

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

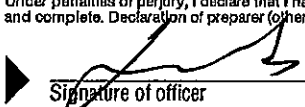

**A** For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ISLAMIC RELIEF USA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3655 WHEELER AVE</b> City or town, state or country, and ZIP + 4 <b>ALEXANDRIA, VA 22304</b>	<b>D</b> Employer identification number <b>95-4453134</b>
	<b>E</b> Telephone number <b>703-370-7202</b>	<b>G</b> Gross receipts \$ <b>147,310,283.</b>
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.ISLAMICRELIEFUSA.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO STRIVE TO ALLEVIATE SUFFERING, HUNGER, ILLITERACY AND DISEASE WORLDWIDE (CONT SCH-O)...</b>	
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5	Total number of employees (Part V, line 2a)	5 88
	6	Total number of volunteers (estimate if necessary)	6 1700
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
b		Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year 75,884,946. Current Year 147,309,234.
9		Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,266. 1,049.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-596,481.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,291,731. 147,310,283.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,876,275. 134,223,573.
14		Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	420,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	4,243,882.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,639,019. 6,929,286.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,752,997. 145,971,960.
	19	Revenue less expenses. Subtract line 18 from line 12	2,538,734. 1,338,323.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	4,854,482. 13,013,971.
22		Net assets or fund balances. Subtract line 21 from line 20	12,939,864. 13,605,541.

**Part II Signature Block**

Sign Here	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.	
	Signature of officer  <b>ABED AYOUB, CEO</b> Type or print name and title	Date <b>Nov-15-2010</b>
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MILLER MUSMAR, PC</b> <b>1861 WIEHLE AVENUE, SUITE 125</b> <b>RESTON, VA 20190</b>	Date <b>11/15/10</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN ▶</b> Phone no. ▶ <b>703-437-8877</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
TO STRIVE TO ALLEVIATE SUFFERING, HUNGER, ILLITERACY AND DISEASE  
WORLDWIDE WITHOUT REGARD TO COLOR, RACE, RELIGION OR CREED; TO PROVIDE  
AID IN A COMPASSIONATE AND DIGNIFIED MANNER; TO PROVIDE RAPID RELIEF  
IN THE EVENT OF MAN-MADE OR NATURAL DISASTERS; CONTINUED TO SCH-O ..
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 15639776. including grants of \$ 14632223. ) (Revenue \$ )  
**EMERGENCY AND RELIEF PROJECTS**  
TO PROVIDE FOOD, SHELTER, WATER & SANITATION, HEALTH SERVICES,  
LIVELIHOOD SUPPORT, AND OTHER ESSENTIAL SERVICES TO THE VICTIMS OF  
DISASTERS AND WHOEVER NEEDS IT ANYWHERE IN THE WORLD.

4b (Code: ) (Expenses \$ 5,222,568. including grants of \$ 4,886,117. ) (Revenue \$ )  
**ORPHAN PROJECTS**  
TO PROVIDE EDUCATION, HEALTH CARE, AND LIVING EXPENSE SUPPORT TO  
ORPHANS IN ORDER TO IMPROVE THEIR LIVING STANDARDS.

4c (Code: ) (Expenses \$ 1,190,431. including grants of \$ 1,113,741. ) (Revenue \$ )  
**UDHIYA/QURBANI PROJECTS**  
TO DISTRIBUTE DONATED FRESH OR CANNED MEAT TO THE NEEDY DURING MUSLIM  
HOLY FESTIVALS.

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

(Expenses \$ 114,940,299. including grants of \$ 837,173. ) (Revenue \$ )

4e Total program service expenses ► \$ 136,993,074.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 6 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 a grant selection committee member, or to a person related to such an individual? 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 of the organization (or a family member) 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
35 Is any related organization 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?	X	

Note. All Form 990 filers are required to complete Schedule O.

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	53	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	88	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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.

**Section A. Governing Body and Management**

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

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TAREQ OSMAN - CONTROLLER - 703-370-7202**  
**3655 WHEELER AVE, ALEXANDRIA, VA 22304**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DR. YASER M HADDARA PRESIDENT & CHAIR OF BOD	2.00	X						0.	0.	0.
ABED AYOUB CEO	40.00			X				130,215.	0.	0.
DR. IHAB M H SAAD VICE CHAIR, DIRECTOR	2.00	X						0.	0.	0.
AMIR REHMAN AUDIT CHAIR, DIRECTOR	2.00	X						0.	0.	0.
NASERELDIN A. HAGHAMED DIRECTOR	2.00	X						0.	0.	0.
ANWAR KHAN VP OF FUND DEVELOPMENT	40.00			X				125,363.	0.	0.
BEVERLY PEREZ CORPORATE SECRETARY	40.00			X				76,057.	0.	0.
ANDREA BORGMANN-TRAIBA MD, DIRECTOR	2.00	X						0.	0.	0.
PINKY ALMAS TALIB SHODHA CONTROLLER	57.00			X				103,452.	0.	0.
MOHAMED AMR ATTAWIA DIRECTOR	2.00	X						0.	0.	0.
KHALED FALAH VP OF SUPPORT OPERATIONS	40.00			X				24,361.	0.	0.
DR. MOHAMED ASHMAWEY CFO (ACTING)	40.00			X				68,000.	0.	0.
CHRISTINA TOBIAS-NAHI CORPORATE SECRETARY	40.00			X				115,239.	0.	0.
OMAR SHAHIN FUNDRAISING	40.00			X				112,843.	0.	0.
DR. AHMAD EL BENDARY CONSULTANT (FORMER CEO)	40.00					X		217,667.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<b>1b Total</b>								<b>973,197.</b>	<b>0.</b>	<b>0.</b>

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

6

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

## Section B, Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DIANA SUFIAN PO BOX 3459, SANTA MONICA, CA 90408	ADMINISTRATOR	668,729.
GAMMON & GRANGE, P.C., 8280 GREENSBORO DRIVE, 7TH FLOOR, MCLEAN, VA 22102-3807	LEGAL	485,263.

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

Form 990 (2009)



**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	1c	5809171.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	141,500,063.			
	g	Noncash contributions included in lines 1a-1f \$		112,754,319.			
	h	Total. Add lines 1a-1f		147,309,234.			
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,049.			1,049.
	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 \$ 5,809,171. of contributions reported on line 1c). See Part IV, line 18	a	0.			
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		147,310,283.	0.	0.	1,049.	

