERS.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: YEMEN - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: YEMEN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE	<u> </u>	
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: MIDDLE EAST AND NORTH AFRICA		.
(D) PURPOSE OF GRANT: YEMEN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
	_ • - • - •	
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: YEMEN - EMERGENCY RESPONSE & HUMANITARIAN SUPPORT		
TO IDP'S: A ONE MONTH RATION OF FOOD & HYGIENE KITS FOR 1,050 FAMILIES		
PLUS COMMUNITY KITCHENS FOR 4 SCHOOLS.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: LIBYA - HEALTH & NUTRITION GIK: DONATIONS OF		
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amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (ac		art III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additiona	l information.	·····
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: JORDAN - HEALTH & NUTRITION GIK: DONATIONS OF		
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
	<u></u>	
(D) PURPOSE OF GRANT: LIBYA - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS ATLMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
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REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: JORDAN - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: MIDDLE EAST AND NORTH AFRICA		
(D) PURPOSE OF GRANT: WEST BANK - EMERGENCY & RELIEF GIK: PROVIDING		
RELIEF AID TO CHILDREN & HOSPITAL SUPPLIES TO PATIENTS IN THE WEST BANK		
WHERE THESE ITEMS ARE LACKING.		
(H) DESCRIPTION OF NON-CASH ASSISTANCE: MEDICAL SUPPLIES, NEWBORN		
SUPPLIES, SCHOOL KITS, CHILDRENS SUPPLIES, MEDICAL SUPPLIES, WHEELCHAIRS,		
DEFERING, BERGER RELO, CHERDRENG OFFICIES, MICHAELORING,		×
HYGEINE KITS, QUILTS, COTTON BLANKETS, TOYS		
DECTON. WIDDLE EACH AND MODEL AFETOA		
REGION: MIDDLE EAST AND NORTH AFRICA 132075 01-23-12	Schedule F (For	m 990) 2011

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(c) (estimated number of recipients), as applicable	• •			
	DE GIV. DROW	THA		
(D) PURPOSE OF GRANT: EGYPT - EMERGENCY & RELI	EF GIK: FROVI	DING		
COST-REVOLUTIONARY RELIEF AID TO CHILDREN & HO	SPITAL SUPPLI	ES TO PATIENTS		
IN EGYPT WHERE THESE ITEMS ARE LACKING.				
(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGEIN	<u>e kits, emerc</u>	ENCY MEDICAL		
SUPPLIES, BLANKETS & QUILTS, NEWBORN SUPPLIES,	SCHOOL SUPPI	IES, CHILDRENS		
CLOTHING, AND WHEELCHAIRS				
REGION: NORTH AMERICA				
(D) PURPOSE OF GRANT: CHECHNYA - QURBANI: PROV				
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GE	NERAL POOR PO	PULATION WITH		
QURBANI/UDHIYA MEAT.				
·····				
REGION: NORTH AMERICA				
(D) PURPOSE OF GRANT: CHECHNYA - RAMADAN FOOD	PACKAGES: PRO	WIDES_STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN				
	•			
REGION: NORTH AMERICA				
(D) PURPOSE OF GRANT: CHECHNYA - ORPHAN SPONSO	RSHIP: A MONT	HLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, :	SCHOOL & MEDI	CAL EXPENSES.		
REGION: SOUTH AMERICA				
(D) PURPOSE OF GRANT: COLUMBIA - EMERGENCY & R	ELIEF GIK: RH	LIEF FROM		
FLOODING FROM ABOVE-AVERAGE & SUSTAINED HEAVY 1	RAIN SINCE 3/	2010.		
REGION: SOUTH ASIA				
(D) PURPOSE OF GRANT: AFGHANISTAN - QURBANI: P	ROVIDE WIDOWS	, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GE	NERAL POOR PO	PULATION WITH		
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Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, lin		
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acc (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional i		an in, column
QURBANI/UDHIYA MEAT.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: AFGHANISTAN - RAMADAN FOOD PACKAGES: PROVIDES		
STAPLE FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.	-	
		_
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: AFGHANISTAN - ORPHAN SPONSORSHIP: A MONTHLY		
STIPEND THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL		
EXPENSES.	.	
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: BANGLADESH - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.	<i>,.</i>	
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: BANGLADESH - RAMADAN FOOD PACKAGES: PROVIDES		
STAPLE FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: BANGLADESH - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: INDIA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
132075 01-23-12	Schedule F (Fo	orm 990) 2011
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Part V Supplemental Information		
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	momaton	
QURBANI/UDHIYA MEAT.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: INDIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
FOOD FACAAGES TO MEEDI FAMILIES DURING RATADAN.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: INDIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: PAKISTAN - APPNA HEPATITIS CLINIC INITITATIVE:		
(D) FORFOSE OF GRANT: FARISTAN - REFAILING CHINIC INTITIATIVE.		
PAYING EXPENSES RELATED TO EDUCATING MEDICAL PROFESSIONALS & THE PUBLIC		
IN PAKISTAN ABOUT HOW HEPATITIS C IS SPREAD, HOW TO DECREASE ITS		
TRANSFER, HEP, C DIAGNOSIS & TREATMENT.		
	<i></i>	
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: PAKISTAN - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: PAKISTAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE	<u> </u>	
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: SOUTH ASIA		
(D) PURPOSE OF GRANT: PAKISTAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND		0001-55
132075 01-23-12 53	Schedule F (For	m 990) 201
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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.
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.
REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PAKISTAN - SINDH FLOOD RESPONSE 2011: AID 219,000
INDIVIDUALS THRU TENTS, WATER, PIT LATRINES, FOOD, LAND REHAB, ANIMAL
HEALTH, & MEDICAL SUPPORT.
REGION: SOUTH ASIA
(D) FURPOSE OF GRANT: SRI LANKA - QURBANI: PROVIDE WIDOWS, ORPHANS,
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH
QURBANI/UDHIYA MEAT.
REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SRI LANKA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: CHAD - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES,
PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH
QURBANI/UDHIYA MEAT.
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: CHAD - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD
PACKAGES TO NEEDY FAMILIES DURING RAMADAN.
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: ETHIOPIA - QURBANI: PROVIDE WIDOWS, ORPHANS 132075 01-23-12 Schedule F (Form 990) 2011

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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

