IRUSA 04/22/2010 7:09 PM

Organization Exempt From Inc > Tax Return

Department of the Treasury Internal Revenue Service

Under section 50, 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 2008 Open to Public Inspection

<u>A</u>	For the 2	108 calendar year, or tax year beginning , and ending			
В	Check if appli			D Emp	loyer identification number
X	Address char	ge label or Islamic Relief USA			
X	Name change	print or Doing Business As	3=	95	-4453134
П	Initial return	type. Number and street (or P.O. box if mail is not delivered to street address) See 3.6.5.5. Type 3.1.0.7.1.0.7.1.0.0.0.1.0.0.0.1.0.0.0.0.1.0.0.0.1.0.0.1.0.0.0.1.0.0.0.1.0.0.1.0.0.1.0.0.0.1.0.0.0.1.0.0.0.1.0.0.0.1.0.0.0.1.0.0.0.1.0.0.0.0.1.0.0.0.0.1.0	Room/suite	60000 (60000000000000000000000000000000	phone number
\Box		Specific Specific Aveilue			4-676-1289
	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross red	ceipts\$ 76,026,369
X	Amended retu				
Ш	Application pe	nding F Name and address of principal officer:		H(a) Is this	s a group return for
		Dr. Yaser M. Haddara		affilia H(b) Are a	ites? Yes X No
		3655 Wheeler Avenue		includ	ded? Yes No
-		Alexandria VA 22304		If "No	o," attach a list. (see instructions)
<u>+</u>	Tax-exemp	t status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 www.islamicreliefusa.org			
<u>J</u>					p exemption number
200,000,000	Part I	ization: X Corporation Trust Association Other	L Year of formation: 1	993	M State of legal domicile: CA
33335		Summary fly describe the organization's mission or most significant activities:			
		o strive to alleviate suffering, hunger, illiteracy	z and discase		l dwi do
)Ce	1	ithout regard to color, race or creed; to provide a			
Governance		nd dignified manner; (continues on Schedule 0)	ita in a com	Jassiu	nace
Ş.	2 Che	ck this box if the organization discontinued its operations or disposed of more	than 250/ of its sacc		
တိ	3 Nur			1 - 1	5
Activities &		nber of voting members of the governing body (Part VI, line 1a) nber of independent voting members of the governing body (Part VI, line 1b)			5
iťie					0
ξį					1500
ĕ	70 Tota	al number of volunteers (estimate if necessary) al gross unrelated business revenue from Part VIII, line 12, column (C)		7a	1300
	h Net	unrelated business taxable income from Form 990-T, line 34		7a 7b	0
-	D IVEL	unleiated business taxable income nom Form 990-1, line 34	Prior Yea		Current Year
4.	8 Cor	tributions and grants (Part VIII, line 1h)			75,884,946
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)	The second secon		
š		stment income (Part VIII, column (A), lines 3, 4, and 7d)	. 2	2,746	3,266
ď	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		743	-596,481
		I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			75,291,731
		nts and similar amounts paid (Part IX, column (A), lines 1-3)			64,876,275
		efits paid to or for members (Part IX, column (A), line 4)			
S		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		.,903	3,817,703
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			420,000
bei	b Tota	essional fundraising fees (Part IX, column (A), line 11e) I fundraising expenses (Part IX, column (D), line 25) 2,669,201			,
ш		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,579	,807	3,639,019
		l expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			72,752,997
	19 Rev	enue less expenses. Subtract line 18 from line 12	1,019		2,538,734
Net Assets or Fund Balances	12		Beginning of	Year	End of Year
sets	20 Tota	l assets (Part X, line 16)	11,707		17,794,346
A As	21 Tota	l liabilities (Part X, line 26)	1,253	,931	4,854,482
Ž	22 Net	assets or fund balances. Subtract line 21 from line 20	10,453	,262	12,939,864
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying sched	ules and statements, ar	nd to the bes	st of my knowledge
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	i information of which pi	reparer nas	110
Sig				4	12712010
He	re	Signature of officer		Date	
		Abed Ayoub CEO		*	
	,	Type or print name and title			T 6
Da:		Preparer's Debouch a Trilson	Check if		Preparer's identifying number (see instructions)
Pai		signature DEBORAH A. WILSON 4/	22/10 self- employe	x b	P00228225
	parer's		ilson, PLC	EIN	▶ 54-1391150
US	e Only	if self-employed) 5 Loudoun Street, SW, Suite B		Phone	
		address, and ZIP + 4 Leesburg, VA 20175		no.	703-771-1818
May	the IRS d	scuss this return with the preparer shown above? (see instructions)			X Yes No
DAA	For Priv	acy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