**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).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	936,007.	936,007.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	133287566.	133287566.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	967,780.		967,780.	
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	3,851,321.	582,520.	1,885,634.	1,383,167.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	480,475.		384,450.	96,025.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	471,141.	211,008.	228,979.	31,154.
12 Advertising and promotion	527,057.	35,188.	113,915.	377,954.
13 Office expenses	136,378.	5,141.	104,985.	26,252.
14 Information technology	85,447.	693.	82,980.	1,774.
15 Royalties				
16 Occupancy	482,971.	23,489.	213,268.	246,214.
17 Travel	1,051,896.	280,781.	219,920.	551,195.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	579,879.	59,914.	36,725.	483,240.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	200,592.		200,592.	
23 Insurance	43,887.	5,077.	38,102.	708.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HANDLING AND RELATED CO	1,348,807.	1,348,807.		
b BANK CHARGES AND CREDIT	379,712.	0.	0.	379,712.
c PRINTING	283,022.	105,399.	18,151.	159,472.
d POSTAGE	229,813.	44,758.	72,491.	112,564.
e TELECOMMUNICATIONS	159,998.	9,869.	105,781.	44,348.
f All other expenses	468,211.	56,857.	61,251.	350,103.
25 Total functional expenses. Add lines 1 through 24f	145971960.	136993074.	4,735,004.	4,243,882.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	12,530,185.	1	20,970,778.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	880,867.	4	957,998.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	5,000.	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	28,250.	7	40,565.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	73,062.	9	80,241.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 4,833,317.		
	b Less: accumulated depreciation .....	10b 585,948.		
		4,147,759.	10c	4,247,369.
	11 Investments - publicly traded securities .....	102,065.	11	182,272.
	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 .....	27,158.	15	140,289.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	17,794,346.	16	26,619,512.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	855,681.	17	227,981.
	18 Grants payable .....	3,998,801.	18	12,785,990.
	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. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	4,854,482.	26	13,013,971.
<b>Net Assets or Fund Balances</b>	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 .....	6,453,587.	27	944,324.
	28 Temporarily restricted net assets .....	6,486,277.	28	12,661,217.
	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 <b>Total net assets or fund balances</b> .....	12,939,864.	33	13,605,541.	
34 <b>Total liabilities and net assets/fund balances</b> .....	17,794,346.	34	26,619,512.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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?
  - (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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,509,833.	42,652,636.	60,611,813.	75,884,946.	147,309,234.	374,968,462.
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	48,509,833.	42,652,636.	60,611,813.	75,884,946.	147,309,234.	374,968,462.
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.						374,968,462.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	48,509,833.	42,652,636.	60,611,813.	75,884,946.	147,309,234.	374,968,462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,938.	1,165.	1,746.	3,266.	1,049.	10,164.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						374,978,626.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2009. 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"/>
16b 33 1/3% support test - 2008. 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 - 2009. 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"/>
17b 10% -facts-and-circumstances test - 2008. 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"/>

Schedule A (Form 990 or 990-EZ) 2009

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 A (Form 990 or 990-EZ) 2009

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, 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.

b If the organization elected, as permitted under SFAS 116, 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 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 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 year end balance held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Term endowment ☐ %

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 Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		2,606,557.	101,263.	2,505,294.
c Leasehold improvements		255,283.	55,887.	199,396.
d Equipment		512,505.	354,797.	157,708.
e Other		155,693.	74,001.	81,692.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,247,369.

Schedule D (Form 990) 2009



**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	147,310,283.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,971,960.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,338,323.
4	Net unrealized gains (losses) on investments	4	14,053.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-686,699.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-672,646.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	665,677.

**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	147324336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	14,053.
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	14,053.
3	Subtract line 2e from line 1	3	147310283.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	147310283.

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

1	Total expenses and losses per audited financial statements	1	145971960.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	145971960.
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	145971960.

**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.

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**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2009**

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 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	ETHIOPIA, CRISES	125,023.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	MALI CHILD FRIENDLY VILLAGES	2,690.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	BALUCHISTAN EDUCATION PROGRAM - UNUSED MONEY RECEIVED BACK	-18,792.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	PALESTINE FAMILY SPONSERSHIP	273,642.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EMERGENCY INTERVENTION IN GAZA STRIP	250,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EMERGENCY INTERVENTION IN GAZA STRIP	500,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	PROVISION OF BASIC HEALTH SERVICES TO IDP IN SUDAN	84,822.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	ASSISTANCE TO INTERNALLY DISPLACED PERSONS - DEMOCRATIC REPUBLIC OF CONGO	115,500.
<b>Totals</b>	<b>0</b>	<b>0</b>			<b>11,388,758.</b>

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

Schedule F (Form 990) 2009

**Part I** 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 ☐

Use Schedule F-1 (Form 990) 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)
		AFRICA	FOOD ASSISTANCE	123023	WIRE	0.		
		AFRICA	FOOD/EDUCATION ASSISTANCE	2,690	WIRE	0.		
		ASIA	FOOD/EDUCATION ASSISTANCE- UNUSED GRANT RECEIVED BACK	-18792	WIRE	0.		
		MIDDLE EAST	FAMILY ASSISTANCE	273642	WIRE	0.		
		MIDDLE EAST	EMERGENCY ASSISTANCE	250000	WIRE	0.		
		MIDDLE EAST	EMERGENCY ASSISTANCE	500000	WIRE	0.		
		AFRICA	MEDICAL ASSISTANCE	84,822	WIRE	14,065,555	MEDICAL ASSISTANCE	FMV
		AFRICA	EDUCATION ASSISTANCE	115500	WIRE	20,193,788	MEDICAL ASSISTANCE	FMV

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

3 Enter total number of other organizations or entities **3**



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

**PART II, COLUMN (H):****REGION: VARIOUS REGIONS****(H) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD AND LIVELIHOOD ASSISTANCE  
TO VARIOUS REGIONS IN THE WORLD****PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS****APPROVAL PROCEDURE FOR INTERNATIONAL DEVELOPMENT PROJECTS**

1. IRUSA RECEIVES PROPOSALS FROM ANY OF THE FUNDRAISING PARTNERS, BUT  
USUALLY FROM ISLAMIC RELIEF WORLDWIDE. THE INTERNATIONAL PROGRAMS  
COORDINATOR RECEIVES THE PROPOSAL FIRST.