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Part V Supplemental Information	n		
	information required by Part I, line 2 (monitoring of funds); Part I, line		
	nditures per region); Part II, line 1 (accounting method); Part III (accou		rt III, colum
(c) (estimated number of recipient	s), as applicable. Also complete this part to provide any additional inf	ormation.	
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MEDOBED, THOUSE AFFECTED DI DIONOI			
QURBANI/UDHIYA MEAT.			
REGION: SUB-SAHARAN AFRICA	<u> </u>		
(D) PURPOSE OF GRANT: ETHIOPIA - RA	MADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DUR	ING RAMADAN.		
REGION: SUB-SAHARAN AFRICA			
(D) PURPOSE OF GRANT: ETHIOPIA - OR	PHAN SPONSORSHIP: A MONTHLY STIPEND		
THAT PROVIDES SUPPORT TO ORPHANS FO	R HOUSING SCHOOL & MEDICAL EXPENSES.		
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REGION: SUB-SAHARAN AFRICA			
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(D) PURPOSE OF GRANT: ETHIOPIA - IN	TEGRATED RESPONSE TO COMMUNITIES		
AFFECTED BY DROUGHT, AID 430 729 E.	AFRICANS W/ HEALTH & NUTRITION, WASH,		
<u></u>			
LIVELIHOOD & FOOD SECURITY, SHELTER	& PROTECTION.		
		~	
REGION: SUB-SAHARAN AFRICA			
(D) DUDDAGE AF CRANT. CHANA - WEACH	ERS TRAINING INSTITUTE: FULL TIME		
(D) FURFUSE OF GRANT: GHANK - TEACH	BRO IRAINING INSTITUTA, FODE IIME		
BOARDING SCHOOL FOR COLLEGE AGE MAI	E STUDENTS IN ACCRA, GHANA & CERTIFIED		<u> </u>
TEACHER TRAINING IN RANDI, BENIN.			
REGION: SUB-SAHARAN AFRICA			
(D) PURPOSE OF GRANT: KENYA - QURBA	NI: PROVIDE WIDOWS, ORPHANS,		
	נ אינד מבאוקסאד. בסס ססט געדאייניט אידאני		
REFUGEES, FEORLE AFFECTED BY DISAST	ER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.			
REGION: SUB-SAHARAN AFRICA			
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Part V Supplemental Information		
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional	monnaton.	
(D) PURPOSE OF GRANT: KENYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
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FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN,		
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REGION: SUB-SAHARAN AFRICA		·
(D) PURPOSE OF GRANT: KENYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
DECTON, CHE CARADAN AFDICA		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: KENYA - DROUGHT EMERGENCY: INTEGRATED EMERGENCY		
RESPONSE FOR THE DROUGHT EFFECTED POPULATION OF MANDERA, KENYA ASSISTING		
12,000 PEOPLE.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: KENYA - INTEGRATED RESPONSE TO COMMUNITIES		
AFFECTED BY DROUGHT: AID 430,729 E. AFRICANS THRU HEALTH & NUTRITION,		
WASH, LIVELIHOOD & FOOD SECURITY, SHELTER & PROTECTION.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: MALAWI - QURBANI: PROVIDE WIDOWS, ORPHANS,		
(b) Ioniobi of order indiant general in the day in bone in the second se		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.		<u> </u>
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: MALAWI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
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REGION: SUB-SAHARAN AFRICA		
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3	3. column (f) (accounti	na method:
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional info		
D) PURPOSE OF GRANT: MALI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES,		
EOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
UURBANI/UDHIYA MEAT.MALI QURBANI		
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EGION: SUB-SAHARAN AFRICA		
D) PURPOSE OF GRANT: MALI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD		
PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
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REGION: SUB-SAHARAN AFRICA		
D) PURPOSE OF GRANT: MALI - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES,		
REGION: SUB-SAHARAN AFRICA	-	
(D) PURPOSE OF GRANT: MALI - WATSAN: ACCESS TO CLEAN DRINKING WATER,		
BUILDING SANITATION FACILITIES, HYGIENE AWARENESS, TRAIN HYGIENE		
MANAGEMENT COMMITTEES, AIDING 26,640 INDIVIDUALS.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: NIGER - QURBANI: PROVIDE WIDOWS, ORPHANS,		·
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
DURBANI/UDHIYA MEAT.NIGER QURBANI	, _,	
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: NIGER - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
(1) FOREQUE OF GROUP, ATOM, AND AND FOR THE AND A TOTAL CONTENTS		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
REGION: SUB-SAHARAN AFRICA	Schedule F (Fo	rm 990) 201
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Part V Supplemental Information		
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amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (ac		int III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additiona	innonnation.	
(D) PURPOSE OF GRANT: NIGER - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT		
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PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.	··	
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SOMALIA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
KALOODD, THOID MILOUDD DI DIONNIA QUAL OLIMINI, INTERNA AND		·
QURBANI/UDHIYA MEAT.		
REGION: SUB-SAHARAN AFRICA		
(D) FURPOSE OF GRANT: SOMALIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE		
FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.		
FOOD TREAMED TO MENDI TAMEDID DONING RAMMAN,		
REGION: SUB-SAHARAN AFRICA		
(D) FURPOSE OF GRANT: SOMALIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND	<u>.</u>	
THE PROVEDED AND ADDRESS OF MANAGENE COMON & MEDICAL EXDENCES		
THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SOMALIA - EMERGENCY PROJECT: AN EMERGENCY WATER &		.
SANITATION PROJECT & LIVELIHOOD PROJECT BENEFITING 73,100 PERSONS IN		
SOMALIA.		
SOURDIN,		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SOMALIA - INTEGRATED RESPONSE TO COMMUNITIES		
AFFECTED BY DROUGHT: ASSIST 430,729 E. AFRICANS THRU HEALTH & NUTRITION		
WASH, LIVELIHOOD & FOOD SECURITY, SHELTER & PROTECTION.		
ROL, DIVERINGE & LOUP ENGERILL, DEBLER & RECEPCIENT.		
REGION: SUB-SAHARAN AFRICA		
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Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accou		
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional int		
(D) PURPOSE OF GRANT: SOUTH AFRICA - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH	<u>, - • ••</u>	
QURBANI/UDHIYA MEAT.	•	
REGION: SUB-SAHARAN AFRICA		······································
(D) PURPOSE OF GRANT: SOUTH AFRICA - ORPHAN SPONSORSHIP: A MONTHLY		
STIPEND THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL		
EXPENSES.		,
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SUDAN - QURBANI 2011: PROVIDE 1,021 QURBANI'S TO		
ASSIST 6,126 PEOPLE IN NORTH SUDAN & DARFUR WITH QURBANI MEAT ON EID.		
REGION: SUB-SAHARAN AFRICA	××	
(D) PURPOSE OF GRANT: ZIMBABWE - QURBANI: PROVIDE WIDOWS, ORPHANS,		
REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH		
QURBANI/UDHIYA MEAT.	<u></u>	
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SOMALIA - HEALTH & NUTRITION GIK: DONATIONS OF		
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: GUINEA - HEALTH & NUTRITION GIK: DONATIONS OF		
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES,	Schedule F (For	m 000) 2011
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Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part	rt I, line 3, column (f) (account	ina method:
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(c) (estimated number of recipients), as applicable. Also complete this part to provide any addit	ional information.	<u> </u>
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SIERRA LEONE - HEALTH & NUTRITION GIK: DONATIONS		
OF PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE		
FACILITIES TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL		
AGES.		
REGION: SUB-SAHARAN AFRICA	······	
(D) PURPOSE OF GRANT: MAURITANIA - HEALTH & NUTRITION GIK: DONATIONS OF		
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: NIGER - HEALTH & NUTRITION GIK: DONATIONS OF		
PHARMACEUTICALS FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SOMALIA - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: GUINEA - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
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REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: SIERRA LEONE - HEALTH & NUTRITION GIK: DONATIONS		
OF MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE		
FACILITIES TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL		
AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) PURPOSE OF GRANT: MAURITANIA - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
REGION: SUB-SAHARAN AFRICA		
(D) FURPOSE OF GRANT: NIGER - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
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REGION: SUB-SAHARAN AFRICA		
(D) FURPOSE OF GRANT: MALI - HEALTH & NUTRITION GIK: DONATIONS OF		
MEDICAL SUPPLIES FOR STOCKING CLINICS, HOSPITALS & URGENT CARE FACILITIES		
TO TREAT VARIOUS AILMENTS THAT AFFECT BENEFICIARIES OF ALL AGES.		
SCHEDULE F, PART IV, QUESTION 6		
FORM 5713		
THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK		
BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713, HOWEVER, THE		
ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND IS NOT		···
REQUIRED TO FILE A FORM 990-T. IN ADDITION, THE ORGANIZATION HAS NOT		
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM <u>5713.</u> Schedule F (Form 990) 2011 132075 01-23-12 62 77013941 2011.05000 ISLAMIC RELIEF USA 11131113 703287 7701394

(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. ► See separate instructions.

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Open To Public
Inspection

OMB No. 1545-0047

Name of the organization					Employer ide	ntification number
ISLAMIC REL					95-4453134	
Part I Fundraising Activities. required to complete this part	Complete if the organization ans	wered "\	'es" to	o Form 990, Part IV, I	ine 17. Form 990.Ez	filers are not
 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the 	e Solic f Solic g Spec r oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pu	itation of itation of ial fundra ual (includ	non-g gover lising ling o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cl or con contribu	ustodv	(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			
Total 3 List all states in which the organization or licensing.			L utions	s or has been notified	l it is exempt from r	egistration
LHA Paperwork Reduction Act Notice, s	ee the Instructions for Form 99	90 or 990	-EZ.		Schedule G (For	m 990 or 990-EZ) 2011
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 Schedule G (Form 990 or 990 EZ) 2011 ISLAMIC RELIEF USA
 95-4453134
 Page

 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 gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CHILDREN IN NEED		(add col. (a) through
			EAST AFRICA DINNER	DINNER	87	, .
n			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	613,670.	87,036,	7,382,451.	8,083,157,
æ				01,0001	,,002,102,	
	2	Less: Charitable contributions	576,929.	79,878.	7,141,861.	7,798,668.
					7,141,001.	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	3	Gross income (line 1 minus line 2)	36,741.	7,158.	240,590.	284,489.
	5			7,100.	240,000.	204,405.
		Cash prizes				
	4					
	-	Nononch prizes				
ses	5	Noncash prizes				<u> </u>
iii e		Dest for illusers		50.105		000 107
Щ	6	Rent/facility costs	49,455.	28,492.	751,520.	829,467.
Direct Expenses		7				
ä	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			1,151,903.	
	10	Direct expense summary. Add lines 4 through				(2,002,640)
D	11	Net income summary. Combine line 3, column				-1,718,151.
Pa	nrt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ब			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ev Se						
	1	Gross revenue				
ŝ	2	Cash prizes				
ns.						
Direct Expenses	3	Noncash prizes				
ш ж						
irec	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			()
	8	Net gaming income summary. Combine line 1	, column d, and line 7			
9	Ent	ter the state(s) in which the organization operat	es gaming activities:			
		he organization licensed to operate gaming ac	• • •			Yes No
					••••••••••••••••••••••••••••••••••	
'n		No," explain:				
10-	Mic	re any of the organization's gaming licenses re	voked suspanded of to	rminated during the tax :	(ear?	Yes No
					Juan (
ŋ	н	Yes," explain:				
				······································		

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Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990 EZ) 2011 ISLAMIC RELIEF USA	95-445	3134	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			<u> </u>
to administer charitable gaming?		Yes	No No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec			
Name			
Address 🕨			
		<u> </u>	**
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 a	mount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address 🕨			
Aduless -	~		
16 Coming manager information:			
16 Gaming manager information:			
Name 🕨			
Comise manager companyation N C			
Gaming manager compensation 🕨 💲			
Description of services provided 🕨			
Director/officer Employee Independent contractor			
and the state of the state of			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Ves	No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, c	olumns (iii)	and (v) an	d Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	information	(see instri	uctions)
ines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also complete this part to provide any additional	monnation	1000 11011	ionorioj.
			,
	ule G (Form	1 990 or 99	0-EZ) 2011
65 121112 702207 7701204 2011 05000 TSLAMIC RELIED USA			13941
131113 703307 770130/ 3011 05000 TST.AMTC RET.TEE USA		1.71	1159/11

