

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20__

2011

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

See instructions.

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Name and title of officer

ABED AYOUN

CEO

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due) and 3 columns (checkbox, description, amount). Row 1a is checked with amount 63551843.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MCGLADREY LLP to enter my PIN [redacted] as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: [Signature] Abed Ayoun CEO Date: NOV-13-2012

Part III Certification and Authentication

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

[redacted] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: [Signature] Date: 11/13/12

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

Form **990**

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)

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ISLAMIC RELIEF USA		D Employer identification number 95-4453134
	Doing Business As ISLAMIC RELIEF		E Telephone number 703-370-7202
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 65,554,483. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	3655 WHEELER AVE.		
	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22304		
F Name and address of principal officer: MOHAMED AMR ATTAWIA SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.IRUSA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA STRIVES TO ALLEVIATE SUFFERING, HUNGER, ILLITERACY, AND (CONT. ON SCH O)	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Part VIII, column (C), line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 182,491,174. Current Year: 63,445,140.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	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.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,800,011. 6,717,794.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,000. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,708,872.	
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 33,052,354. End of Year: 44,341,367.
	21 Total liabilities (Part X, line 26)	17,237,356. 13,933,395.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,814,998. 30,407,972.

Part II Signature Block

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

Sign Here	Signature of officer	PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS		Date
	ABED AYOUB, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E. TURCO, CPA	Preparer's signature <i>William E. Turco</i>	Date 11/13/12	Check if self-employed <input type="checkbox"/> PTIN P00369217
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325	Phone no. (301) 296-3600	
Firm's address ▶ 9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340				

Part 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 PROJECTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [x] No

[] Yes [x] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [x] Yes [] No

[x] Yes [] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,606,452, including grants of \$ 14,615,931.) (Revenue \$)

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 \$ 11,646,884, including grants of \$ 11,319,600.) (Revenue \$)

EMERGENCY AND RELIEF PROJECTS: TO PROVIDE FOOD, WATER & SANITATION, HEALTH SERVICES, LIVELIHOOD SUPPORT, AND OTHER ESSENTIAL SERVICES TO THE VICTIMS OF DISASTERS AND WHOEVER NEEDS IT ANYWHERE IN THE WORLD.

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: AL, AZ, CA, DC, GA, IL, MD, MI, MN, NV, NY, OR, PA, TX, WA. OVERSEAS, 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.) (Revenue \$)

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 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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part 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	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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	X	
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a-13b regarding Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, and governance decisions.

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

Table with 5 columns: Question, 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MR. TAREQ OSMAN, CPA, CONTROLLER - 703-370-7202

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. IHAB M. H. SAAD 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 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			116,596.	0.	24,990.	
(9) TAREQ OSMAN CONTROLLER	40.00			X			112,964.	0.	23,288.	
(10) ADNAN ANSARI VP OF PROGRAMS	40.00			X			111,581.	0.	12,637.	
(11) HEBAH REED VP OF COM. & PUBLIC AFFAIR	40.00			X			105,014.	0.	16,801.	
(12) BEVERLY PEREZ CORPORATE COUNSEL & CORPORATE SECRET	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.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
		1a					
	b	Membership dues					
		1b					
	c	Fundraising events	7,798,668.				
		1c					
	d	Related organizations					
		1d					
e	Government grants (contributions)						
	1e						
f	All other contributions, gifts, grants, and similar amounts not included above	55,646,472.					
	1f						
g	Noncash contributions included in lines 1a-1f: \$	14,453,615.					
h	Total. Add lines 1a-1f		63,445,140.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 7,798,668. of contributions reported on line 1c). See Part IV, line 18	a	284,489.			
	b	Less: direct expenses	b	2,002,640.			
	c	Net income or (loss) from fundraising events		-1,718,151.		-1,718,151.	
9 a	Gross income from gaming activities. See 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	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	1,650,476.		1,650,476.		
b	FOREIGN CURRENCY GAIN	900099	174,378.		174,378.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,824,854.				
12	Total revenue. See instructions.		63,551,843.	0.	0.	106,703.	

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 response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,007,977.	1,007,977.		
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				
5 Compensation of current officers, directors, 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	4,546,713.	423,241.	1,535,634.	2,587,838.
8 Pension plan accruals and contributions (include 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.	218,227.	367,754.
10 Payroll taxes	483,429.	45,001.	163,276.	275,152.
11 Fees for services (non-employees):				
a Management				
b Legal	248,706.		248,706.	
c Accounting	129,592.		129,592.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	533,549.	37,700.	361,326.	134,523.
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 O.)				
a HANDLING & RELATED COST	1,694,386.	1,694,386.		
b COMMUNITY EVENT SPONSOR	545,975.			545,975.
c 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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	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, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	70,588.	7	16,667.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,471.	9	25,989.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,769,893.		
		10a			
	b	Less: accumulated depreciation	675,880.	10b	
			4,173,453.	10c	4,094,013.
	11	Investments - publicly traded securities	250,715.	11	259,998.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	35,835.	15	15,794.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	33,052,354.	16	44,341,367.	
Liabilities	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	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17,237,356.	26	13,933,395.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,475,662.	27	8,867,815.
	28	Temporarily restricted net assets	12,339,336.	28	21,540,157.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,814,998.	33	30,407,972.	
34	Total liabilities and net assets/fund balances	33,052,354.	34	44,341,367.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,551,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,941,251.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,610,592.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,814,998.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,618.
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	30,407,972.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
2b	Were the organization's financial statements audited by an independent accountant?	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	x	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		x
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