2. THE IRUSA PROJECT APPROVAL COMMITTEE WILL REVIEW THE PROPOSALS  
TOGETHER AND MAKE RECOMMENDATIONS ON HOW TO PROCEED:

- SHOULD IRUSA FUND THE PROJECT?

- IF SO, FOR HOW MUCH?

- DETERMINING IF THE PROPOSAL NEEDS TO BE REWRITTEN TO BETTER FIT CURRENT  
IRUSA FUNDING AND/OR PRIORITY AREAS.

3. THE PROJECT APPROVAL COMMITTEE CONSISTS OF: THE CEO, CONTROLLER,  
COMMUNICATIONS MANAGER, INTERNATIONAL PROGRAMS REPRESENTATIVE.

4. ONCE THE ABOVE QUESTIONS HAVE BEEN ANSWERED, A LIST OF RECOMMENDED  
PROJECTS WILL BE SUBMITTED TO THE BOARD OF DIRECTORS.

5. IRUSA BOARD OF DIRECTOR WILL REVIEW THE PROPOSAL AND RECOMMENDATIONS  
FROM THE PROJECT APPROVAL COMMITTEE.

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

6. IRUSA BOARD MEMBERS WILL DISCUSS, INQUIRE AND MAKE DECISIONS ON THE RECOMMENDED LIST AND PROPOSALS, KEEPING IN MIND THE MISSION, VALUES AND STRATEGY. THE RESULT WILL BE COMMUNICATED TO THE SENIOR MANAGEMENT OF IRUSA.

7. INTERNATIONAL PROGRAMS COORDINATOR (IPC) WILL COMMUNICATE WITH STAFF AT IRW OF THE APPROVED PROGRAMS AND BUDGETS.

8. IRW WILL PREPARE THE GRANT AGREEMENT WHICH INCLUDES REPORTING AND PAYMENT SCHEDULES.

9. IPC AND CONTROLLER FROM IRUSA WILL REVIEW THE GRANT AGREEMENTS. FSU COORDINATOR AND ACCOUNTING STAFF AT IRW WILL ALSO REVIEW THE GRANT AGREEMENTS.

10. CEOS OF IRUSA AND IRW WILL SIGN THE GRANT AGREEMENT.

11. PER SCHEDULE AGREED UPON BY IRUSA FINANCE AND IRW FINANCE, PROJECT WILL RECEIVE FUNDS FROM IRUSA.

12. PER SCHEDULE AGREED UPON BY IRUSA IPC AND FSU COORDINATOR, REPORTS WILL BE SENT SEMI - ANNUALLY BY THE FIELD STAFF CARRYING OUT THE FUNDED PROJECTS.

13. THIS IS THE PROCEDURE TO BE USED FOR BOTH ONGOING DEVELOPMENT PROJECTS AND SEASONAL ONES.

INTERNATIONAL EMERGENCY PROJECTS APPROVAL PROCESS



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

1. WITHIN A FEW HOURS OF EMERGENCY (NATURAL OR MANMADE), ANY MEMBER OF THE EMERGENCY COMMITTEE CAN CALL A MEETING. THE EMERGENCY COMMITTEE CONSISTS OF: CEO, CONTROLLER, SENIOR CONSULTANT, INTERNATIONAL PROGRAMS COORDINATOR, AND COMMUNICATION MANAGER. ANY OF THESE MEMBER CAN SEND A DEPUTY IN THEIR PLACE IF THEY ARE UNABLE TO ATTEND.

2. THE PURPOSE OF THIS MEETING IS TO DECLARE THE EMERGENCY AND BEGIN THE CAMPAIGN MORE QUICKLY.

3. REVIEW THE CONCEPT PAPER FROM IRW (IF THERE IS ONE).

4. THE IRUSA EMERGENCY COMMITTEE WILL REVIEW THE CONCEPT PAPER TOGETHER AND MAKE RECOMMENDATIONS ON HOW TO PROCEED:

- SHOULD IRUSA FUND THE PROJECT?

- IF SO, FOR HOW MUCH?

- DOES IRUSA HAVE THE CAPACITY AND MANDATE TO MOVE FORWARD WITH THE RELIEF EFFORT?

5. THE IRUSA BOARD OF DIRECTORS WILL VOTE ON AND APPROVE THE RELIEF EFFORT BASED ON THE RECOMMENDATION OF THE EMERGENCY COMMITTEE. FUNDS WILL BE TRANSFERRED FROM THE EMERGENCY FUND AND THE COMMUNICATIONS DEPARTMENT WILL BEGIN AN OFFICIAL APPEAL FOR AID ON THE IR WEBSITE AND THROUGH DIRECT MAILERS.

6. INTERNATIONAL PROGRAMS CORDINATOR (IPC) WILL COMMUNICATE WITH STAFF AT IRW OF THE APPROVED PROGRAMS AND BUDGETS.

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

7. IRW WILL PREPARE THE GRANT AGREEMENT, WHICH INCLUDES REPORTING AND PAYMENT SCHEDULES. IPC AND CONTROLLER FROM IRUSA WILL REVIEW THE GRANT AGREEMENTS. FSU COORDINATOR AND ACCOUNTING STAFF AT IRW WILL ALSO REVIEW THE GRANT AGREEMENTS.

8. CEOS OF IRUSA AND IRW WILL SIGN THE GRANT AGREEMENT.

9. PER AGREED UPON SCHEDULE BY IRUSA IPC AND FSU COORDINATOR, REPORTS WILL BE SENT SEMI-ANNUALLY BY THE FIELD STAFF CARRYING OUT THE FUNDED PROJECTS.

10. AT THE COMPLETION OF THE PROGRAM, STAFF WILL ASSESS WHETHER TO CLOSE THE PROGRAM OR TRANSFER IT TO A LONG-TERM DEVELOPMENT PROGRAM.