2011.05000 ISLAMIC RELIEF USA

SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	es		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990	' to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization TSLAMTC REFIEE USA	r IISA						Employer identification number
Part 1 General Information on Grants and Assistance	nd Assistance						4 0 0 0 V V V V V V V V V V V V V V V V
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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	tion
	stance?						Xes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	• United States. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one	\$5,000. Check thi	s box if no one recipien	recipient received more than \$5,000. Part II	an \$5,000. Part II	can be duplicated if a	Idditional space is nee	
 (a) Name and address of organization or government 	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) weatood of valuation (book, FMV, appraisal, other)	(I) weutod of valuation (book, non-cash assistance FMV, appraisal, non-cash assistance other)	(h) Purpose of grant or assistance
							BUILD A BACKPACK
MUSLIM AMERICAN SOCIETY							CAMPAIGN: PROVIDE
BAY AREA, 2116 WALSH AVE, SUITE B							BACK-TO-SCHOOL BACKPACKS
SANTA CLARA, CA 95050	20-5595580	501(C)(3)	10,000.	0.			(FILLED W/SCHOOL
							HOME CENTER: SUPPORT THE
MUSLIMAT AL NISSA							COST OF OPERATING THE
5115 LIBERTY HEIGHTS AVE							SHELTER FOR BATTERED &
BALTIMORE, MD 21207	20-5644620	501(C)(3)	10,000.	0.			HOMELESS WOMEN & THEIR
							G
MUSLIMAT AL NISSA							
5115 LIBERTY HEIGHTS AVE							SHELTER FOR BATTERED &
BALTIMORE, MD 21207	20-5644620	501(C)(3)	40.000.	.0			HOMELESS WOMEN & THEIR
							MEDINA PROGRAM: CASE
ISLAMIC-AMERICAN ZAKAT FOUNDATION							MANAGEMENT SERVICES FOR
DALF							650 PEOPLE, SERVICES
BETHESDA, MD 20814	52-1492341	501(C)(3)	20,000.	0.			INCLUDE COUNSELING OR
							NORTH SIDE LEARNING
NORTH SIDE LEARNING CENTER							CENTER "HAPPY BUS":
808 N MCBRIDE ST							PROVIDE ENGLISH LANGUAGE
SYRACUSE, NY 13203	27-1357086	501(C)(3)	10,000.	0.			EDUCATION & OTHER
							SCHOLARSHIP GRANT:
WASHINGTON ISLAMIC ACADEMY							PROVIDING \$10,000 IN
6408 EDSALL RD							SCHOLARSHIP FUNDING TO
ALEXANDRIA, VA 22312	31-1256417	501(C)(3)	10,000.	0.			SUPPORT THE EDUCATION OF
2 Enter total number of section 501(c)(3) and government organizations list	ind government o	rganizations listed in th	ted in the line 1 table			* • • • • • • • • • • • • • • • • • • •	► 51.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2011)
SEE PART IV FOR COLUMN (H) DESCRIPTIONS	OR COLUMN (H)	DESCRIPTIONS					

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Schedule (Form 990) ISLAMIC RELIEF USA	USA	and but the ment	ul add ai anaidaria	Coho (Coho	Land 1000 Determined Control of 10000 Determined to 10000 Determined to 10000 Determined to 10000 Determined to		95-4453134 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM ALLIANCE OF INDIANA 1100 WEST 42ND ST. SUITE 125	00-0185	501 (C / C / C / C / C / C / C / C / C / C	000 70	c			SOCIAL JUSTICE IN INDIANA: ADVOCACY FROGRAM
ACCESS CALIFORNIA SERVICES 2180 W CRESCENT AVE STE. C	2007080-55						SOCIAL SERVICES CORE SUPPORT: PROGRAM TO SUPPORT CASE MANAGEMENT
URAI 329	81 - 06027771	501(0)(0)	12 000				SPECIALTY EMERGENCY FOOD SPECIALTY EMERGENCY FOOD BOX & FREE MEDICAL CLINIC FHARMACY: ENABLES
	54-1756821	501 (C) (3)					TUTION PROGRAM FY2011; PAYING STUDENT TUITION FOR SCHOOL CHILDREN WHO CANNOT RECAUSE OF THEIR
CHICAGO METROPOLITAN EDUCAFIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA) - 15455 S PARK AVE - SOUTH HOLLAND 71, 60473	36-3806807	501 (C) (3)	10 000	, c			USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVATLARLE TO CHTLDREN
AL-MAA'UUN FOOD SHELF FROGRAM AT MASJID AN-NUR - 1729 LYNDALE AVE N - MINNEAPOLIS MN 55411	27-1893708	501(C)(3)	10000				USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN
	58-238 <u>4</u> 492	501(C)(3)	10,000.	o			변 년 년
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL (ECDC) - 901 S HIGHLAND ST - ARLINGTON, VA 22204	54-1993252	501(C)(3)	10,000.	0			LIVELIHOOD FROGRAM FY2011: MATCHED SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES &
CAPITOL AREA ASSET BUILDERS (CAAB) 1444 I ST NW SUITE 201 WASHINGTON, DC 20005	52-2002672	501(C)(3)	180,000.	0			LIVELTHOOD PROGRAM FY2011: MATCHED SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES & Schedule I (Form 990)

Schedule (Form 990) ISLAMIC RELIEF USA	' USA		:				95-4453134 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pai	r II.)	
(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
							PSYCHOLOGICAL FIRST AID
MUSLIM SOCIAL SERVICES AGENCY							FRAINING: PROVIDE
P.O. BOX 11821							TRAINING IN SOCIAL,
BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	.0			EMOTIONAL, AND
			· ·				ZAKAT PARTNER PROGRAM
DAR AL-HIJRAH							FY2011 - EMERGENCY FAMILY
3159 ROW ST							ASSISTANCE FOR RENT,
FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	40,000.	0.			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
THE CULTURAL CUP FOOD BANK							FY2011 - EMERGENCY FAMILY
P.O. BOX 32923							ASSISTANCE FOR RENT,
PHOENIX, AZ 85064	81-0622721	501(C)(3)	8,000.	.0			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
ACCESS CALIFORNIA SERVICES							FY2011 - EMERGENCY FAMILY
2180 W CRESCENT AVE STE. C							ASSISTANCE FOR RENT,
ANAHEIM, CA 92801	33-0826205	501(C)(3)	40,000.	0.			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
ISLAMIC CENTER OF HAWTHORNE							FY2011 - EMERGENCY FAMILY
12209 HAWTHORNE WAY							ASSISTANCE FOR RENT,
HAWTHORNE, CA 90250	95-4518148	501(C)(3)	15,200.	0.			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
AL-MAUN (NEIGHBORLY NEEDS) LAS							FY2011 - EMERGENCY FAMILY
VEGA, NV (AL-MAUN) - 711 MORGAN							ASSISTANCE FOR RENT,
AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	12,000.	0.			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
ISLAMIC CENTER OF SOUTHERN CA							FY2011 - EMERGENCY FAMILY
434 S VERMONT AVE							ASSISTANCE FOR RENT,
LOS ANGELES, CA 90020	95-3502914	501(C)(3)	24,000.	•0•			FOOD, CLOTHES, AND OTHER
							ZAKAT PARTNER PROGRAM
MASJID AL-ISLAM							FY2011 - EMERGENCY FAMILY
2604 SOUTH HARWOOD ST							ASSISTANCE FOR RENT,
DALLAS, TX 75215	75-2941409	501(C)(3)	16,800.	0.			FOOD, CLOTHES, AND OTHER
							DAY OF DIGNITY -
MUSLIM SOCIAL SERVICES AGENCY							PROVISION OF FOOD,
P.O. BOX 11821							CLOTHES, MEDICAL
BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							Schedule I (Form 990)

Schedule (Form 990) ISLAMIC RELIEF USA Dart II Continuation of Grants and Other Assistance to Governments an	USA seistance to Go	vernments and Organ	izations in the I lu	ited States (Sche	d Orcanizations in the United States (Schedule I (Form 990). Part II)		95-4453134 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DAY OF DIGNITY -
THE COMMUNTY MASJID -SHARE CENTER							FROVISION OF FOOD,
							CLOTHES, MEDICAL
ATLANTA, GA 30310	45-0503956	501(C)(3)	8,000.	0			SCREENINGS AND REFERRAL
ME.TSTIE (TT.SEM							DAY OF DIGNITY PROVISION OF FOOD
2604 SOUTH HARWOOD ST							CLOTHES, MEDICAL
DALLAS, TX 75215	75-2941409	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY
NEIGHBORLY NEEDS							PROVISION OF FOOD,
17365 FAIRFIELD							
DETROIT, MI 48221	26-4615461	501(C)(3)	10,000.	.0			SCREENINGS AND REFERRAL
							DAY OF DIGNITY -
FLINT ISLAMIC CENTER							PROVISION OF FOOD,
9447 CORUNNA RD							DICAL
SWARTZ CREEK, MI 48473	38-3210132	501(C)(3)	10.000.	0			SCREENINGS AND REFERRAL
							DAY OF DIGNITY -
AL-MAUN (NEIGHBORLY NEEDS) LAS							PROVISION OF FOOD,
VEGA, NV (AL-MAUN) - 711 MORGAN							CLOTHES, MEDICAL
AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	9,800.	0.			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
AL-MAA'UUN FOOD SHELF PROGRAM AT							PROVISION OF FOOD,
MASJID AN-NUR - 1729 LYNDALE AVE N							CLOTHES, MEDICAL
- MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MUSLIM WOMEN'S INSTITUTE FOR							PROVISION OF FOOD,
RESEARCH AND DEVELOPMENT - 1363							CLOTHES, MEDICAL
OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
FIRST UNITARIAN CHURCH OF							PROVISION OF FOOD,
PHILADELPHIA - 2125 CHESTNUT ST -							CLOTHES, MEDICAL
PHILADELPHIA, PA 19103	23-1365260	501(C)(3)	10,000.	0			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
THE CULTURAL CUP FOOD BANK							PROVISION OF FOOD,
P.O. BOX 32923							CLOTHES, MEDICAL
PHOENIX, AZ 85064	81-0622721	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							Schedule I (Form 990)