	art III Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	•
'n	To strive to alleviate suffering, hunger, illiteracy and diseases	worldwide
•.	without regard to color, race or creed; to provide aid in a compas	sionate
3	and dignified manner; (continues on Schedule O)	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on	<u>.</u> _
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
	***************************************	Tes M 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.	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	FO 126 700 FE 710 F00	
4a	a (Code:) (Expenses \$ 58,136,790 including grants of \$ 55,710,599) (Revenue \$	
E	EMERGENCY AND RELIEF PROJECTS	
Т	To provide food, water, medical treatment, and other	
_	essential services to the victims of disasters and whoever	
•	essential services to the victus of disdocto and whoever	
n	needs it anywhere in the world.	
	· · · · · · · · · · · · · · · · · · ·	
		• • • • • • • • • • • • • • • • • • • •
	<u> </u>	
	7 074 040 + 1 - 7 074 049 \/navanua 6	
4b	(Code:) (Expenses \$ 7,074,049 including grants of \$ 7,074,049) (Revenue \$)
0	ORPHANS PROJECTS	· · · · · · · · · · · · · · · · · · ·
0	ORPHANS PROJECTS	· · · · · · · · · · · · · · · · · · ·
O	ORPHANS PROJECTS To provide education, health care and training to orphans	· · · · · · · · · · · · · · · · · · ·
O	ORPHANS PROJECTS To provide education, health care and training to orphans in order to improve their living standards.	
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OTi	ORPHANS PROJECTS To provide education, health care and training to orphans in order to improve their living standards. c (Code:)(Expenses \$ 799,995 including grants of \$ 799,995) (Revenue \$ UDHIYA/QURBANI PROJECTS To distribute donated fresh or canned meat to the needy	
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OTi	ORPHANS PROJECTS To provide education, health care and training to orphans in order to improve their living standards. c (Code:)(Expenses \$ 799,995 including grants of \$ 799,995) (Revenue \$ UDHIYA/QURBANI PROJECTS To distribute donated fresh or canned meat to the needy	
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OTi	ORPHANS PROJECTS To provide education, health care and training to orphans in order to improve their living standards. c (Code:)(Expenses \$ 799,995 including grants of \$ 799,995) (Revenue \$ UDHIYA/QURBANI PROJECTS To distribute donated fresh or canned meat to the needy	
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4c. UT	To provide education, health care and training to orphans in order to improve their living standards. Society (Expenses \$ 799,995 including grants of \$ 799,995) (Revenue \$ UDHIYA/QURBANI PROJECTS To distribute donated fresh or canned meat to the needy during Muslim holy festivals.	
4c UT d	To provide education, health care and training to orphans in order to improve their living standards. c (Code:)(Expenses \$ 799,995 including grants of \$ 799,995) (Revenue \$ UDHIYA/QURBANI PROJECTS To distribute donated fresh or canned meat to the needy during Muslim holy festivals.	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II 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 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D, Part ! 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III 8 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D. X Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Х 23 Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer questions Х 24b-24d and complete Schedule K. If "No," go to question 25. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or X substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form 990 (2008)

Page 3

Form 990 (2008) Islamic Relief USA Part V Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		_X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			i
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• •	III, IV, and V, line 1	34		X
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	35		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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ŀ	
	VI	37		X

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 40 U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X account)? 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. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 5c Regarding Prohibited Tax Shelter Transaction? X Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g Х For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring X organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? X X 9h Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ______ а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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95-4453134