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Open to Public  
Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	TEACHER TRAINING INSTITUTE IN GHANA	250,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	TEACHER TRAINING INSTITUTE IN GHANA	250,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	FOOD AID TO PALESTINE FAMILIES	100,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EYESIGHT REHABILITATION PROJECT IN AFGHANISTAN	25,756.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	SHALLOW WELL IN BALKH PROVINCE IN AFGHANISTAN	88,322.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	PROVISION OF LOOMS IN SHOOR TEPA DISTRICT IN AFGHANISTAN	73,594.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	VOCATIONAL TRAINING AND EMPLOYMENT SUPPORT SERVICES IN BANGLADESH	180,067.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	HUANXIANG 220 RAINWATER CATCHMENT AND STORAGE CELLAR CONSTRUCTION	77,062.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	HAIYUAN ECOLOGICAL MANAGEMENT DEMONSTRATION	102,264.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	FUYUN INTEGRATED DEVELOPMENT PROJECT IN KINJIANG, CHINA	85,219.
<b>Totals</b>					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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Open to Public  
Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I** Continuation of Activities per Region: (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	TONGJIANG EDUCATION, HEALTH AND WATER SUPPLY PROJECT IN CHINA	130,175.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EARLY INTERVENTION AND REHABILITATION CENTER (EIRC) IN EGYPT	255,034.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EARLY INTERVENTION AND REHABILITATION CENTER (EIRC) IN EGYPT	261,925.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	SUSTAINABLE LIVELIHOOD PROJECT IN UPLAND AND POST CONFLICT IN INDONESIA	106,217.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	COMMUNITY WATSAN/HYGIENE PROMOTION IN WEST JAVA IN INDONESIA	154,458.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	CHILD FRIENDLY VILLAGE IN MALI	68,800.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	MALARIA PROJECT IN MALI	50,227.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	MALI AND VULNERABLE CHILDREN	133,743.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	MALI AND VULNERABLE CHILDREN	4,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	KERR EMERGENCY REHAB (AKA PAK BHU) IN PAKISTAN	500,000.
<b>Totals</b>					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

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▶ See instructions for Schedule F (Form 990).

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
<u>SOUTH ASIA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	KASHMIR EMERGENCY RELIEF AND REHABILITATION(KERR) EMERGENCY REHAB (AKA PAK BHU) IN PAKISTAN	63,033.
<u>SOUTH ASIA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	KASHMIR EMERGENCY RELIEF AND REHABILITATION(KERR) EMERGENCY REHAB (AKA PAK BHU) IN PAKISTAN	502,612.
<u>SOUTH ASIA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	COMMUNITY LIVELIHOOD IMPROVEMENT PROGRAM (CLIP) IN PAKISTAN	250,000.
<u>MIDDLE EAST AND NORTH AFRICA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	FAMILY SPONSORSHIP IN GAZA	232,333.
<u>MIDDLE EAST AND NORTH AFRICA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	FAMILY SPONSORSHIP IN GAZA	229,933.
<u>MIDDLE EAST AND NORTH AFRICA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	SCHOOL FEEDING FOR STUDENTS IN GAZA	506,121.
<u>MIDDLE EAST AND NORTH AFRICA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	INCREASING CAPACITY OF EMERGENCY AND ICU DEPARTMENTS IN PALESTINE	533,359.
<u>RUSSIA &amp; THE NEWLY INDEPENDENT STATES</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	SCHOOL BAGS FOR CHILDREN IN CHECHNYA	6,654.
<u>RUSSIA &amp; THE NEWLY INDEPENDENT STATES</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	SUMMER VACATION FOR WAR AFFECTED ORPHANS IN CHECHNYA	46,706.
<u>RUSSIA &amp; THE NEWLY INDEPENDENT STATES</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	LIVELIHOOD SUPPORT TO ORPHAN FAMILIES IN CHECHNYA	150,993.
<b>Totals</b>					

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

Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
**(Form 990)**

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

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Open to Public Inspection

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Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS IN THE REGION	LIVELIHOOD SUPPORT TO ORPHAN FAMILIES IN CHECHNYA	701.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS IN THE REGION	VOCATIONAL TRAINING CENTER FOR ORPHANS IN CHECHNYA	13,342.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION	PROVIDING EDUCATION SUPPORT TO IDP'S IN DARFUR, SUDAN	146,610.
EAST ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	EMERGENCY RELIEF IN INDONESIA	40,000.
VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS IN THE REGION	SUPPORT FOR ORPHANS 1 TO 1 IN VARIOUS REGIONS	1,000,000.
VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS IN THE REGION	QURBANI PROJECT IN VARIOUS REGIONS	1,113,741.
VARIOUS REGIONS	0	0	GRANTS TO RECIPIENTS IN THE REGION	RAMADAN FEED NEEDY IN VARIOUS REGIONS	795,086.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	BALUCHISTAN WATSAN IN PAKISTAN	382,837.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	NWFP EMERGENCY PHASE-1 (SCREAM) IN PAKISTAN	750,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION	NOKUNDI & CHAGGAI HEALTH PROJECT IN PAKISTAN	218,811.
<b>Totals</b>					

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Schedule F-1 (Form 990) 2009

**SCHEDULE F-1**  
(Form 990)

**Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
<u>SOUTH ASIA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	EMERGENCY TRANSITIONAL SHELTER PROJECT FOR EARTHQUAKE AFFECTEES IN PAKISTAN	100,000.
<u>SOUTH ASIA</u>	0	0	GRANTS TO RECIPIENTS IN THE REGION	PROVIDE WIDOWS AND ORPHANS WITH SOCIAL AND LITERACY DEVELOPMENT PROGRAMS	76,138.
<b>Totals</b>					10,055,873.

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

Schedule F-1 (Form 990) 2009

**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)
		AFRICA	EDUCATION ASSISTANCE	250,000	WIRE	20,097,733	MEDICAL ASSISTANCE	FMV
		AFRICA	EDUCATION ASSISTANCE	250,000	WIRE	14,156,778	MEDICAL ASSISTANCE	FMV
		ASIA	MEDICAL ASSISTANCE	25,756	WIRE	20,080,191	MEDICAL ASSISTANCE	FMV
		MIDDLE EAST	LIVELIHOOD ASSISTANCE	88,322	WIRE	0		
		MIDDLE EAST	LIVELIHOOD ASSISTANCE	73,594	WIRE	0		
		ASIA	EDUCATION / EMPLOYMENT ASSISTANCE	180,067	WIRE	0		
		ASIA	LIVELIHOOD ASSISTANCE	77,062	WIRE	0		
		ASIA	LIVELIHOOD ASSISTANCE	102,264	WIRE	0		
		ASIA	DEVELOPMENT ASSISTANCE	85,219	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)
			ASIA	EDUCATION ASSISTANCE	130175	WIRE	0.		
			AFRICA	REHABILITATION	255034	WIRE	20,146,944	MEDICAL ASSISTANCE	FMV
			AFRICA	REHABILITATION	261925	WIRE	0.		
			ASIA	LIVELIHOOD ASSISTANCE	106217	WIRE	0.		
			ASIA	MEDICAL ASSISTANCE	154458	WIRE	0.		
			AFRICA	CHILDREN DEVELOPMENT	68,800	WIRE	0.		
			AFRICA	MEDICAL ASSISTANCE	50,227	WIRE	0.		
			AFRICA	REHABILITATION	133743	WIRE	0.		
			AFRICA	REHABILITATION	4,000	WIRE	0.		