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

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	60,611,813.	75,884,946.	147,309,234.	182,491,174.	63,729,629.	530,026,796.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						530,026,796.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	60,611,813.	75,884,946.	147,309,234.	182,491,174.	63,729,629.	530,026,796.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,746.	3,266.	1,049.			6,061.
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.)					174,378.	174,378.
11 Total support. Add lines 7 through 10						530,207,235.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 12,088,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>MEDICINES AND NON-PHARMACEUTICAL</u> <u>MEDICAL SUPPLIES</u>	\$ <u>12,088,517.</u>	<u>12/01/11</u>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		2,606,558.	220,511.	2,386,047.
c Leasehold improvements		303,671.	157,777.	145,894.
d Equipment				
e Other		556,385.	297,592.	258,793.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,094,013.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(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, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	63,551,843.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,941,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	14,610,592.
4	Net unrealized gains (losses) on investments	4	-17,618.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-17,618.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,592,974.

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

1	Total revenue, gains, and other support per audited financial statements	1	63,886,389.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-17,618.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-17,618.
3	Subtract line 2e from line 1	3	63,904,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-352,164.
c	Add lines 4a and 4b	4c	-352,164.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	63,551,843.

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	352,164.
e	Add lines 2a through 2d	2e	352,164.
3	Subtract line 2e from line 1	3	48,941,251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	48,941,251.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: IRUSA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN

ADDITION, IRUSA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE

DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THERE

WAS NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER 31,

2011.

Part XIV Supplemental Information (continued)

MANAGEMENT HAS EVALUATED IRUSA'S TAX POSITIONS AND HAS CONCLUDED THAT
 IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. IRUSA
 FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS
 NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX
 EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC -	0	0	GRANTS TO RECIPIENTS		90,349.
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTS TO RECIPIENTS		366,430.
MIDDLE EAST AND NORTH AFRICA -	0	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,	0	0	GRANTS TO RECIPIENTS		759,100.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	GRANTS TO RECIPIENTS		2,384,286.
SUB-SAHARAN AFRICA - ANGOLA,	0	0	GRANTS TO RECIPIENTS		18,579,843.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RELIEF AID PURCHASES TO HAITIAN DISPLACED PERSON CAMP	489.
3 a Sub-total	0	0			34,358,761.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			34,358,761.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	CHINA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	14,361	WIRE	0		
			EAST ASIA AND THE PACIFIC	INDONESIA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	4,069	WIRE	0		
			EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	71,919	WIRE	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	80,399	WIRE	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	18,874	WIRE	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	124,637	WIRE	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	7,864	WIRE	0		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	44,656	WIRE	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9

3 Enter total number of other organizations or entities 102

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - EMERGENCY FOR EARTHQUAKE VICTIMS: TO DISTRIBUTE FOOD	90,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	82,335.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	196,413.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	33,412.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - FOOD SUPPLY PROGRAM: PROVISION OF FOOD RATIONS TO 2,200 NEEDY EGYPTIAN	98,842.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - EARLY INTERVENTION & REHABILITATION CENTER: A	642,622.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	EGYPT - FAMILY SPONSORSHIP: IMPROVE LIVING STANDARD OF 150 FAMILIES IN	300,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - EMERGENCY SCHOOL FEEDING: FREE BREAKFAST & LUNCH PROGRAM FOR	500,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	23,593.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 NORTH AFRICA	IRAQ - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	6,367	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	253,598	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	22,156	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	JORDAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	97,026	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	56,922	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	JORDAN - SYRIA EMERGENCY ASSISTANCE FOR SYRIA REFUGEES IN JORDAN: FOOD PACKETS	501,033	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	LEBANON - HADI & QURBANI MEAT CANNING 2011: CAN, SHIP & DISTRIBUTE CANNED	300,000	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	LEBANON - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	16,754	WIRE	0			
			MIDDLE EAST AND NORTH AFRICA	LEBANON - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	15,471	WIRE	0			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	173,175	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	LEBANON - SYRIA EMERGENCY ASSISTANCE FOR SYRIAN REFUGEES IN LEBANON:	138,233	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	LIBYA - HEALTH AID: ASSIST 6,000 INJURED OR AGED THRU EXTERNAL MEDICAL TEAMS,	250,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	240,165	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	122,524	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	ISRAEL (GAZA & WEST BANK) - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT	1,121,147	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	23,687	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - LIBYA HUMANITARIAN INTERVENTION	100,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	REPATRIATION EGYPT					
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - LIBYA HUMANITARIAN INTERVENTION FOR LIBYANS IN TUNISIA:	394,115	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 NORTH AFRICA	TUNISIA - LIBYA HUMANITARIAN INTERVENTION IN RAMADA & TATAQUINE	185,157.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - THE RAMADA PROJECT; CHILD PROTECTION ACTIVITIES FOR LIBYAN REFUGEE	297,405.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - KIDNEY DIALYSIS UNIT AT YATTA HOSPITAL PHASE II B; PURCHASE 2	66,442.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - POOR STUDENT RETURN TO SCHOOL; ENABLE 3,700 ORPHAN STUDENTS AGED	81,864.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - PROVIDING ADEQUATE EDUCATION IN THE WEST BANK; IMPROVE 8 SCHOOLS IN	1,146,280.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI; PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	15,215.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - RAMADAN FOOD PACKAGES; PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	33,643.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP; A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	77,129.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE & HUMANITARIAN SUPPORT TO IDP'S; A ONE MONTH	100,568.	WIRE	0.		