Schedule ! (Form 990) ISLAMIC RELIEF USA	USA		:	!	!		95-4453134 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ssistance to Go	vernments and Orgar	nizations in the Un	ited States (Sche	dule I (Form 990), Pa	rt II.)	
(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
				5			DAY OF DIGNITY -
ISLAMIC SOCIAL SERVICES OF OREGON		_					PROVISION OF FOOD,
STATE - P.O. BOX 5996 - ALOHA, OR							CLOTHES, MEDICAL
	38-3655438	501(C)(3)	7,711.	0			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID UMAR AL-FAROOQ							FROVISION OF FOOD,
							SDICAL
MOUNTLAKE TERRACE, WA 98043	91-1634120	501.(C)(3)	10,000.	0			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID MUHAMMAD		-					PROVISION OF FOOD,
1519 4TH ST NW		-					CLOTHES, MEDICAL
WASHINGTON DC 20001	94-3135848	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
THE CENTER FOR SOCIAL ADJUSTMENT							DAY OF DIGNITY -
AND REENTRY (CORE) - 6122 S.							PROVISION OF FOOD,
PARKSHORE E. CT - CHICAGO, IL							CLOTHES, MEDICAL
60637	20-5729593	501(C)(3)	10,000.	0.			SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
THE COMMUNTY MASJID -SHARE CENTER						HYGIENE KITS &	FROVISION OF FOOD,
547 WEST END PLACE						SCHOOL SUPPLY	CLOTHES, MEDICAL
ATLANTA, GA 30310	45-0503956	501(C)(3)	0.	14,616.1	FMV	KITS	SCREENINGS, AND REFERRAL
Į							DAY OF DIGNITY -
MUSLIM SOCIAL SERVICES AGENCY						HYGIENE KITS &	FROVISION OF FOOD,
P.O. BOX 11821						SCHOOL SUPPLY	CLOTHES, MEDICAL
BALTIMORE, MD 21207	35-2347791	501(C)(3)	0.	11,642.1	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
NEIGHBORLY NEEDS						HYGIENE KITS &	FROVISION OF FOOD,
17365 FAIRFIELD						SCHOOL SUPPLY	CLOTHES, MEDICAL
DETROTT, MI 48221	26-4615461	501(C)(3)	0.	12 046.	FMV	KITS	SCREENINGS, AND REFERRAL
		-				•	DAY OF DIGNITY -
FLINT ISLAMIC CENTER						HYGIENE KITS &	FROVISION OF FOOD,
9447 CORUNNA RD						SCHOOL SUPPLY	CLOTHES, MEDICAL
SWARTZ CREEK, MI 48473	38-3210132	501(C)(3)	0.	14,616.)	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID AT-TAQWA						HYGIENE KITS &	PROVISION OF FOOD,
1266 BEDFORD AVE						SCHOOL SUPPLY	CLOTHES, MEDICAL
BROOKLYN NY 11216	11-3004202	501(C)(3)	0.	23,285.FMV	AMA	KITS	SCREENINGS, AND REFERRAL
							Schedule I (Form 990)

Schedule I (Form 990) ISLAMIC RELIEF USA Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	<u>USA</u> Issistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		95-4453134 Page 1
	(q)	(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
L R						HYGIENE KITS &	DAY OF DIGNIFY - FROVISION OF FOOD,
RESEARCH AND DEVELOPMENT - 1363 OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	.0	9,475.1	FMV	SCHOOL SUPPLY KITS	CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID MUHAMMAD 1519 4TH ST NW						HYGIENE KITS & SCHOOL SUPPLY	PROVISION OF FOOD, CLOTHES, MEDICAL
WASHINGTON, DC 20001	94-3135848	501(C)(3)	0.	9.475.1	EMV	KITS	SCREENINGS, AND REFERRAL
THE CENTER FOR SOCIAL ADJUSTMENT							DAY OF DIGNITY -
(COR						HYGIENE KITS &	FROVISION OF FOOD
PARKSHORE E. CT - CHICAGO, IL						SCHOOL SUPPLY	DICAL
60637	20-5729593	501(C)(3)	0	7,308.	FMV	KITS	SCREENINGS AND REFERRAL
יון אראבאראס ארדין ארדי, ארדי ארדי, אראב אר						HYGIRNE KITS &	DAY OF DIGNITY - PROVISION OF FOOD
MASJID AN-NUR - 1729 LYNDALE AVE N							CLOTHES, MEDICAL
- MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	0.	11,642.1	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID AL-ISLAM						HYGIENE KITS &	PROVISION OF FOOD,
2604 SOUTH HARWOOD ST						SCHOOL SUPPLY	CLOTHES, MEDICAL
DALLAS, TX 75215	75-2941409	501(C)(3)	0.	14,616.	EMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
THE CULTURAL CUP FOOD BANK						HYGIENE KITS &	FROVISION OF FOOD,
P.O. BOX 32923						SCHOOL SUPPLY	CLOTHES, MEDICAL
PHOENIX, AZ 85064	81-0622721	501(C)(3)	.0	9,878.	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
AL-MAUN (NEIGHBORLY NEEDS) LAS						HYGIENE KITS &	PROVISION OF FOOD,
VEGA, NV (AL-MAUN) - 711 MORGAN						SCHOOL SUPPLY	CLOTHES, MEDICAL
AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	0.	4,738.	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
MASJID UMAR AL-FAROOQ						HYGIENE KITS &	PROVISION OF FOOD,
5507 238TH ST SW						SCHOOL SUPPLY	CLOTHES, MEDICAL
MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	0	4,738.	FMV	KITS	SCREENINGS, AND REFERRAL
							DAY OF DIGNITY -
Ś						HYGIENE KITS &	FROVISION OF FOOD,
STATE - P.O. BOX 5996 - ALOHA, OR						SCHOOL SUPPLY	
97006	38-3655438	501(C)(3)	0.	9,475.FMV	FMV	KITS	SCREENINGS AND REFERRAL
							Schedule I (Form 990)

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Schedule I (Form 990)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ited States. Com	plete if the organizi	ation answered "Yes'	to Form 990, Part IV, line 22.	
(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	l line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2; PROCEDURES FOR MONITORING THE	ING THE USE O	USE OF DOMESTIC			
GRANT FUNDS:					
1. IRUSA ALSO ONLY ACCEPTS GRANT APPLICATIONS FROM U	U.S. NON-PROFIT	FIT			
ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:					
			والمحاوية المحاوية والمحاورة والمحاورة والمحاورة والمحاوية والمحاوية والمحاوية والمحاوية والمحاوية والمحاوية والمحاوية		
- RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM THE INTERNAL		REVENUE SERVICE			
(IRS);					
- CURRENT STATE REGISTRATIONS.					
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Part IV	Supplemental	Information	