Schedule F-1 (Form 990) 2009

## 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)
			ASIA	REHABILITATION	500000	WIRE	0		
			ASIA	REHABILITATION	63,033	WIRE	0		
			ASIA	REHABILITATION	502612	WIRE	0		
			ASIA	COMMUNITY LIVELIHOOD	250000	WIRE	0		
			MIDDLE EAST	FAMILY SPONERSHIP	232333	WIRE	0		
			MIDDLE EAST	FAMILY SPONERSHIP	229933	WIRE	0		
			MIDDLE EAST	EDUCATION/FOOD ASSISTANCE	506121	WIRE	0		
			MIDDLE EAST	MEDICAL ASSISTANCE	533359	WIRE	0		
			EUROPE	EDUCATION ASSISTANCE	6,654	WIRE	0		

Schedule F-1 (Form 990) 2009

**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	COMMUNITY DEVELOPMENT	46,706.	WIRE	0.		
		EUROPE	LIVELIHOOD ASSISTANCE	150,993.	WIRE	0.		
		EUROPE	LIVELIHOOD ASSISTANCE	701.	WIRE	0.		
		EDUCATION FOR ORPHANS	EDUCATION FOR ORPHANS	13,342.	WIRE	0.		
		AFRICA	EDUCATION SUPPORT	146,610.	WIRE	0.		
		ASIA	EDUCATION SUPPORT	40,000.	WIRE	0.		
		VARIOUS REGIONS	LIVELIHOOD ASSISTANCE FOR ORPHANS	1,000,000.	WIRE	4,013,331.	FOOD AND LIVELIHOOD ASSISTANCE TO VARIOUS REGIONS	
		VARIOUS REGIONS	LIVELIHOOD ASSISTANCE	1,113,741.	WIRE	0.		
		VARIOUS REGIONS	FOOD ASSISTANCE DURING RAMADAN	795,086.	WIRE	0.		



Department of the Treasury  
Internal Revenue Service

▶ 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.

# 2009

**Open To Public Inspection**

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.

- 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

- ☐ 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.

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PAKISTAN DINNER (event type)	PAKISTAN DINNER (event type)	56 (total number)	
Revenue	1 Gross receipts .....	820,032.	332,496.	4,656,643.	5,809,171.
	2 Less: Charitable contributions .....	820,032.	332,496.	4,656,643.	5,809,171.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	45,471.	15,545.	185,198.	246,214.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	64,103.	13,974.	3,919,591.	3,997,668.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 4,243,882.)
	11 Net income summary. Combine line 3, column (d), and line 10 .....				-4,243,882.

**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))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
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? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... **13a** %
- b** An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**17a**

**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

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** Grants and Other Assistance to Governments and Organizations

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URMA COMMUNITY CLINIC 711 WEST FLORENCE AVENUE LOS ANGELES, CA 90044	94-4666712	3	50,000.	0.			HEALTH CLINIC OPERATIONS FOR UNINSURED PEOPLE
MUSLIM ALLIANCE OF INDIANA- MAI 125 WEST SOUTH STREET INDIANAPOLIS, IN 46206	20-2397185	3	25,000.	0.			WOMEN & CHILDREN SHELTER
MAS BAY AREA 2116 WALSH AVE C-7 SANTA CLARA, CA 95050	20-5595580	3	10,000.	0.			EDUCATION AND HEALTH CARE PROGRAM
ACES MUSEUM 5801-3 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-3021998	3	1,000.	0.			EDUCATION ENHANCEMENT PROGRAM
AL-NAUN OF LAS VEGAS 711 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	3	15,000.	0.			OPERATING COSTS OF SOCIAL SERVICES
AMERICAN OPEN UNIVERSAL, INC 4212 KING ST. ALEXANDRIA, VA 22302	54-1756821	3	10,000.	0.			TUITION FOR FINANCIALLY NEEDED AMERICAN OPEN UNIVERSITY'S STUDENTS AND APPLICANTS

**2** Enter total number of section 501(c)(3) and government organizations

**21.**

**3** Enter total number of other organizations

**3.**

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

Schedule I (Form 990) 2009



**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.  
Use Part IV and Schedule I-1 (Form 990) 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
DAY OF DIGNITY	16050	0.	98,834.	MARKET VALUE	HYGIENE KITS, BLANKETS, TOWELS AND SHEETS
ZAKAT OBLIGATION FOR MONEY PROVIDED TO SPECIFIC CATEGORIES OF POOR AND NEEDY PEOPLE.	4	8,596.	0.	MARKET VALUE	

**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 GRANT****FUNDS**

IRUSA'S DOMESTIC GRANTS PROGRAM IS INTENDED TO SUPPORT PROJECTS THAT PROMOTE IRUSA'S HUMANITARIAN MISSION. IRUSA'S DOMESTIC GRANTS, THEREFORE, ARE ONLY AWARDED TO PROJECTS THAT FULFILL CHARITABLE, EDUCATIONAL, OR RELIGIOUS PURPOSES. IRUSA ALSO ONLY ACCEPTS GRANT APPLICATIONS FROM U.S. NON-PROFIT ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE CURRENT STATE REGISTRATIONS AND RECEIPT OF FEDERAL TAX EXEMPTIONS FROM THE INTERNAL REVENUE SERVICE.