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					····	T
				150	********	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	ie					
	circumstances, processes, or changes in Schedule O. See instructions.		_				
1a	Enter the number of voting members of the governing body	1a	5 5				
b	Enter the number of voting members that are independent	1b	ב				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th			.		- T
_	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the dir				_		.
_	supervision of officers, directors or trustees, or key employees to a management company or other personal company or othe				3	X	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9				4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?			· · · · · · · · · · · · -	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			İ			₩.
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons		• • • • • • • • • • • • • • • • • • • •	·····	7b	******	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	g					
	the year by the following:			l [®]	•	v	*******
a	The governing body?	• • • • • •		<i>.</i>	8a	X	
b	Each committee with authority to act on behalf of the governing body?			·····	8b		X
9a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters.				9a		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?			1.	9b		!
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization			· · · · · · · · · · · · · · · · · · ·	30		
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990			! .	10	x	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach			·····	10	**	
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11	j	х
Sec	tion B. Policies				••••		
<u> </u>	HOILD: 1 OHOICO					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			·····			
_	rise to conflicts?			1	2b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		· · · · · · · · · · · · · · · · · · ·	·····			
_	describe in Schedule O how this is done			1	2c	x	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?			1.	14		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 de	cision:					
а	The organization's CEO, Executive Director, or top management official?			1	5a	X	
b	Other officers or key employees of the organization?			1 4	5b	X	
	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?				6a		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 safegue	ard					
	the organization's exempt status with respect to such arrangements?			<u> 1</u>	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA,	CO,	CT, DC, FL	,GA,IL,KS	, K3		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply.						
	X Own website						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ct of int	erest				
	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 rec						
	organization: Controller 3655 Wheeler	Ave	nue				
			2304	703-			

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	rganization did not compens (B)		. (C)		(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	 Officer		Highest compensated at employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Aamir Rehman Director	2	x				0	0	0
Dr. Andrea B	orgmann-Traib 2	a X				0	0	0
Dr. Ihab M H Director	2	x				0	0	0
Dr. Yaser M Director	Haddara 2	x				0	0	0
Naser Hagham Director	eđ 2	x				0	0	0
Anwar Khan VP	40		x			117,087	0	17,229
Christina J Secretary	Tobias-Nahi 40		x			84,000	0	17,229
Abed Ayoub CEO	40		x			0	o	0
Dr. Ahmad El Bd Consultnt	bendary 40		x			0	0	0
Pinky Talib Controller	57				x	105,977	0	7,420
- ,		·						

Part VII Section A	. Officers, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)	
(A) Name and title	(B) Average	Posi	tion (C) call ti	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										<u> </u>
					_					
										·
										·
			ļ							
1b Total			<u></u>				▶	307,064	<u> 1</u>	41,878
2 Total number of indivious organization ▶ 2	duals (including those in 1a	ı) wh	o red	ceive	d mo	ore th	nan (\$100,000 in reportable com	pensation from the	,
employee on line 1a? 4 For any individual liste the organization and r individual	related organizations greate	e J for reportha	or su rtable n \$1 	ch in e cor 50,0 	ndivion mper 00?	dual nsation if "Ye om a	on a es," o	nd other compensation from complete Schedule J for suc	n ch	3 X 4 X 5 X
Section B. Independent C	Contractors									
Complete this table fo compensation from th	e organization.	sated	I inde	epen	dent	cont	tract	ors that received more than		(0)
	(A) Name and business address								(B) on of services	(C) Compensation
Gammon & Grange McLean		22	10					ensboro Drive, 79 egal	th Floor	499,166
Diana Sufian Santa Monica	CA	9(40		.0.	. E		3459 undraising		420,000