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 FOLICIES 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. IF, AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT	Schedule I (Form 990) 2
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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.		
8. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO		
THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM AMERICAN SOCIETY		
(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A BACKPACK CAMPAIGN: PROVIDE		
BACK-TO-SCHOOL BACKPACKS (FILLED W/SCHOOL SUPPLIES) TO CHILDREN WHO ARE		
VICTIMS OF DOMESTIC VIOLENCE, CHILDREN AND YOUTH IN THE CHILD WELFARE		
SYSTEM (ORPHANS AND FOSTER CHILDREN), AND CHILDREN OF FAMILIES IN NEED.		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIMAT AL NISSA	<u></u>	
(H) PURPOSE OF GRANT OR ASSISTANCE: HOME CENTER: SUPPORT THE COST OF		
OPERATING THE SHELTER FOR BATTERED & HOMELESS WOMEN & THEIR CHILDREN,		
WHICH INCLUDES RENT, UTILITIES, SALARIES, FOOD, TRANSPORTATION, SUPPLIES,		
COMMUNICATIONS & PROGRAM EXPENSES.		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIMAT AL NISSA		
(H) PURPOSE OF GRANT OR ASSISTANCE: HOME CENTER: SUPPORT THE COST OF		
OPERATING THE SHELTER FOR BATTERED & HOMELESS WOMEN & THEIR CHILDREN,		
WHICH INCLUDES RENT, UTILITIES, SALARIES, FOOD, TRANSPORTATION, SUPPLIES,		
COMMUNICATIONS & PROGRAM EXPENSES.		
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Part IV Supplemental Information		
NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC-AMERICAN ZAKAT FOUNDATION		
(H) PURPOSE OF GRANT OR ASSISTANCE: MEDINA PROGRAM: CASE MANAGEMENT		
SERVICES FOR 650 PEOPLE. SERVICES INCLUDE COUNSELING OR RESOURCE		
DEVELOPMENT, NETWORKING, EMPLOYABILITY, PERSONAL AND FINANCIAL		
MANAGEMENT, SELF-ESTEEM, PARENTING AND NUTRITION TRAINING.		
		, _,
NAME OF ORGANIZATION OR GOVERNMENT: NORTH SIDE LEARNING CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: NORTH SIDE LEARNING CENTER "HAPPY		
BUS": PROVIDE ENGLISH LANGUAGE EDUCATION & OTHER SERVICES FOR POOR		
IMMIGRANT & REFUGEE FAMILIES (PARENTS & CHILDREN).		
NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ISLAMIC ACADEMY		
(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP GRANT: PROVIDING \$10,000		
IN SCHOLARSHIP FUNDING TO SUPPORT THE EDUCATION OF 3 ORPHANED CHILDREN IN		
THE ACADEMY.		
NAME OF ORGANIZATION OR GOVERNMENT: THE CULTURAL CUP FOOD BANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIALTY EMERGENCY FOOD BOX & FREE		
MEDICAL CLINIC PHARMACY: ENABLES INDIVIDUALS WITHOUT MEDICAL INSURANCE TO		
PURCHASE PRESCRIBED MEDICATIONS.		
PORCHASE PRESCRIBED MEDICATIONO,		
NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN OPEN UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: TUTION PROGRAM FY2011: PAYING		
STUDENT TUITION FOR SCHOOL CHILDREN WHO CANNOT BECAUSE OF THEIR LOW	<u> </u>	
INCOME.		
NAME OF ORGANIZATION OR GOVERNMENT:		
CHICAGO METROPOLITAN EDUCATIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA)		
	Schedule I (Fo	rm 990) 2011
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(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:		
NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN DURING THE SUMMER.		
THE SUMMER FOOD SERVICE PROGRAM HELPS FILL THE HUNGER GAP.		
NAME OF ORGANIZATION OR GOVERNMENT:		,
AL-MAA'UUN FOOD SHELF PROGRAM AT MASJID AN-NUR		
(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:		
NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN DURING THE SUMMER.		
THE SUMMER FOOD SERVICE PROGRAM HELPS FILL THE HUNGER GAP.		
NAME OF ORGANIZATION OR GOVERNMENT: YOUTH V.I.B.E.		
(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:		
NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN DURING THE SUMMER.		
THE SUMMER FOOD SERVICE PROGRAM HELPS FILL THE HUNGER GAP.		
NAME OF ORGANIZATION OR GOVERNMENT:		
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL (ECDC)		
(H) PURPOSE OF GRANT OR ASSISTANCE: LIVELIHOOD PROGRAM FY2011: MATCHED		
SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES & INNER CITY RESIDENTS		
SEEKING JOB TRAINING, BUSINESS DEVELOPMENT, OR HOME OWNERSHIP.		<u></u>
NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL AREA ASSET BUILDERS (CAAB)		
(H) PURPOSE OF GRANT OR ASSISTANCE: LIVELIHOOD PROGRAM FY2011: MATCHED		
SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES & INNER CITY RESIDENTS		
SEEKING JOB TRAINING, BUSINESS DEVELOPMENT, OR HOME OWNERSHIP.		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICES AGENCY		
(H) PURPOSE OF GRANT OR ASSISTANCE: PSYCHOLOGICAL FIRST AID TRAINING:		
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PROVIDE TRAINING IN SOCIAL, EMOTIONAL, AND DEVELOPMENTAL SUBJECTS SUCH AS		
GRIEF COUNSELLING & SUPPORT SYSTEMS.		
NAME OF ORGANIZATION OR GOVERNMENT: DAR AL-HIJRAH		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT: THE CULTURAL CUP FOOD BANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT: ACCESS CALIFORNIA SERVICES		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC CENTER OF HAWTHORNE		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT:		
AL-MAUN (NEIGHBORLY NEEDS) LAS VEGA, NV (AL-MAUN)		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.	0-1	
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NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC CENTER OF SOUTHERN CA		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID AL-ISLAM		
(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2011 -		
EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE		
FAMILY MAINTENANCE NEEDS.		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICES AGENCY		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNTY MASJID -SHARE CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID AL-ISLAM		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORLY NEEDS		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD	Schedule I (Forr	
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CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES),		
POPULATIONS (HOMELESS, REFUGEE, FOOR WORKING COMMUNILES),		
NAME OF ORGANIZATION OR GOVERNMENT: FLINT ISLAMIC CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		<u>.,,</u>
NAME OF ORGANIZATION OR GOVERNMENT:		
AL-MAUN (NEIGHBORLY NEEDS) LAS VEGA, NV (AL-MAUN)		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
AL-MAA'UUN FOOD SHELF PROGRAM AT MASJID AN-NUR		. <u></u>
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
······································		
NAME OF ORGANIZATION OR GOVERNMENT:		
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
FIRST UNITARIAN CHURCH OF PHILADELPHIA	Schedule I (For	m 990) 2011
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(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: THE CULTURAL CUP FOOD BANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		·····
ISLAMIC SOCIAL SERVICES OF OREGON STATE		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID UMAR AL-FAROOQ		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID MUHAMMAD		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
THE CENTER FOR SOCIAL ADJUSTMENT AND REENTRY (CORE)		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		<u> </u>
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CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNTIES),		
NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNTY MASJID -SHARE CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICES AGENCY		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES),	_	
NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORLY NEEDS		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT: FLINT ISLAMIC CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, FOOR WORKING COMMUNITIES),		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID AT-TAQWA		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
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NAME OF ORGANIZATION OR GOVERNMENT:		
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		,
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES),		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID MUHAMMAD	.—	
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
THE CENTER FOR SOCIAL ADJUSTMENT AND REENTRY (CORE)		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
AL-MAA'UUN FOOD SHELF PROGRAM AT MASJID AN-NUR		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
	.	
NAME OF ORGANIZATION OR GOVERNMENT: MASJID AL-ISLAM		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		·······
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
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Schedule I (Form 990) 2011 ISLAMIC RELIEF USA	95-4453134	Page 2
	·_ · · · · · · · ·	
NAME OF ORGANIZATION OR GOVERNMENT: THE CULTURAL CUP FOOD BANK		
(H) FURFOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
AL-MAUN (NEIGHBORLY NEEDS) LAS VEGA, NV (AL-MAUN)		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT: MASJID UMAR AL-FAROOQ		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED	<u>.</u>	
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).		
NAME OF ORGANIZATION OR GOVERNMENT:		
ISLAMIC SOCIAL SERVICES OF OREGON STATE		
(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,		
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED		
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES),		
	,	
		<u> </u>
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SCHEDULE J Compensation Information		OMB No.	1545-00	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	11	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,				
Depa	rtment of the Treasury	Part IV, line 23.		Open to Inspe		
	al Revenue Service 1e of the organization	Attach to Form 990. See separate instructions.	Employer	identificati		
man	le of the organization			153134	•••••	
Pa	rt I Question	ISLAMIC RELIEF USA s Regarding Compensation		100104		
	ducerien				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First class or c		nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		· · · · ·	1.1		
						1000
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or		 	la a sur s	
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	ectors,			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	. . .	
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	on to			
		ation of the CEO/Executive Director. Explain in Part III.				
	Compensation			1.1		
		compensation consultant	ommittoo	· · · ·		
	x Form 990 of o	ther organizations	Ollinitiee			
	During the year dis	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
~	÷	e payment or change-of-control payment?		4a		x
a h		ceive payment from, a supplemental nonqualified retirement plan?				x
0		ceive payment from, an equity-based compensation arrangement?				x
Ŭ		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(d	c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:		·	-: :	
а	The organization?			<u>5</u> a	<u> </u>	<u>x</u>
b	Any related organiz	ation?		<u>5b</u>	- <u></u>	x
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	п			
	contingent on the r				5.:	
					<u> </u>	X
b		ation?		<u>6b</u>		x
	•• • • • • • • • • • • • • • • • • • • •	r 6b, describe in Part III.	_		·	
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		7		
_		es 5 and 6? If "Yes," describe in Part III		······ <u>/</u>		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8	1	
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III In the organization also follow the rebuttable presumption procedure described in		····· <u> </u>		X
9				9		
	negulations section	1 53.4958·6(c)?	<u></u>		-	

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

Schedule J (Form 990) 2011

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Schedule J (Form 990) 2011 ISLAMIC RELIEF USA Part II Officers. Directors. Trustees. Kev Emplovees. and Highest Compensated Emplovees. Use duplicate copies if additional space is needed	E REJ	LIBF USA wees, and Highest (Compensated Empl	lovees. Use duplicat	95-4453134 e copies if additional s	bace is needed.		Page 2
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 be reported in the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	Forr Forr ed in	ported in Schedule J 1 990, Part VII. dividual must equal ti	, report compensati he total amount of F	on from the organiza orm 990, Part VII, Se	tion on row (i) and fror ection A, line 1a, applic	n related organizations able column (D) and (E	, described in the inst] amounts for that inc	ructions, on row (ii). ividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	Q	(a)	E	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)()-(D)	Compensation reported as deferred in prior Form 990
	Ξ	136,189.	0.	7 620.	7,839.	15,920.	167,568.	0.
1 ABED AYOUB	(ii)	0	0.	.0	.0	0	.0	.0
	Ξ.	128,087.	0.	*0	6,531.	20,495.	155,113.	0.
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13	(ii)							
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14								
	Ξ							
15	9							
	Ξ							
16	0							
				L			Schedu	Schedule J (Form 990) 2011

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Page 2

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047 e Z **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	ISLAMIC RELIEF USA	۱			95-44	53134		
Pa	rt 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 d noncash contrib	eterminin		s
1	Art · Works of art							
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	4	26,903.	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	ļ	· · · · -					
15	Real estate - Residential	<u> </u>						
16	Real estate - Commercial							
17	Real estate · Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	8	12,731,359.	FMV-WHOLESALE			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>RELIEF SUPPLI</u>)	X	18	1,695,353.	FMV			<u> </u>
26	Other ()			· · · · · · · · · · · · · · · · · · ·				
27	Other ► ()							
28	Other 🕨 (l						
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
					a fa se sea la stat dans	Y	es	No
30a	During the year, did the organization receive b	-						terret Antonio
	at least three years from the date of the initial							
	the entire holding period?					<u>30a</u>		<u>X</u>
b	If "Yes," describe the arrangement in Part II.	P 11	t	ماليقوم المتعالم معام معام				
31	Does the organization have a gift acceptance					31 :	<u>x</u>	
32a	Does the organization hire or use third parties					32a		v
	contributions?		•••••			JZa	•	<u>X</u>
	If "Yes," describe in Part II. If the organization did not report an amount in		ior a tuna of propo	rty for which column (a) is at	ecked			
33	-	i column (c) i	or a type of prope	rty for which column (a) is cr			. ·	
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 00	0	Schedule M	l (Eorm 90	 	2011)
LHA	FOR Paper WORK REQUCTION ACTIVOTICE, SEE	;	LIGHTS IN FULLINGS	V.		นายและ	~~, (