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number  
**95-4453134**

**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
DAR AL-HIJRAH CULTURAL CENTER 504 CEDAR AVE SOUTH MINNEAPOLIS, MN 55454	41-2015497	3	30,000.	0.			EDUCATIONAL AND YOUTH ACTIVITIES
ISLAMIC AMERICAN UNIVERSITY PO BOX 249 DEARBORN, MI 48121-0249	30-0003359	3	50,000.	0.			SCHOLARSHIPS FOR 25 FULL-TIME STUDENTS TO ATTEND ISLAMIC AMERICAN UNIVERSITY IN MICHIGAN
ISLAMIC SOCIAL SERVICES ASSOCIATION - 1030 E BASELINE ROAD, SUITE 5 - TEMPE, AZ 85283	54-1991054	3	10,000.	0.			CULTURAL SENSITIVITIES TRAININGS FOR COMMUNITY LEADERS, POLICE AND SOCIAL WORKERS
JUVENILE EDUCATION & AWARENESS PROJECT - PO BOX 4241 - PASSAIC, NJ 07055	22-2426652	3	2,500.	0.			WOMEN OF PEACE PROGRAM
LUTHERAN HOUSING SERVICES, INC. 4015 CHAIN BRIDGE ROAD FAIRFAX, VA 22032	54-1954788	3	100,000.	0.			OAK LEATHER KNOLL HOUSING PROJECT - TOWN HOUSES FOR DISABLED AND OTHER NEEDY PEOPLE.
MASJID AN NUR 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	41-1447904	3	5,000.	0.			MASJID AN NUR TECHNOLOGY UPGRADE PROJECT - NEW COMPUTERS, PRINTERS, COPIERS ETC.
MUSLIMAT AL-NISAA 5115 LIBERTY HEIGHTS AVE BALTIMORE, MD 21207	52-1662748	3	10,000.	0.			POOR MUSLIM WOMEN AND CHILDREN'S HEALTH CARE CLINIC COSTS
VISION 1113 SPRINGFIELD AVE IRVINGTON, NJ 07111	75-3077268	3	10,000.	0.			HOMELESS HELP PROJECT-2009

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number  
**95-4453134**

**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
ACCESS CALIFORNIA 2180 W. CRESENT AVE, SUITE C ANAHEIM, CA 92801	33-0826205	3	15,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	3	30,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
THE CULTURAL CUP FOOD BANK, INC 537 E. OSBORN RD PHOENIX, AZ 85012	81-0622721	3	15,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
MASJID AL ISLAM 624 GEORGE STREET NEW HEAVEN, CT 06511	22-2777153	3	20,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
MSJID AT-TAQWA 1266 BEDFORD AVE BROOKLYN, NY 11216	11-3004202	3	35,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
ISLAMIC CENTER OF HOWTHORNE 12209 HAWTHORNE WAY HAWTHORNE, CA 90250	95-4518148	3	45,000.	0.			TO GIVE ALMS TO THE POOR AND NEEDY WITHIN LOCAL COMMUNITIES IN UNITED STATES
AMERICAN FRIEND OF UNRWA 1666 K ST NW, STE 400 WASHINGTON, DC 20006	20-2714426	3	100,000.	0.			PURCHASE OF WHEAT FLOUR TO DISTRIBUTE IN FOOD PACKS TO THE NEEDY

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

Schedule I-1 (Form 990) 2009

**Part IV** Supplemental Information

GRANT APPLICATIONS INVOLVING AMOUNTS OF \$10,000 OR LESS ARE APPROVED BY THE DOMESTIC GRANT APPROVAL COMMITTEE, WHILE GRANT APPLICATIONS INVOLVING AMOUNTS OF MORE THAN \$10,000 MUST BE APPROVED BY A MAJORITY OF THE BOARD OF DIRECTORS.

ALL DOMESTIC GRANTS ARE ADMINISTERED BY THE DOMESTIC PROGRAMS MANAGER WHO ENSURES THAT DOMESTIC GRANTS COMPLY WITH IRUSA'S POLICIES AND PROCEDURES. THE DOMESTIC PROGRAMS MANAGER MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT THE LIFE OF THE PROJECT TO ENSURE THAT GRANTEE SUBMITS THE REQUIRED PROGRAM AND FINANCIAL REPORTS IN A TIMELY MANNER. THE GRANTEE USES IRUSA'S DOMESTIC GRANT REPORT FORM TO SUBMIT THEIR REPORTS. THE DOMESTIC PROGRAMS MANAGER REVIEWS THE REPORTS TO CONFIRM THAT THEY CONTAIN THE NECESSARY INFORMATION.

THE DOMESTIC PROGRAMS MANAGER, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT, CAREFULLY REVIEWS THE PROGRAM REPORTS TO ENSURE THAT GRANT FUNDS WERE USED SOLELY FOR THE PURPOSES DESCRIBED IN GRANTEE'S GRANT APPLICATION. IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROGRAM AND FINANCIAL REPORTS, THE DOMESTIC PROGRAMS MANAGER 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.

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 DOMESTIC PROGRAMS MANAGER, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT, IMMEDIATELY SENDS A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND

**Part IV** Supplemental Information

OF SUCH AMOUNT IN FULL TO IRUSA. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.

**PART IV- ADDITIONAL INFORMATION**

THE ESTIMATED 16,050 RECIPIENTS WERE SERVED AT 19 DAY OF DIGNITY EVENTS ACCROSS 15 STATES NATIONWIDE: FORT THOMPSON, SD; CHICAGO, IL; BALTIMORE, MD; PHILADELPHIA, PA; DALLAS, TX; WASHINGTON, DC; ATLANTA, GA; DETROIT, MI; BOSTON, MA; NEWARK, NJ; ELIZABETH, NJ; PORTLAND, OR; BROOKLYN, NY; MANHATTAN, NY; SEATTLE, WA; PHOENIX, AZ; AND LASVEGAS, NV.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☐ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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 Regs. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
LOAN TO OFFICER -		X	5,000.	0.		X	X		X	
VARIOUS-EMPLOYEES		X	40,565.	40,565.		X	X		X	
Total				▶ \$ 40,565.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	2	2,765.	MARKET VALUE/REDBOOK
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	108,740,988.	MARKET VALUE/REDBOK
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>LIVELIHOOD AC</u> )	X	0	4,010,566.	MARKET VALUE/REDBOOK
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 Acknowledgment

29

0

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?