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 NORTH AFRICA	LIBYA - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,637,187.	PHARMACEUTICALS	FMV - WHOLESALE
		MIDDLE EAST AND NORTH AFRICA	JORDAN - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,723,072.	PHARMACEUTICALS	FMV - WHOLESALE
		MIDDLE EAST AND NORTH AFRICA	LIBYA - HEALTH & NUTRITION GIK: DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		30,540.	MEDICAL SUPPLIES	FMV - WHOLESALE
		MIDDLE EAST AND NORTH AFRICA	JORDAN - HEALTH & NUTRITION GIK: DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		31,038.	MEDICAL SUPPLIES	FMV - WHOLESALE
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - EMERGENCY & RELIEF GIK: PROVIDING RELIEF AID TO CHILDREN &	0.		623,622.	HYGIENE KITS, EMERGENCY MEDICAL SUPPLIES, NEWBORN SUPPLIES, SCHOOL KITS, CHILDRENS	FMV - WHOLESALE
		MIDDLE EAST AND NORTH AFRICA	EGYPT - EMERGENCY & RELIEF GIK: PROVIDING POST-REVOLUTIONARY RELIEF AID TO	0.		150,343.	BLANKETS &	FMV - WHOLESALE
		NORTH AMERICA	CHECHNYA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	32,312.	WIRE	0.		
		NORTH AMERICA	CHECHNYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	6,415.	WIRE	0.		
		NORTH AMERICA	CHECHNYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	230,461.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(c) 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)
		SOUTH AMERICA	COLUMBIA - EMERGENCY & RELIEF GIK: RELIEF FROM FLOODING FROM ABOVE-AVERAGE &	0.		759,100.	CLOTHING, BEDDING, BLANKETS	FMV - WHOLESALE
		SOUTH ASIA	AFGHANISTAN - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE	71,325.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	30,203.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	112,199.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	33,030.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	13,285.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	349,304.	WIRE	0.		
		SOUTH ASIA	INDIA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	129,383.	WIRE	0.		
		SOUTH ASIA	INDIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	16,334.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)	
			SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	199,616	WIRE	0			
			SOUTH ASIA	PAKISTAN - APPNA HEPATITIS CLINIC INITIATIVE: PAYING EXPENSES RELATED TO	29,512	CHECK	0			
			SOUTH ASIA	PAKISTAN - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	227,036	WIRE	0			
			SOUTH ASIA	PAKISTAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	99,134	WIRE	0			
			SOUTH ASIA	PAKISTAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	790,784	WIRE	0			
			SOUTH ASIA	PAKISTAN - SINDH FLOOD RESPONSE 2011: AID 219,000 INDIVIDUALS THRU	197,728	WIRE	0			
			SOUTH ASIA	SRI LANKA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	49,237	WIRE	0			
			SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	36,179	WIRE	0			
			SUB-SAHARAN AFRICA	CHAD - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	44,231	WIRE	0			

Schedule F (Form 990) ISLAMIC RELIEF USA 95-4453134 Schedule F (Form 990), 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)
		SUB-SAHARAN AFRICA	CHAD - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	5,838	WIRE	0		
		SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	246,183	WIRE	0		
		SUB-SAHARAN AFRICA	ETHIOPIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	16,380	WIRE	0		
		SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	110,794	WIRE	0		
		SUB-SAHARAN AFRICA	ETHIOPIA - INTEGRATED RESPONSE TO COMMUNITIES AFFECTED BY DROUGHT: AID	708,688	WIRE	0		
		SUB-SAHARAN AFRICA	GHANA - TEACHERS TRAINING INSTITUTE: FULL TIME BOARDING SCHOOL FOR COLLEGE	278,267	WIRE	0		
		SUB-SAHARAN AFRICA	KENYA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	72,214	WIRE	0		
		SUB-SAHARAN AFRICA	KENYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	9,143	WIRE	0		
		SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	94,258	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SUB-SAHARAN AFRICA	KENYA - DROUGHT EMERGENCY; INTEGRATED EMERGENCY RESPONSE FOR THE DROUGHT	285,823.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - INTEGRATED RESPONSE TO COMMUNITIES AFFECTED BY DROUGHT; AID	629,945.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	18,874.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	5,862.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	32,824.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	24,901.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	247,334.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - WATSON: ACCESS TO CLEAN DRINKING WATER, BUILDING SANITATION	257,487.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	52,519.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SUB-SAHARAN AFRICA	NIGER - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY FAMILIES	10,927	WIRE	0		
		SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	42,212	WIRE	0		
		SUB-SAHARAN AFRICA	SOMALIA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	205,153	WIRE	0		
		SUB-SAHARAN AFRICA	SOMALIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD PACKAGES TO NEEDY	10,251	WIRE	0		
		SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	113,923	WIRE	0		
		SUB-SAHARAN AFRICA	SOMALIA - EMERGENCY PROJECT: AN EMERGENCY WATER & SANITATION PROJECT & LIVELIHOOD	2,970,695	WIRE	0		
		SUB-SAHARAN AFRICA	SOMALIA - INTEGRATED RESPONSE TO COMMUNITIES AFFECTED BY DROUGHT: ASSIST	2,598,523	WIRE	0		
		SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE	6,770	WIRE	0		
		SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT PROVIDES SUPPORT TO	36,173	WIRE	0		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
1		SUB-SAHARAN AFRICA	SUDAN - QURBANI 2011: PROVIDE 1,021 QURBANI'S TO ASSIST 6,126 PEOPLE IN NORTH	95,835.00	WIRE	0.		
		SUB-SAHARAN AFRICA	ZIMBABWE - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES, PEOPLE AFFECTED BY	38,295.00	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,723,162.	PHARMACEUTICALS	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	GUINEA - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,724,964.	PHARMACEUTICALS	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	SIERRA LEONE - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,723,337.	PHARMACEUTICALS	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	MAURITANIA - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,720,024.	PHARMACEUTICALS	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	NIGER - HEALTH & NUTRITION GIK: DONATIONS OF PHARMACEUTICALS FOR	0.		1,628,019.	PHARMACEUTICALS	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	SOMALIA - HEALTH & NUTRITION GIK: DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		30,847.	MEDICAL SUPPLIES	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	GUINEA - HEALTH & NUTRITION GIK: DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		30,858.	MEDICAL SUPPLIES	FMV - WHOLESALE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
1		SUB-SAHARAN AFRICA	SIERRA LEONE - HEALTH & NUTRITION GIK; DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		27,196.	MEDICAL SUPPLIES	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	MAURITANIA - HEALTH & NUTRITION GIK; DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		31,238.	MEDICAL SUPPLIES	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	NIGER - HEALTH & NUTRITION GIK; DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		27,033.	MEDICAL SUPPLIES	FMV - WHOLESALE
		SUB-SAHARAN AFRICA	MALI - HEALTH & NUTRITION GIK; DONATIONS OF MEDICAL SUPPLIES FOR STOCKING	0.		642,843.	MEDICAL SUPPLIES	FMV - WHOLESALE