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Department of the Treasury Internal Revenue Service		provide information for respon 90 or 990-EZ or to provide any ► Attach to Form 990 or	additional information.		Open to Public Inspection
Name of the organization	n ISLAMIC RELIEN	r USA		-	yer identification numbe 453134
		OF ORGANIZATION MISSION:		•	
,					
		RACE, RELIGION, OR CRE			
		NIFIED MANNER. ISLAMIC R	LIEF USA		
AIMS TO PROVIDE RAD	PID RELIEF IN THE EV	TENT OF HUMAN AND NATURAL			
DISASTERS AND TO E	STABLISH SUSTAINABLE	LOCAL DEVELOPMENT PROJE	CTS	<u>., , , .</u>	
ALLOWING COMMUNITI	ES TO BETTER HELP TH	IEMSELVES.			
FORM 990, PART I, 1	LINE 6				
NUMBER OF VOLUNTEE	RS				
ISLAMIC RELIEF USA	(IRUSA) ENJOYED THE	SERVICE OF OVER 2,000 V	OLUNTEERS		
ACROSS THE COUNTRY	DURING 2011.				
IRUSA HAS VOLUNTEE	R OPPORTUNITIES RANG	ING FROM ORGANIZING SPEC	IAL		
EVENTS TO FEEDING	OUR NEIGHBORS IN NEP	D. DART, DISASTER ASSIST	ANCE		
RESPONSE TEAM, IS A	A DEDICATED GROUP OF	IRUSA VOLUNTEERS WHO UN	DERGO		
TRAINING FROM THE	AMERICAN RED CROSS A	ND FEMA TO HELP DURING D	ISASTERS.		
IN 2011, IRUSA'S	DART WAS VOTED AS AN	OFFICIAL MEMBER OF THE 1	IATIONAL		
VOLUNTARY ORGANIZA	TIONS ACTIVE IN DISP	STER (VOAD). OUR ANNUAL	DAY OF	·····	
DIGNITY" PROGRAM <u>H</u>	AS KICKED OFF EARLY	THIS YEAR. DESPITE ITS N	AME, DAY		
OF DIGNITY IS NOT	JUST A ONE-DAY EVENT	- <u>IT IS AN EFFORT TO MOBI</u>	LIZE		
		PROGRAMS THAT FOSTER TH			
			<u> </u>		
OF SERVICE AND VOLU	<u>UNTEERISM ALL YEAR F</u>				
		RUSA PROVIDES A CHANCE F			
) LEARN MORE THROUGH HELP:			
LHA For Paperwork Re		LANDS ON VOLUNTEER OPPOR the Instructions for Form 990 o		Schedule O (Fo	orm 990 or 990-EZ) (201
01-23-12	7701394	87 2011.05000 ISL		103	77013941

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	<u> </u>
AVAILABLE IN OUR OFFICES. IF THERE IS NOT AN IRUSA OFFICE OR EVENT	
NEAR YOU, WE PROVIDE VIRTUAL VOLUNTEER OPPORTUNITIES AS WELL.	
WHILE VOLUNTEERING WITH IRUSA, GAIN AN OPPORTUNITY TO BE RECOGNIZED	
THROUGH THE PRESIDENT'S VOLUNTEER SERVICE AWARDS.	
PLEASE CONTACT IR USA'S VOLUNTEER MANAGEMENT OFFICE BY EMAIL AT	
VOLUNTEERS@IRUSA.ORG OR BY PHONE AT (703) 370-7202.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
ISLAMIC RELIEF USA ADDED ADDITIONAL SERVICES TO ITS "EMERGENCY AND	
RELIEF" PROGRAM IN 2011.	
RELIEF PROGRAM IN 2011.	
WHILE ISLAMIC RELIEF USA HAS PROVIDED HUMANITARIAN RELIEF AROUND THE	
WORLD SINCE 1993, WE LAUNCHED A NEW DISASTER ASSISTANCE RESPONSE TEAM	
(DART) IN MAY OF 2011 TO ASSIST WITH DOMESTIC, U.SBASED DISASTERS	
THROUGH COLLABORATIVE RELATIONSHIPS WITH THE AMERICAN RED CROSS, THE	
SALVATION ARMY AND FEMA. IN MAY 2012, IRUSA BECAME A FULL VOTING MEMBER	
OF THE NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD),	
WHICH IS THE NATIONAL COORDINATING ORGANIZATION OF ALL DISASTER AND	
RELIEF EFFORTS IN THE UNITED STATES, AND OPERATES IN PARTNERSHIP WITH	
FEMA (FEDERAL EMERGENCY MANAGEMENT AGENCY).	
SINCE THE LAUNCH OF ITS DART TRAINING PROGRAM ALMOST A YEAR AGO,	
ISLAMIC RELIEF USA HAS OFFERED TRAINING IN THE AREAS OF SHELTER	
OPERATION, SHELTER SIMULATION, AND DISASTER ASSESSMENT. IT HAS	
PARTNERED EXTENSIVELY WITH FEMA AND THE AMERICAN RED CROSS IN PROVIDING 132212 01-23-12	
88	· · · ·

Name of the organization	Employer identification number
ISLAMIC RELIEF USA	95-4453134
EMERGENCY SERVICES TO AREAS HIT BY TORNADOES AND THUNDERSTORMS. IN	
2011, DART RESPONSES WERE:	
1. ISLAMIC RELIEF USA RESPONDS TO HURRICANE IRENE	
SOME 20 IRUSA VOLUNTEERS AND STAFF MEMBERS DEPLOYED TO NEW JERSEY AUG.	
26, 2011, TO PROVIDE VITAL ASSISTANCE, INCLUDING SHELTER OPERATIONS, IN	
PREPARATION FOR HURRICANE IRENE. DISASTER RESPONSE TEAM MEMBERS WORKED	
CLOSELY WITH THE LOCAL CHAPTER OF THE AMERICAN RED CROSS TO PROVIDE	
ASSISTANCE AS EFFICIENTLY AS POSSIBLE, TEAM MEMBERS WORKED IN 12-HOUR	
ASSISTANCE AS EFFICIENTLY AS POSSIBLE, TEAM MEMBERS WORKED IN 12-ROOK	
SHIFTS AT TWO SHELTERS IN THE AREA-PROVIDING REGISTRATION SERVICES.	
FOOD DISTRIBUTION, OPERATIONS ASSISTANCE AND MORE TO SOME 1,800 PEOPLE.	
2. ISLAMIC RELIEF USA AIDS VICTIMS OF ALABAMA TORNADOES:	
IN APRIL 2011, ISLAMIC RELIEF USA'S 32-MEMBER TEAM PARTNERED WITH THE	
SALVATION ARMY TO ASSIST IN COLLECTING CLOTHING, FOOD, CLEANING	
SUPPLIES, WATER, HYGIENE KITS, AND PERSONAL NECESSITIES. TEAM MEMBERS	
DISTRIBUTED PRODUCTS TO FAMILIES IN NEED AND MANAGED A RED CROSS HEALTH	
CLINIC PROVIDING FIRST AID AND GENERAL HEALTH ASSESSMENT, ADDITIONALLY,	
ISLAMIC RELIEF USA PARTNERED WITH THE AMERICAN RED CROSS (ARC) TO TRAIN	
IRUSA TEAM MEMBERS IN DISASTER ASSESSMENT OF MORE THAN 4,000 AFFECTED	
HOUSES, PRELIMINARY DATA ASSESSMENTS, CLIENT CASE WORK AND SUPPORTING	
THE ARC STAFF AND THE ALABAMA STATE HEADQUARTERS. IRUSA'S TEAM	
ACCOMPANIED ARC STAFF DURING FOOD DISTRIBUTION IN EMERGENCY RESPONSE	
VEHICLES, AND PREPARED SITUATIONAL REPORTS FOR THE ARC MANAGERIAL TEAM.	
3. ISLAMIC RELIEF USA TRAINS 238 VOLUNTEERS:	
IN AUGUST 2011, ISLAMIC RELIEF USA'S DART BEGAN CONDUCTING DISASTER	
PREPAREDNESS TRAINING SESSIONS ACROSS THE UNITED STATES. WITHIN THE 4	
132212 01-23-12 89	Schedule O (Form 990 or 990-EZ) (2011