	Yes	No
30a		X
31	X	
32a	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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009



**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS. IRUSA UTILIZES HELP OF AN INDEPENDENT CONTRATOR TO ADMINISTRATE NONCASH DONATIONS ON BEHALF OF ISLAMIC RELIEF USA.

SCHEDULE M- SUPPLEMENTARY INFORMATION:

ISLAMIC RELIEF USA USES RITEWAY CHARITY SERVICES FOR CAR DONATIONS IN THE SOUTHERN CALIFORNIA AREA, LOCATED AT: 9723 GLENOAKS BLVD, SUN VALLEY, CA 91352. RITEWAY PREPARES THE IRS FORM 1098-C ON ISLAMIC RELIEF USA'S BEHALF FOR CARS DONATED THROUGH THEIR COMPANY.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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:**

WITHOUT REGARD TO COLOR, RACE OR CREED; TO PROVIDE AID IN A  
COMPASSIONATE AND DIGNIFIED MANNER; TO PROVIDE RAPID RELIEF IN THE  
EVENT OF MAN-MADE OR NATURAL DISASTERS; AND TO ESTABLISH DEVELOPMENT  
PROJECTS IN NEEDY AREAS TO HELP TACKLE POVERTY, ILLITERACY AND DISEASE  
AT A LOCAL LEVEL.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

.....

AND TO ESTABLISH DEVELOPMENT PROJECTS IN NEEDY AREAS TO HELP TACKLE  
POVERTY, ILLITERACY AND DISEASE AT A LOCAL LEVEL.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

INTERNALLY DISPLACED PERSONS - DRC CONGO

TEACHER TRAINING SOCIETY GHANA

FOOD AID TO PALESTINE FAMILY PALESTINE

EYESIGHT REHABILITATION PROJECT AFGHANISTAN

SHALLOW WELL IN BALKH PROVINCE AFGHANISTAN

PROVISION OF LOOMS IN SHOOR TEPA DISTRICT AFGHANISTAN

VOCATIONAL TRAINING AND EMPLOYMENT SUPPORT SERVICES BANGLADESH

HUANXIANG 220 RAINWATER CATCHMENT AND STORAGE CELLAR CONSTRUCTION

PROJECT CHINA

HAIYUAN ECOLOGICAL MGMT DEMO PROJECT FOR SUSTAINABLE RURAL DVLP CHINA

FUYUN INTEGRATED DEVELOPMENT PROJECT IN XIANJIANG CHINA

TONGJIANG EDUCATION, HEALTH, AND WATER SUPPLY PROJECT CHINA

EARLY INTERVENTION AND REHAB CENTER (EIRC) EGYPT

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

SUSTAINABLE LIVELIHOOD PROJECT IN UPLAND AND POST CONFLICT AREAS OF

ACEH PROVINCE INDONESIA

COMMUNITY WATSAN/HYGIENE PROMOTION IN WEST JAVA INDONESIA

CHILD FRIENDLY VILLAGE - SOUTH MALI

MALARIA PROJECT MALI

MALI VENERABLE CHILDREN MALI

KERR EMERGENCY REHAB (AKA PAK BHU) PAKISTAN

COMMUNITY LIVELIHOOD IMPROVEMENT PROJECT (CLIP) PAKISTAN

FAMILY SPONSORSHIP IN GAZA PALESTINE

SCHOOL FEEDING FOR STUDENTS IN GAZA PALESTINE

INCREASING CAPACITY OF EMERGENCY AND ICU DEPARTMENTS PALESTINE

SCHOOL BAGS FOR STATIONARY CHILDREN CHECHNYA

SUMMER VACATION FOR WAR AFFECTED ORPHANS CHECHNYA

LIVELIHOOD SUPPORT TO ORPHAN FAMILIES CHECHNYA

VOCATIONAL TRAINING CENTER FOR ORPHANS CHECHNYA

PROVIDING EDUCATION SUPPORT TO IDP'S IN DARFUR SUDAN

EMERGENCY INDONESIA

ORPHANS 1 TO 1 VARIOUS

QURBANI VARIOUS

RAMADAN FEED NEEDY VARIOUS

BALUCHISTAN WATSAN PAKISTAN

NWFP EMERGENCY PHASE 1 (SCREAM) PAKISTAN

NOKUNDI & CHAGGAI HEALTH PAKISTAN

EMERGENCY TRANSITIONAL SHELTER PROJECT FOR EARTHQUAKE AFFECTEES IN

BALUCHISTAN PAKISTAN

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number

**95-4453134**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**DEVELOPMENT PROJECTS**

**TO DEVELOP COMMUNITIES, BY BUILDING COMMUNITY CENTERS AND TRAINING  
CENTERS FOR VOCATIONAL TRAINING, AND BY DEVELOPING THE SKILLS AND  
ABILITIES OF THE DIFFERENT COMMUNITIES, BOTH LOCALLY AND ABROAD.**

**GRANTS ALLOCATIONS: \$526,641**

**PROGRAM SERVICE EXPENSE: \$ 274,586**

**ZAKAT AND SADAQA PROJECTS**

**TO PROVIDE BASIC AID, SUCH AS FOOD, RENT, CLOTHING, AND MEDICAL  
SUPPLIES TO THE POOR.**

**GRANTS AND ALLOCATION: \$391,748**

**EDUCATION AND TRAINING PROJECTS**

**TO PROVIDE EDUCATION AND TRAINING WHEREVER IT IS NEEDED, WITH SPECIAL  
EMPHASIS ON CHILDREN AND YOUTH.**

**GRANTS AND ALLOCATION: \$225,528**

**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 CRISES; TO HELP PEOPLE IN ADAPTING TO  
THEIR SOCIAL SURROUNDINGS; TO OFFER MEDICAL AID AND CARE TO MOTHERS AND  
CHILDREN IN AREAS THAT LACK ADEQUATE HEALTH SERVICES.**

**GRANTS AND ALLOCATION: \$147,715**

**EXPENSES \$ 114940299. INCLUDING GRANTS OF \$ 837173. REVENUE \$ 0.**

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS DELEGATES THE RESPONSIBILITY OF REVIEWING THE IRS FORM 990 TAX RETURN TO AN EXTERNAL 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.