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: PROCEDURE FOR MONITORING THE USE OF GRANTFUNDS 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

Part V Supplemental Information

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

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.

PART II, COLUMNS (D) AND (H):

REGION: EAST ASIA AND THE PACIFIC

(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

Part V Supplemental Information

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

THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(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

QURBANI/UDHIYA MEAT.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(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

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 - QURBANI: PROVIDE WIDOWS, ORPHANS,

Part V Supplemental Information

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

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 &

Part V Supplemental Information

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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.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - 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: JORDAN - 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: JORDAN - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

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.

Part V Supplemental Information

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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 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 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

Part V Supplemental Information

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REFUGEES IN LEBANON: DISTRIBUTE FOOD, WATER, CLOTHING, MEDICAL & HYGIENE

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

Part V Supplemental Information

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(D) PURPOSE OF GRANT: TUNISIA - LIBYA HUMANITARIAN INTERVENTION

REPATRIATION EGYPT WORK: RETURN EGYPT WORKERS WHO FLED LIBYA INTO

TUNISIA, AS A RESULT OF THE LIBYA CRISIS, BACK TO EGYPT.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TUNISIA - LIBYA HUMANITARIAN INTERVENTION FOR

LIBYANS IN TUNISIA: PROVISION OF FOOD PACKS & HYGIENE KITS TO LIBYAN

REFUGEE FAMILIES & THEIR TUNISIAN HOSTS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TUNISIA - LIBYA HUMANITARIAN INTERVENTION IN

RAMADA & TATAOUINE REFUGEE CAMPS: DISTRIBUTED FOOD PACKS, BABY KITS &

HYGIENE KITS TO 4,116 FAMILIES OF LIBYAN REFUGEES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: TUNISIA - THE RAMADA PROJECT: CHILD PROTECTION

ACTIVITIES FOR LIBYAN REFUGEE CHILDREN PROVIDING EDUCATION &

EXTRA-CURRICULAR ACTIVITIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: WEST BANK - KIDNEY DIALYSIS UNIT AT YATTA HOSPITAL

PHASE II B: PURCHASE 2 KIDNEY DIALYSIS MACHINES, 2 HEMODIALYSIS CHAIRS

FOR HEPATITIS B / C PATIENTS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: WEST BANK - POOR STUDENT RETURN TO SCHOOL: ENABLE

3,700 ORPHAN STUDENTS AGED 6 - 14 TO RETURN TO SCHOOL BY PROVIDING THEM

Part V Supplemental Information

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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

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

Part V Supplemental Information

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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

(D) PURPOSE OF GRANT: LIBYA - 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: 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,

HYGEINE KITS, QUILTS, COTTON BLANKETS, TOYS

REGION: MIDDLE EAST AND NORTH AFRICA

Part V Supplemental Information

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(D) PURPOSE OF GRANT: EGYPT - EMERGENCY & RELIEF GIK: PROVIDING

POST-REVOLUTIONARY RELIEF AID TO CHILDREN & HOSPITAL SUPPLIES TO PATIENTS

IN EGYPT WHERE THESE ITEMS ARE LACKING.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGEINE KITS, EMERGENCY MEDICAL

SUPPLIES, BLANKETS & QUILTS, NEWBORN SUPPLIES, SCHOOL SUPPLIES, CHILDRENS

CLOTHING, AND WHEELCHAIRS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CHECHNYA - QURBANI: PROVIDE WIDOWS, ORPHANS,

REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

QURBANI/UDHIYA MEAT.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CHECHNYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CHECHNYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND

THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: COLUMBIA - EMERGENCY & RELIEF GIK: RELIEF FROM

FLOODING FROM ABOVE-AVERAGE & SUSTAINED HEAVY RAIN SINCE 3/2010.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AFGHANISTAN - QURBANI: PROVIDE WIDOWS, ORPHANS,

REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

Part V Supplemental Information

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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.