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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number 95-4453134
MONTHS DART HELD 11 TRAINING SESSIONS IN FIVE STATES (CA, NJ, IL, TX &	
VA), TRAINING 238 VOLUNTEERS IN: SHELTER OPERATIONS, SHELTER	
SIMULATION, FIRST AID, CPR, AND PSYCHOLOGICAL FIRST AID.	
ARE YOU INTERESTED IN HELPING YOUR COMMUNITY AFTER A DISASTER? APPLY	
TODAY TO BE AN ISLAMIC RELIEF USA DART TEAM MEMBER, AND TURN YOUR EXTRA	
TODAY TO BE AN ISLAMIC RELIEF USA DART TEAM MEMBER, AND TORN FOUR BAIRS	
TIME INTO GOOD DEEDS.	
ISLAMIC RELIEF USA IS LOOKING FOR VOLUNTEERS TO HELP WITH DISASTER	
RELIEF BEFORE, DURING AND AFTER MAJOR EVENTS. VOLUNTEERS ARE REQUIRED	
TO ATTEND ALL ISLAMIC RELIEF USA TRAININGS, WHICH WILL HELP THEM	
DETERMINE THE SIZE AND SCOPE OF A DISASTER, AND THE LEVEL OF DAMAGE AND	
DETERMINE THE SIZE AND SCOPE OF A DISASIBLE, AND THE DEVEL OF DRAME AND	
SUPPORT NEEDED.	
TO APPLY FOR VOLUNTEER POSITIONS, REVIEW THE QUALIFICATIONS BELOW AND	
THEN SEND AN EMAIL ADDRESSED TO ISLAMIC RELIEF USA'S DISASTER	
ASSISTANCE RESPONSE TEAM COORDINATOR AT DART@IRUSA.ORG AND TO	
VOLUNTEERS@IRUSA.ORG.	
QUESTIONS? CONNECT WITH OUR VOLUNTEER MANAGEMENT OFFICE VIA	
VOLUNTEERS@IRUSA.ORG OR CALL US AT 1-855-447-1001.	·
ESSENTIAL DUTIES AND RESPONSIBILITIES	
- PROVIDE DAMAGE ASSESSMENTS	
- DETERMINE THE NEED FOR SUPPORT AFTER INITIAL ASSESSMENTS	
- ARRANGE NECESSARY FOLLOW-UPS WITH DISASTER SURVIVORS	
- COMPLETE ANY REPORTS OR DOCUMENTS RELATED TO INCIDENT	
132212 D1-23-12 Schu	edule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
ISLAMIC RELIEF USA	95-4453134
QUALIFICATIONS AND COMPETENCIES	
- BETWEEN 21 AND 55 YEARS OLD	
- MUST BE AVAILABLE FOR TOURS OF SEVEN DAYS, AND ABLE TO WORK FOR	
HOUT DE AVAILABLE TON TOORE OF WALK BATE, MID MALL TO HOUR TON	
EIGHT TO 12 HOURS A DAY	
- WILLINGNESS TO BE ON-CALL	
- ABILITY TO WORK WITH DIVERSE POPULATIONS IN HIGHLY STRESSFUL	
C TOTIA DT ONC	
SITUATIONS	itaa
- EXHIBITS COMPASSION IN HIGH-STRESS ENVIRONMENTS	
- EXCELLENT COMMUNICATION SKILLS	·····
- COMPUTER SKILLS	
- ABILITY TO LIFT AT LEAST 25 LBS	
- ABILITY TO LIFT AT LEAST 25 LBS	
- MUST BE IN GOOD HEALTH AND ABLE TO BE ON YOUR FEET FOR HOURS AT A	
TIME	
- TEAM PLAYER	
- FOLLOWS DIRECTIONS WELL	
- TAKES INITIATIVE	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
UDHIYA/OURBANI AND RAMADAN PROJECTS: TO DISTRIBUTE DONATED FRESH OR	
CANNED MEAT TO THE NEEDY DURING MUSLIM HOLY FESTIVALS. TO DISTRIBUTE	
FOOD TO THE NEEDY DURING THE MONTH OF RAMADAN,	
EXPENSES \$ 3,089,385. INCLUDING GRANTS OF \$ 3,018,898. REVENUE \$ 0.	-,-
EDUCATION AND TRAINING PROJECTS: TO PROVIDE EDUCATION AND TRAINING	
WHEREVER IT IS NEEDED WITH SPECIAL EMPHASIS ON CHILDREN AND YOUTH.	
EXPENSES \$ 1,582,729. INCLUDING GRANTS OF \$ 1,547,384. REVENUE \$ 0.	
INCOME GENERATION PROJECTS: TO INCREASE SOURCES OF FIXED INCOME FOR 132212 01-23-12 Sci	hedule O (Form 990 or 990-EZ) (2011)
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Name of the organization		Employer identification numbe
ISLAMIC RELIEF US	SA	95-4453134
POOR FAMILIES; TO RESTORE AND PROMOTE	THE LOCAL ECONOMY AND TO SUPPORT	
FAMILIES TO INCREASE OPPORTUNITIES FOR	R SUCCESS AND CONTINUOUS	
PRODUCTION.		
EXPENSES \$ 501,440. INCLUDING GRANTS	S OF \$ 490,000. REVENUE \$ 0.	
ZAKAT & SADAQA PROJECTS: TO PROVIDE BA	ASIC AID INCLUDING FOOD, RENT,	
CLOTHING, AND MEDICAL SUPPLIES TO THE	REALLY POOR.	
<pre>3XPENSES \$ 180,090. INCLUDING GRANTS</pre>	5 OF \$ 176,000. REVENUE \$ 0.	
DEVELOPMENT PROJECTS: TO DEVELOP COMMU	UNITIES BY BUILDING COMMUNITY	
CENTERS AND TRAINING CENTER FOR VOCATI	IONAL TRAINING, AND BY DEVELOPING	
THE SKILLS AND ABILITIES OF THE DIFFER	RENT COMMUNITIES LOCALLY AND	
ABROAD.		
EXPENSES \$ 24,560. INCLUDING GRANTS	OF \$ 24,000. REVENUE \$ 0.	
FORM 990, PART IV, LINE 12		
CONSOLIDATED FINANCIAL STATEMENTS		
ISLAMIC RELIEF USA RECEIVED A CONSOLII	DATED STATEMENT THAT INCLUDED	
ITSELF AND ITS DISREGARDED ENTITY, 88	WHEELER FOUNDATION LLC, PREPARED	
IN ACCORDANCE WITH GAAP, ISLAMIC RELIE	3F USA DID NOT RECEIVE A SEPARATE	
STATEMENT FOR ITSELF AS A STAND ALONE	ENTITY.	
FORM 990, PART VI, SECTION B, LINE 11:	THE BOARD OF DIRECTORS DELEGATES	
THE RESPONSIBILITY OF REVIEWING THE IF	RS FORM 990 TAX RETURN TO IN-HOUSE	
LEGAL COUNSEL WHO REVIEWS THE RETURN A	AND PROVIDES A REPORT TO THE BOARD OF	
DIRECTORS ON ANY MATERIAL ISSUES ARISI	ING FROM THEIR REVIEW, PRIOR TO FILING	
OF THE FORM 990. A COPY OF THE FORM 9		
132212 01-23-12	92	chedule O (Form 990 or 990-EZ) (2011
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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
MEMBERS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART V, LINE 2A	
EMPLOYEE'S W-2'S	
OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET, FILED 141 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, (800) 638-0461.	
IT PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL, HEALTH	
BENEFITS, AND HUMAN CAPITAL MANAGEMENT FOR SMALL BUSINESS OWNERS, THEIR	
EIN IS 48-1304650.	
TTK 12 40-1704020°	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS THE	
CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY	
AND IT IS SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS AT THE FIRST	
QUARTER BOARD OF DIRECTORS MEETINGS.	······
FORM 990, PART VI, SECTION B, LINE 15: ISLAMIC RELIEF USA USES INDEPENDENT	
COMPENSATION CONSULTANTS TO PROVIDE A SALARY RANGE FOR THE CEO AND OTHER	
OFFICERS OF THE ORGANIZATION. AN INDEPENDENT CONSULTANT IN CONJUNCTION WITH	
TRINET HUMAN RESOURCES OUTSOURCING, A PROFESSIONAL EMPLOYER ORGANIZATION	
(PEO), PROVIDES CRITICAL COMPENSATION BENCHMARKING INFORMATION BASED ON	
INDUSTRY LOCATION AND JOB DESCRIPTION. THE BOARD OF DIRECTORS REVIEWS	
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 132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)
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Schedule O (Form 990 or 990 EZ) (2011) Name of the organization			Page Employer identification numb
ISLAMIC RELIEF US	A		95-4453134
THEREOF, THESE DELIBERATIONS ARE RECOR	DED IN CONTEMPORANE	OUS MINUTES.	
COMPENSATION OF THE CEO AND OTHER OFFI	CERS OF THE ORGANIZ	ATION IS APPROVED	
BY THE IRUSA'S BOARD OF DIRECTORS.			
FORM 990, PART VI, LINE 17, LIST OF ST.	ATES RECEIVING COPY	OF FORM 990:	
AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS	,KY,MA,MD,ME,MI,MS,	MN,NC,ND,NJ,NH,NM	
NY,OH,OK,OR,FA,RI,SC,TN,UT,VA,WA,WI,WV			
FORM 990, PART VI, SECTION C, LINE 19:	ISLAMIC RELIEF USA	A MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND FIN	ANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC IN A VARIETY O	F WAYS:	· · · · · · · · · · · · · · · · · · ·	
- VISIT OUR WEBSITE AT WWW.IRUSA.ORG A	ND READ INFORMATION	IN THE "ABOUT US"	·····
AND "PRIVACY POLICY" SECTIONS. COPIES (OF ANNUAL AUDITED F	INANCIAL	
STATEMENTS, IRS FORM 990'S, AND ANNUAL	REPORTS ARE AVAILA	BLE FOR VIEWING AT	
WWW.IRUSA.ORG.			
- EMAIL US AT INFO@IRUSA.ORG			
- WRITE US AT ISLAMIC RELIEF USA, 3655	WHEELER AVENUE, AL	EXANDRIA, VA 22304	
- SPEAK TO OUR DONOR CARE REPRESENTATIV	VES BY TELEPHONE AT	(888)479-4968	
- IRUSA'S GOVERNING AND FINANCIAL DOCU	MENTS ARE ALSO AVAI	LABLE FOR VIEWING	
AT WWW.GUIDESTAR.ORG			
FORM 990, PART VI, SECTION B, LINE 14			
DOCUMENT RETENTION AND DESTRUCTION POLD	ICY		
IRUSA HAD A DRAFT RECORDS MANAGEMENT PO	DLICY AS OF 12/1/20	11 WHICH WAS	
APPROVED BY THE BOARD OF DIRECTORS IN 2	2012		
132212 11-23-12		94	Schedule O (Form 990 or 990-EZ) (201
31113 703287 7701394	2011.05000	ISLAMIC RELIEF	USA 7701394:

Schedule O (Form 990 or 990 EZ) (2011) Name of the organization ISLAMIC_RELIEF_USA		Pa Employer identification num 95-4453134
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	· ····································	
NET UNREALIZED LOSSES ON INVESTMENTS:	-17,618.	
	······································	
	<u>, , , , , , , , , , , , , , , , , , , </u>	
32212 1-23-12		Schedule O (Form 990 or 990-EZ) (2
31113 703287 7701394 2011.05000	95 ISLAMIC RELIEF	USA 770139

SCHEDULE R (Form 990) Department of the Treasury Internal Newson's Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▲ Attach to Form 990.	anizations and Unrelated Partnerships ion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 to Form 990.	tnerships e 33, 34, 35, 36, or 3 ^{stions.}	2	<u>o</u>	OMB No. 1645-0047 2011 Open to Public Inspection
Name of the organization ISLAMIC RELIEF USA					Employer identification number 95-4453134	ation number
Part 1 Identification of Disregarded Entities (Complete if the organization	~	answered "Yes" to Form 990, Part IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) Total income	(e) End-of-year assets		(f) Direct controlling entity
88 WHEELER FOUNDATION, LLC - 27-1092788 PO BOX 23862 ALEXANDRIA, VA 22304	REAL ESTATE	VIRGINIA	27,940	3, 694, 680.	B0. N/A	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	cations (Complete if the organization a	nswered "Yes" to Form 990,	Part IV, line 34 becau	se it had one or m	ore related tax-exem	lpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code P section sta	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.			_	Schedule R (I	Schedule R (Form 990) 2011

01-23-12 LHA

R (Form 990) 2011 ISLAMIC RELIEF USA Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.) (a) (b) (c)
(c) Legal domicite (state or foreign country)
Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year,
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Schedule R (Form 990) 2011 ISLAMIC RELIEF USA			95-4453134	14 Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35,	swered "Yes" to Form	990, Part IV, line 34, 35, 3	35a, or 36.)	
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?	ns with one or more re	elated organizations listed	in Parts II-1V?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)				tb
c Gift, grant, or capital contribution from related organization(s)				1c
				1d
				1e
f Sale of assets to related organization(s)				. 1f
g Purchase of assets from related organization(s)				- 19
h Exchange of assets with related organization(s)				÷
i Lease of facilities, equipment, or other assets to related organization(s)		*************************************		÷
				And the second
Lease of facilities, equipment, or other assets from related organization(s)				
k Performance of services or membership or fundraising solicitations for related orgonal	ed organization(s)		***************************************	¥
 Performance of services or membership or fundraising solicitations by related orga 	d organization(s)			F
m Sharing of facilities, equipment, mailing lists, or other assets with related organizat	anization(s)			1m
n Sharing of paid employees with related organization(s)				11
	*****			. 10
p neutionisement paid by related organization(s) for expenses				
				19
Other transfer of cash or property from related organization(s)				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	nis line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(J)				
(2)				
(4)				
(6)				
(0)				
132163 01-23-12	86		Schedule	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 ISLAMIC	ISLAMIC RELIEP USA							95-4453134	4	Page 4
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	ble as a Partnership (Co	mplete if the organi	ization answered "Yes	s" to Form	990, Part IV, line 3	(.7.				
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.	entity taxed as a partnersl structions regarding exclu	nip through which t sion for certain inve	the organization cond estment partnerships.	ucted mor	e than five percent	of its activities (m	leasured by	total assets or	, ĝross re	venue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) Predominant income (related, unrelated, excluded from tax under section 512-514) v	(e) Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(h) (i) (j) (k) Dispropor- tionate Code V-UBI Ceneral or Percentage Context Code V-UBI Ceneral or Percentage Allocations? Of Schedule K-1 Derner? Of Schedule K-1 Derner? Ownership	(j) General or managing partner?	(k) ^o ercentage ownership
									res NO	
			-							
				. <u>.</u>						
									······	
				-			-	Schedule	R (Form	Schedule B (Form 990) 2011

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132164 01-23-12

Schedule R	(Form 990) 201
Part VII	Supplama

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Department of the Treasury **Internal Revenue Service** Ogden UT 84201

ĸ **IRS USE ONLY**

211A 93404-123-01214-2 A0135039 954453134 TE 3 For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: May 21, 2012

Taxpayer Identification Number: 95-4453134 Tax Form: 990 Tax Period: December 31, 2011

086662.968360.0296.006 1 AB 0.374 373 ╷╷╢╹╢╹╹╏╻╢╢╻╸┙╜╻┡╜╸╢╹╌┓╹╻╢╡╸╻╸╡╺╹╖╻╸┙╻┨╼╢╢┚╢╻╗╸╢╺╶╢╹╻╢╝╜╻╗╸

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ISLAMIC RELIEF USA % ABED AYOUB 3655 WHEELER AVE 22304-6404 ALEXANDRIA VA

086662

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2012.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	E	Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	ISLAMIC RELIEF USA	95-4453134
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	3655 Wheeler Avenue	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	· · · · · · · · · · · · · · · · · · ·
instructions.	Alexandria, VA 22304	

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of Fareq Osman, Islamic Relief USA, 3655 Wheeler Avenue, Alexandria, VA 22304

Tele	phone No. 🕨		703-370-7202	F/	AX No. 🕨	703-370-7201		_	
				of business in t	he United Sta	tes, check this box .		•••	. 🕨 🗖
• If this	s is for a Gro	up Return, en	ter the organization'	s four digit Grou	p Exemption	Number (GEN)		If this	s is
for the	whole group	o, check this t	Dox 🕨 🗌]. If it is for part	of the group,	check this box .	🕨 [and att	ach
a list w	vith the name	s and EINs o	f all members the ex	tension is for.					
1	I request an	automatic 3-	month (6 months for	a corporation r	equired to file	Form 990-T) extens	ion of time		
	until	08/15	, 20 12 , to file the	exempt organiz	ation return fo	or the organization na	amed above	. The exte	ension is
	for the orga	nization's retu	urn for:						
	► 🗹 calend	lar year 20 _	11_or						
	tax yea	ar beginning		, 20	, and er	nding		, 20	··
2	If the tax ye	ar entered in	line 1 is for less than	12 months, che	eck reason:	Initial return 🛛 🗍	inal return		
	Change i	n accounting	period						
3a				⁷ , 990-T, 4720, o	or 6069, enter	the tentative tax, les	ss any		
	nonrefundal	ble credits. Se	ee instructions.				3a	\$	
b	••				•	ny refundable credit	s and		
	estimated ta	ax payments	made. Include any pi	rior year overpa	yment allowed	d as a credit.	3b	\$	
С						form, if required, by	using		
	EFTPS (Elec	ctronic Federa	al Tax Payment Syste	em). See instruc	tions.		Зс	\$	
Cautio	n. If you are go	oing to make ar	n electronic fund withdr	rawal with this For	m 8868, see Fo	orm 8453-EO and Form	8879-EO for	payment in	structions.
							_	. 0000	

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

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K **IRS USE ONLY**

Department of the Treasury **Internal Revenue Service** Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: August 13, 2012

Taxpayer Identification Number: 95-4453134 Tax Form: 990 Tax Period: December 31, 2011

ISLAMIC RELIEF USA % ABED AYOUB **3655 WHEELER AVE** 22304-6404 ALEXANDRIA VA

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APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

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- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	e original (no copies needed).	
	E	nter filer's i	dentifying number, see instructions	
Type or	Name of exempt organization or other filer, see instructions.	Employ	yer identification number (EIN) or	
print	ISLAMIC RELIEF USA	X	95-4453134	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)		
due date for	3655 Wheeler Avenue		N/A	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions.	Alexandria, VA 22304			

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

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

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

 The 	books are in the care of ► Tare	q Osman, Controller									
Telephone No. (703) 370-7202		FAX No. 🕨	FAX No. ► (703) 370-720								
 If the 	e organization does not have ar	office or place of l	ousiness in the Un	ited States, cheo	ck this box						
• If thi	is is for a Group Return, enter th	ne organization's fo	ur digit Group Exe	mption Number	(GEN)		. If this is	3			
	e whole group, check this box										
	th the names and EINs of all me			0 17		-					
		<u> </u>									
4	I request an additional 3-mont	h extension of time	e until	November 15	, 20	12.					
5	I request an additional 3-month extension of time until							20.			
6	If the tax year entered in line 5										
	Change in accounting perio		,								
7											
McGladrey and Pullen, LLP.											
					·····						
8a	If this application is for Form	90-BL, 990-PF, 99	0-T, 4720, or 606	9, enter the tent	ative tax, less an	v	1				
	nonrefundable credits. See ins					8a	\$				
b	If this application is for For	n 990-PF 990-T	4720 or 6069 e	enter any refund	lable credits an	Concession of the local division of the loca					
~	estimated tax payments mad										
	amount paid previously with F				a oroan and an	, 8b	S				
с	Balance due. Subtract line 8b fr		our navment with t	his form if require	ad by using EETP						
U	(Electronic Federal Tax Payment				ou, by using EFTF		e				
· · ·						8c	Ψ				

Signature and Verification must be completed for Part II only.

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

Title ► CEO Date ► July 11, 2012 Form 8868 (Rev. 1-2012) Signature >