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 1ST QUARTER BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 15: LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF SENIOR MANAGEMENT IS APPROVED BY THE IRUSA BOARD'S MEMEBERSHIP COMMITTEE. THE MEMBERSHIP COMMITTEE, WHICH IS COMPOSED ENTIRELY OF OUTSIDE DIRECTORS, REVIEWS RECOMMENDED COMPENSTION LEVELS IN LIGHT OF MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS, RELEVANT SALARY SURVEYS, FORM 990 DATA FROM SIMILARLY SITUATED NGOS, AND OTHER COMPARABLES, AND THEN APPROVES OR ADJUSTS THE TOTAL COMPENSATION AND /OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN CONTEMPORANEOUS MINUTES.

LINE 15B COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF SENIOR MANAGEMENT IS APPROVED BY THE IRUSA BOARD'S MEMBERSHIP COMMITTEE. THE MEMBERSHIP COMMITTEE, WHICH IS COMPOSED ENTIRELY

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

Schedule O (Form 990) 2009

832211  
02-03-10

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

OF OUTSIDE DIRECTORS, REVIEWS RECOMMENDED COMPENSATION LEVELS IN LIGHT OF  
MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS,  
RELEVANT SALARY SURVEYS, FORM 990 DATA FROM SIMILARLY SITUATED NGOS, AND  
OTHER COMPARABLES, AND THEN APPROVES OR ADJUSTS THE TOTAL COMPENSATION  
AND/OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN  
CONTEMPORANEOUS MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,NH,NJ,NM,NY,NC,OH,OK  
OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18: IRUSA MAKES AVAILABLE ITS FORM  
1023. TO REQUEST THE 1023 AN EMAIL MAY BE SENT TO INFO@ISLAMICRELIEFUSA.ORG  
OR WRITE ISLAMIC RELIEF USA, 3655 WHEELER AVE, ALEXANDRIA, VA 22304. TAX  
RETURN IS AVAILABLE AT THE WEBSITE AT WWW.ISLAMICRELIEFUSA.ORG MAINTAINS  
INFORMATION IN THE "ABOUT US" AND "PRIVACY POLICY" SECTIONS.

FORM 990, PART VI, SECTION C, LINE 19: IRUSA MAKES AVAILABLE ITS GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND TAX RETURN  
UPON REQUEST. TO REQUEST INFORMATION AN EMAIL MAY BE SENT TO  
INFO@ISLAMICRELIEFUSA.ORG OR WRITE ISLAMIC RELIEF USA, 3655 WHEELER AVE,  
ALEXANDRIA, VA 22304. ADDITIONALLY, THE WEBSITE AT WWW.ISLAMICRELIEFUSA.ORG  
MAINTAINS INFORMATION IN THE "ABOUT US" AND "PRIVACY POLICY" SECTIONS.

990 PART XI, LINE 2C EXPLANATION

IRUSA HAS COMMITTE THAT ASSUMES THE RESPONSIBILITY OF OVERSIGHT OF

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

Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
95-4453134

ISLAMIC RELIEF USA

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT  
ACCOUNTANT.

990 PART V, LINE 2A EXPLANATION FOR 149 W2S ISSUED:

ISLAMIC RELIEF USED TWO DIFFERENT PAYROLL COMPANIES DURING THE YEAR FOR  
PAYROLL PROCESSING AND ACCORDINGLY BOTH THE PAYROLL COMPANIES ISSUED  
W2S TO EMPLOYEES FOR THE PORTION OF PAYROLL HANDLED THROUGH RESPECTIVE  
COMPANIES. IN ADDITION TO THIS IRUSA ALSO ISSUED SOME OF THE W2S.  
OVERALL POSITION OF W2S ISSUED BY DIFFERENT PAYROLL PROCESSORS FOR  
EMPLOYEES OF IRUSA WAS AS FOLLOWS:

ADMINISTAFF ISSUED 68 W2S

TRINET ISSUED 80 W2S

IRUSA ISSUED 1 W2

TOTAL W2S ISSUED = 149

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LOAN TO OFFICER

(A) PURPOSE OF LOAN: PERSONAL LOANS

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 5000. (D) BALANCE DUE \$ 0.

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

Schedule O (Form 990) 2009

932211  
02-03-10



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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Name of the organization

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95-4453134

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: VARIOUS-EMPLOYEES

(A) PURPOSE OF LOAN: PERSONAL LOANS

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 40565. (D) BALANCE DUE \$ 40565.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

**SCHEDULE -L PART II EXPLANATION FOR LOANS TO EMPLOYEES**

NONE OF THE EMPLOYEES REPORTED ON SCHEDULE - L ARE OFFICERS OR KEY  
EMPLOYEES.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

**ISLAMIC RELIEF USA**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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	0.	3914837.	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

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

Schedule R (Form 990) 2009



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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	1c	
<b>d</b> Loans or loan guarantees to or for other organization(s)	1d	
<b>e</b> Loans or loan guarantees by other organization(s)	1e	
<b>f</b> Sale of assets to other organization(s)	1f	
<b>g</b> Purchase of assets from other organization(s)	1g	
<b>h</b> Exchange of assets	1h	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	1i	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	1j	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	1k	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	1l	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	1m	
<b>n</b> Sharing of paid employees	1n	
<b>o</b> Reimbursement paid to other organization for expenses	1o	
<b>p</b> Reimbursement paid by other organization for expenses	1p	
<b>q</b> Other transfer of cash or property to other organization(s)	1q	
<b>r</b> Other transfer of cash or property from other 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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

22-4433134 Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)  
 ▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2009**  
 Attachment  
 Sequence No. 67

ISLAMIC RELIEF USA

FORM 990 PAGE 10

95-4453134

**Part I Election To Expense Certain Property Under Section 179** *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	65,164.

**Part III MACRS Depreciation (Do not include listed property.) (See Instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	91,004.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		6,546.	3 YRS.	MQ	SL	1,273.
b 5-year property		66,162.	5 YRS.	MQ	SL	12,824.
c 7-year property		227,496.	7 YRS.	MQ	SL	30,325.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See Instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	200,590.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .....						
<b>31</b> Total commuting miles driven during the year .....						
<b>32</b> Total other personal (noncommuting) miles driven .....						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....						
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....						
<b>36</b> Is another vehicle available for personal use? .....						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year:					
<b>43</b> Amortization of costs that began before your 2009 tax year .....				<b>43</b>	
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report .....				<b>44</b>	