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

Part V Supplemental Information

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QURBANI/UDHIYA MEAT.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INDIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

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 INITIATIVE:

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.

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

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PAKISTAN - ORPHAN SPONSORSHIP: A MONTHLY STIPEND

Part V Supplemental Information

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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) PURPOSE 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,

Part V Supplemental Information

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REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

QURBANI/UDHIYA MEAT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ETHIOPIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ETHIOPIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND

THAT PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ETHIOPIA - INTEGRATED RESPONSE TO COMMUNITIES

AFFECTED BY DROUGHT: AID 430,729 E. AFRICANS W/ HEALTH & NUTRITION, WASH,

LIVELIHOOD & FOOD SECURITY, SHELTER & PROTECTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GHANA - TEACHERS TRAINING INSTITUTE: FULL TIME

BOARDING SCHOOL FOR COLLEGE AGE MALE STUDENTS IN ACCRA, GHANA & CERTIFIED

TEACHER TRAINING IN KANDI, BENIN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: KENYA - QURBANI: PROVIDE WIDOWS, ORPHANS,

REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

QURBANI/UDHIYA MEAT.

REGION: SUB-SAHARAN AFRICA

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(D) PURPOSE OF GRANT: KENYA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: KENYA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT

PROVIDES SUPPORT TO ORPHANS FOR HOUSING, SCHOOL & MEDICAL EXPENSES.

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,

REFUGEES, PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

QURBANI/UDHIYA MEAT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MALAWI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SUB-SAHARAN AFRICA

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(D) PURPOSE OF GRANT: MALI - QURBANI: PROVIDE WIDOWS, ORPHANS, REFUGEES,

PEOPLE AFFECTED BY DISASTER & THE GENERAL POOR POPULATION WITH

QURBANI/UDHIYA MEAT, MALI QURBANI

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MALI - RAMADAN FOOD PACKAGES: PROVIDES STAPLE FOOD

PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

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

QURBANI/UDHIYA MEAT, NIGER QURBANI

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: NIGER - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SUB-SAHARAN AFRICA

Part V Supplemental Information

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(D) PURPOSE OF GRANT: NIGER - ORPHAN SPONSORSHIP: A MONTHLY STIPEND THAT

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

QURBANI/UDHIYA MEAT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOMALIA - RAMADAN FOOD PACKAGES: PROVIDES STAPLE

FOOD PACKAGES TO NEEDY FAMILIES DURING RAMADAN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOMALIA - ORPHAN SPONSORSHIP: A MONTHLY STIPEND

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.

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.

REGION: SUB-SAHARAN AFRICA

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(D) PURPOSE OF GRANT: SOUTH AFRICA - 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: 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.

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.

Part V Supplemental Information

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

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.

Part V Supplemental Information

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

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) PURPOSE 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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE 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

Part V Supplemental Information

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

ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM

5713.

Lined area for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Open To Public
Inspection

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.

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EAST AFRICA DINNER (event type)	CHILDREN IN NEED DINNER (event type)	87 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	613,670.	87,036.	7,382,451.	8,083,157.
	2 Less: Charitable contributions	576,929.	79,878.	7,141,861.	7,798,668.
	3 Gross income (line 1 minus line 2)	36,741.	7,158.	240,590.	284,489.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	49,455.	28,492.	751,520.	829,467.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,736.	11,534.	1,151,903.	1,173,173.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,002,640)
	11 Net income summary. Combine line 3, column (d), and line 10				-1,718,151.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 AMERICAN SOCIETY BAY AREA, 2116 WALSH AVE, SUITE B SANTA CLARA, CA 95050	20-5595580	501(C)(3)	10,000.	0.			BUILD A BACKPACK CAMPAIGN: PROVIDE BACK-TO-SCHOOL BACKPACKS (FILLED W/SCHOOL)
MUSLIMAT AL NISSA 5115 LIBERTY HEIGHTS AVE BALTIMORE, MD 21207	20-5644620	501(C)(3)	10,000.	0.			HOME CENTER; SUPPORT THE COST OF OPERATING THE SHELTER FOR BATTERED & HOMELESS WOMEN & THEIR
MUSLIMAT AL NISSA 5115 LIBERTY HEIGHTS AVE BALTIMORE, MD 21207	20-5644620	501(C)(3)	40,000.	0.			HOME CENTER; SUPPORT THE COST OF OPERATING THE SHELTER FOR BATTERED & HOMELESS WOMEN & THEIR
ISLAMIC-AMERICAN ZAKAT FOUNDATION 4323 ROSEDALE AVE BETHESDA, MD 20814	52-1492341	501(C)(3)	20,000.	0.			MEDINA PROGRAM; CASE MANAGEMENT SERVICES FOR 650 PEOPLE. SERVICES INCLUDE COUNSELING OR
NORTH SIDE LEARNING CENTER 808 N MCBRIDE ST SYRACUSE, NY 13203	27-1357086	501(C)(3)	10,000.	0.			NORTH SIDE LEARNING CENTER "HAPPY BUS": PROVIDE ENGLISH LANGUAGE EDUCATION & OTHER
WASHINGTON ISLAMIC ACADEMY 6408 EDSALL RD ALEXANDRIA, VA 22312	31-1256417	501(C)(3)	10,000.	0.			SCHOLARSHIP GRANT: PROVIDING \$10,000 IN SCHOLARSHIP FUNDING TO SUPPORT THE EDUCATION OF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51.

3 Enter total number of other organizations listed in the line 1 table 51.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
MUSLIM ALLIANCE OF INDIANA 1100 WEST 42ND ST. SUITE 125 INDIANAPOLIS, IN 46208	20-2397185	501(C)(3)	24,000.	0.			SOCIAL JUSTICE IN INDIANA: ADVOCACY PROGRAM FOR REFUGEES.
ACCESS CALIFORNIA SERVICES 2180 W CRESCENT AVE STE. C ANAHEIM, CA 92801	33-0826205	501(C)(3)	150,000.	0.			SOCIAL SERVICES CORE SUPPORT: PROGRAM TO SUPPORT CASE MANAGEMENT FOR REFUGEES.
THE CULTURAL CUP FOOD BANK P.O. BOX 32923 PHOENIX, AZ 85064	81-0622721	501(C)(3)	12,000.	0.			SPECIALTY EMERGENCY FOOD BOX & FREE MEDICAL CLINIC PHARMACY: ENABLES INDIVIDUALS WITHOUT TUTION PROGRAM FY2011: PAYING STUDENT TUTION FOR SCHOOL CHILDREN WHO CANNOT BECAUSE OF THEIR
AMERICAN OPEN UNIVERSITY 4212 KING ST ALEXANDRIA, VA 22302	54-1756821	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN
CHICAGO METROPOLITAN EDUCATIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA) - 15455 S PARK AVE - SOUTH HOLLAND, IL 60473	36-3806807	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN
AL-MAA'UUN FOOD SHELF PROGRAM AT MASJID AN-NUR - 1729 LYNDALDE AVE N - MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN
YOUTH V.I.B.E. 5240 SNAPPINGER PARK DRIVE SUITE 1 DECATUR, GA 30035	58-2384492	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: NUTRITIOUS SCHOOL MEALS ARE NOT AVAILABLE TO CHILDREN
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL (ECDC) - 901 S HIGHLAND ST - ARLINGTON, VA 22204	54-1993252	501(C)(3)	10,000.	0.			LIVELIHOOD PROGRAM FY2011: MATCHED SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES & LIVELIHOOD PROGRAM
CAPITOL AREA ASSET BUILDERS (CAAB) 1444 I ST NW SUITE 201 WASHINGTON, DC 20005	52-2002672	501(C)(3)	180,000.	0.			FY2011: MATCHED SAVINGS & FINANCIAL LITERACY PROGRAM FOR REFUGEES & LIVELIHOOD PROGRAM

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
THE COMMUNITY MASJID -SHARE CENTER 547 WEST END PLACE ATLANTA, GA 30310	45-0503956	501(C)(3)	8,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID AL-ISLAM 2604 SOUTH HARWOOD ST DALLAS, TX 75215	75-2941409	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
NEIGHBORLY NEEDS 17365 FAIRFIELD DETROIT, MI 48221	26-4615461	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
FLINT ISLAMIC CENTER 9447 CORUNNA RD SWARTZ CREEK, MI 48473	38-3210132	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
AL-MAUN (NEIGHBORLY NEEDS) LAS VEGA, NV (AL-MAUN) - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	9,800.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
AL-MAA'UUN FOOD SHELF PROGRAM AT MASJID AN-NUR - 1729 LYNDALD AVE N - MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
FIRST UNITARIAN CHURCH OF PHILADELPHIA - 2125 CHESTNUT ST - PHILADELPHIA, PA 19103	23-1365260	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
THE CULTURAL CUP FOOD BANK P.O. BOX 32923 PHOENIX, AZ 85064	81-0622721	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
ISLAMIC SOCIAL SERVICES OF OREGON STATE - P.O. BOX 5996 - ALOHA, OR 97006	38-3655438	501(C)(3)	7,711.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID UMAR AL-FAROOQ 5507 238TH ST SW MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID MUHAMMAD 1519 4TH ST NW WASHINGTON, DC 20001	94-3135848	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
THE CENTER FOR SOCIAL ADJUSTMENT AND REENTRY (CORE) - 6122 S. PARKSHORE E. CT - CHICAGO, IL 60637	20-5729593	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
THE COMMUNITY MASJID -SHARE CENTER 547 WEST END PLACE ATLANTA, GA 30310	45-0503956	501(C)(3)	0.	14,616.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MUSLIM SOCIAL SERVICES AGENCY P.O. BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	0.	11,642.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
NEIGHBORLY NEEDS 17365 FAIRFIELD DETROIT, MI 48221	26-4615461	501(C)(3)	0.	12,046.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
FLINT ISLAMIC CENTER 9447 CORUNNA RD SWARTZ CREEK, MI 48473	38-3210132	501(C)(3)	0.	14,616.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID AT-TAQWA 1266 BEDFORD AVE BROOKLYN, NY 11216	11-3004202	501(C)(3)	0.	23,285.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	0.	9,475.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID MUHAMMAD 1519 4TH ST NW WASHINGTON, DC 20001	94-3135848	501(C)(3)	0.	9,475.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
THE CENTER FOR SOCIAL ADJUSTMENT AND REENTRY (CORE) - 6122 S. PARKSHORE E. CT - CHICAGO, IL 60637	20-5729593	501(C)(3)	0.	7,308.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
AL-MAA'UN FOOD SHELF PROGRAM AT MASJID AN-NUR - 1729 LYNDALDE AVE N - MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	0.	11,642.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID AL-ISLAM 2604 SOUTH HARWOOD ST DALLAS, TX 75215	75-2941409	501(C)(3)	0.	14,616.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
THE CULTURAL CUP FOOD BANK P.O. BOX 32923 PHOENIX, AZ 85064	81-0622721	501(C)(3)	0.	9,878.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
AL-MAUN (NEIGHBORLY NEEDS) LAS VEGA, NV (AL-MAUN) - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	0.	4,738.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
MASJID UMAR AL-FAROOQ 5507 238TH ST SW MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	0.	4,738.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL
ISLAMIC SOCIAL SERVICES OF OREGON STATE - P.O. BOX 5996 - ALOHA, OR 97006	38-3655438	501(C)(3)	0.	9,475.FMV		HYGIENE KITS & SCHOOL SUPPLY KITS	DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL

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.

(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.

SCHEDULE I, PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF DOMESTIC

GRANT FUNDS:

1. IRUSA ALSO ONLY ACCEPTS GRANT APPLICATIONS FROM U.S. NON-PROFIT

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

- RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE

(IRS):

- CURRENT STATE REGISTRATIONS.

Part IV Supplemental Information

2. IRUSA CONDUCTS APPROPRIATE ANTI-TERRORISM SCREENINGS AS A REQUIREMENT

FOR THE RELEASE OF GRANT FUNDS.

3. ALL DOMESTIC GRANTS ARE ADMINISTERED BY THE IRUSA PROGRAMS DEPARTMENT

WHICH ENSURES THAT DOMESTIC GRANTS COMPLY WITH IRUSA'S POLICIES AND

PROCEDURES.

4. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED

PROGRAM AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE.

GRANTEE USES IRUSA'S DOMESTIC GRANT REPORT FORM TO SUBMIT THEIR REPORTS.

THE PROGRAMS DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM

THAT THEY CONTAIN THE NECESSARY INFORMATION.

5. THE PROGRAMS DEPARTMENT, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT,

CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT

FUNDS WERE USED SOLELY FOR THE PURPOSES DESCRIBED IN THE GRANTEE'S GRANT

APPLICATION.

6. IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROGRAM AND/OR

FINANCIAL REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION

OF SUCH DISCREPANCY FROM THE GRANTEE. IF THE GRANTEE FAILS TO PROVIDE AN

ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY (30) DAYS, THE

FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A

COMPREHENSIVE AUDIT OF THE GRANT.

7. IF, AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT

Part IV Supplemental Information

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

(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.

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.

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

INCOME.

NAME OF ORGANIZATION OR GOVERNMENT:

CHICAGO METROPOLITAN EDUCATIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA)

Part IV Supplemental Information

(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.

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:

Part IV Supplemental Information

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.

Part IV Supplemental Information

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 COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY 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: 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).

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORLY NEEDS

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD

Part IV Supplemental Information

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, 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:

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:

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:

FIRST UNITARIAN CHURCH OF PHILADELPHIA

Part IV Supplemental Information

(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 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 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).

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 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,

Part IV Supplemental Information

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILIGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY 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, POOR 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).

Part IV Supplemental Information

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).

Part IV Supplemental Information

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 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

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).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2011

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABED AYOUB	(i) 136,189.	0.	7,620.	7,839.	15,920.	167,568.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 ANWAR KHAN	(i) 128,087.	0.	0.	6,531.	20,495.	155,113.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
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				
15	Real estate - Residential				
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 ▶ (RELIEF SUPPLI)	X	18	1,695,353.	FMV
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

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

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASES WORLDWIDE REGARDLESS OF COLOR, RACE, RELIGION, OR CREED AND TO

PROVIDE AID IN A COMPASSIONATE AND DIGNIFIED MANNER, ISLAMIC RELIEF USA

AIMS TO PROVIDE RAPID RELIEF IN THE EVENT OF HUMAN AND NATURAL

DISASTERS AND TO ESTABLISH SUSTAINABLE LOCAL DEVELOPMENT PROJECTS

ALLOWING COMMUNITIES TO BETTER HELP THEMSELVES.

FORM 990, PART I, LINE 6

NUMBER OF VOLUNTEERS

ISLAMIC RELIEF USA (IRUSA) ENJOYED THE SERVICE OF OVER 2,000 VOLUNTEERS

ACROSS THE COUNTRY DURING 2011.

IRUSA HAS VOLUNTEER OPPORTUNITIES RANGING FROM ORGANIZING SPECIAL

EVENTS TO FEEDING OUR NEIGHBORS IN NEED, DART, DISASTER ASSISTANCE

RESPONSE TEAM, IS A DEDICATED GROUP OF IRUSA VOLUNTEERS WHO UNDERGO

TRAINING FROM THE AMERICAN RED CROSS AND FEMA TO HELP DURING DISASTERS.

IN 2011, IRUSA'S DART WAS VOTED AS AN OFFICIAL MEMBER OF THE NATIONAL

VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD). OUR ANNUAL "DAY OF

DIGNITY" PROGRAM HAS KICKED OFF EARLY THIS YEAR. DESPITE ITS NAME, DAY

OF DIGNITY IS NOT JUST A ONE-DAY EVENT-IT IS AN EFFORT TO MOBILIZE

COMMUNITIES AND ESTABLISH LONG-LASTING PROGRAMS THAT FOSTER THE SPIRIT

OF SERVICE AND VOLUNTEERISM ALL YEAR ROUND.

CONSIDERING VOLUNTEERING WITH IRUSA? IRUSA PROVIDES A CHANCE FOR

VOLUNTEERS TO USE THEIR SKILL SETS AND LEARN MORE THROUGH HELPING THOSE

IN NEED. WE HAVE A WIDE VARIETY OF "HANDS ON" VOLUNTEER OPPORTUNITIES

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

Schedule O (Form 990 or 990-EZ) (2011)

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

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.S.-BASED 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

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

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

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

- BETWEEN 21 AND 55 YEARS OLD
- MUST BE AVAILABLE FOR TOURS OF SEVEN DAYS, AND ABLE TO WORK FOR

EIGHT TO 12 HOURS A DAY

- WILLINGNESS TO BE ON-CALL
- ABILITY TO WORK WITH DIVERSE POPULATIONS IN HIGHLY STRESSFUL

SITUATIONS

- EXHIBITS COMPASSION IN HIGH-STRESS ENVIRONMENTS
- EXCELLENT COMMUNICATION SKILLS
- COMPUTER SKILLS
- 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/QURBANI 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

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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POOR FAMILIES; TO RESTORE AND PROMOTE THE LOCAL ECONOMY AND TO SUPPORT

FAMILIES TO INCREASE OPPORTUNITIES FOR SUCCESS AND CONTINUOUS

PRODUCTION.

EXPENSES \$ 501,440. INCLUDING GRANTS OF \$ 490,000. REVENUE \$ 0.

ZAKAT & SADAQA PROJECTS; TO PROVIDE BASIC AID INCLUDING FOOD, RENT,

CLOTHING, AND MEDICAL SUPPLIES TO THE REALLY POOR.

EXPENSES \$ 180,090. INCLUDING GRANTS OF \$ 176,000. REVENUE \$ 0.

DEVELOPMENT PROJECTS; TO DEVELOP COMMUNITIES BY BUILDING COMMUNITY

CENTERS AND TRAINING CENTER FOR VOCATIONAL TRAINING, AND BY DEVELOPING

THE SKILLS AND ABILITIES OF THE DIFFERENT 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 CONSOLIDATED STATEMENT THAT INCLUDED

ITSELF AND ITS DISREGARDED ENTITY, 88 WHEELER FOUNDATION LLC, PREPARED

IN ACCORDANCE WITH GAAP, ISLAMIC RELIEF 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 IRS FORM 990 TAX RETURN TO IN-HOUSE

LEGAL COUNSEL WHO REVIEWS THE RETURN AND PROVIDES A REPORT TO THE BOARD OF

DIRECTORS ON ANY MATERIAL ISSUES ARISING FROM THEIR REVIEW, PRIOR TO FILING

OF THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO ALL VOTING BOARD

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Schedule O (Form 990 or 990-EZ) (2011)

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.

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

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

THEREOF. THESE DELIBERATIONS ARE RECORDED IN CONTEMPORANEOUS MINUTES.

COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE ORGANIZATION IS APPROVED

BY THE IRUSA'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES 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, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: ISLAMIC RELIEF USA MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC IN A VARIETY OF WAYS:

- VISIT OUR WEBSITE AT WWW.IRUSA.ORG AND READ INFORMATION IN THE "ABOUT US"

AND "PRIVACY POLICY" SECTIONS. COPIES OF ANNUAL AUDITED FINANCIAL

STATEMENTS, IRS FORM 990'S, AND ANNUAL REPORTS ARE AVAILABLE FOR VIEWING AT

WWW.IRUSA.ORG.

- EMAIL US AT INFO@IRUSA.ORG

- WRITE US AT ISLAMIC RELIEF USA, 3655 WHEELER AVENUE, ALEXANDRIA, VA 22304

- SPEAK TO OUR DONOR CARE REPRESENTATIVES BY TELEPHONE AT (888)479-4968

- IRUSA'S GOVERNING AND FINANCIAL DOCUMENTS ARE ALSO AVAILABLE FOR VIEWING

AT WWW.GUIDESTAR.ORG

FORM 990, PART VI, SECTION B., LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY

IRUSA HAD A DRAFT RECORDS MANAGEMENT POLICY AS OF 12/1/2011 WHICH WAS

APPROVED BY THE BOARD OF DIRECTORS IN 2012.

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. ▶ See separate instructions.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I 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)	(d) 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. 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.)

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

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

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

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

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|||

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



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.

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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ISLAMIC RELIEF USA	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4453134
	Number, street, and room or suite no. If a P.O. box, see instructions. 3655 Wheeler Avenue	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see 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-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 ▶ Tareq Osman, Islamic Relief USA, 3655 Wheeler Avenue, Alexandria, VA 22304
- Telephone No. ▶ 703-370-7202 FAX No. ▶ 703-370-7201
- If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 11 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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



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

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



059720

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 **November 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.

- 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 original (no copies needed). Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ISLAMIC RELIEF USA	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4453134
	Number, street, and room or suite no. If a P.O. box, see instructions. 3655 Wheeler Avenue	Social security number (SSN) <input type="checkbox"/> N/A
	City, town or post office, state, and ZIP code. For a foreign address, see 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.

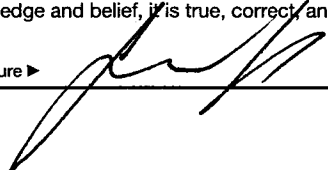
- The books are in the care of **Tareq Osman, Controller**
Telephone No. **(703) 370-7202** FAX No. **(703) 370-7201**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20 **12**.
- For calendar year **2011**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **Audited financial statements are not yet completed by external auditor firm McGladrey and Pullen, LLP.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

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

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