<u> For</u>	m 99	(2008) Islamic Re	lie	f USA			95-4453 <u>1</u> 34		Page 9
P	irt V	III Statement of Rev	/enue		,				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
St St	1a	Federated campaigns	1a						
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b						
S, ç	C	Fundraising events	1c	2,7	71,347				
ig i	d	Related organizations	1d						
ž.E	e	Government grants (contributions)	1e						
rtion er s	f	All other contributions, gifts, grants,							
ള		and similar amounts not included above	1f	73,1	13,599				
E E	g	Noncash contributions included in lines	la-1f: \$	51,8	94,224				
	h	Total. Add lines 1a-1f		<u></u>	<u>.,</u>	75,884,946			
Program Service Revenue					Busn. Code				
ever	2a		. .		<u> </u>				
ě.	b	*							
<u>Ş</u>	C		 .						
Se	ď								<u> </u>
Гап	e							,	
D.		All other program service rev							
_		Total. Add lines 2a-2f Investment income (including							
	3	-				3,266			3,266
	4	other similar amounts) Income from investment of ta	v.ovem	ot bond pro	nceeds >	37200	·		5,200
	5	Royalties							
	3	(i) Real			ersonal				
	62	Gross Rents		<u> </u>					
		Less: rental exps.							
		Rental inc. or (loss)							
		Net rental income or (loss) .			🕨			***************************************	***************************************
		Gross amount from (i) Securit			Other				
		sales of assets other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	C	Gain or (loss)		<u> </u>					
		Net gain or (loss)			>				
	8a	Gross income from fundraising ev							
ine		(not including $$2,771$							
Ver		of contributions reported on line 1	-						
8		See Part IV, line 18			138,157	**************************************			
Other Revenue		Less: direct expenses			734,638	• • • • • • • • • • • • • • • • • • • •			***
ŏ		Net income or (loss) from fund		events	<u></u>	-596,481			-596,481
	9a	Gross income from gaming activiti							
		See Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gan		vities	<u>F</u>				
	iva	Gross sales of inventory, less							
	h	returns and allowances							
		Net income or (loss) from sales of inventory							
				Busn. Code				_	
	11a						***************************************		••••••
	b								
	C								
	d	All other revenue							
	е	Total. Add lines 11a–11d							
		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				Τ			_
		9c, 10c, and 11e			>	75,291,731	0	0	-593,215
									Form 990 (2008)

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).

	All other organizations must				
	o not include amounts reported on lines 6b, , 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	294,508	294,508		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	91,477	91,477		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	64,490,290	64,490,290		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	235,545	114,562	87,404	33,579
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	3,582,158	1,114,490	1,085,586	1,382,082
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):				
а	Management				
b	Legal	559,778		559,778	
C	Accounting	39,412		39,412	
đ	Lobbying	100			400 000
0	Professional fundraising services. See Part IV, line 17	420,000			420,000
f	Investment management fees	070 440		27 225	
g	Other	259,443			
12	Advertising and promotion	289,137	114,325		
13	Office expenses	1,095,854			
14	Information technology	26,202	1,087	23,057	2,058
15	Royalties	207 572	10 200	278,980	00 365
16	Occupancy	387,573 362,016	18,228 88,756	102,064	
17	Travel	302,010	88,130	102,004	1/1,130
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,244	100	1,600	3,544
19	Conferences, conventions, and meetings	J, ZII	100	1,000	3,311
20	Interest		· <u> </u>		·
21	Payments to affiliates Depreciation, depletion, and amortization	106,753	53,377	26,688	26,688
22	• • • • • • • • • • • • • • • • • • • •	22,086	959	12,744	
23	Insurance	22,000	, , ,	//11	3,33
24	Other expenses. Itemize expenses not				
44	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Special Events	367,230	364,431	2,799	
b	Miscellaneous	79,324	20,274	40,065	18,985
c	Training	33,303	4,632	28,561	110
d	Taxes&licenses (excl.R/E)	5,664	1,000	4,649	15
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,752,997	67,577,052	2,506,744	2,669,201
26	Joint Costs. Check here 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		<u> </u>		Form 990 (2008)

				 <u>-</u>	(A) Beginning of year			B) of year	•
		Cook non interest hearing			10,557,027	1	12,5	-	
	1	Cash—non-interest bearing	• • • • • • •		10/33//02/	2	1 22/5	,50,	, 10.
	2	Savings and temporary cash investments				3			
	3	Pledges and grants receivable, net	• • • • • •		676,842		5	380.	867
	4	Accounts receivable, net			070,012	*	 · · `	,00,	00.
	5	Receivables from current and former officers, directors, tru		1	5,000	5	1	5	, 000
	١,	employees, or other related parties. Complete Part II of Sc			3,000			<u> </u>	
	6	Receivables from other disqualified persons (as defined ur							
		4958(f)(1)) and persons described in section 4958(c)(3)(B)				6	1	.000000000	100000000000000000000000000000000000000
	_	Part II of Schedule L			14,389			28	250
ets	7	Notes and loans receivable, net			14,505	8		20,	250
Assets	8	Inventories for sale or use			52,356		1	73	062
⋖	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis	1 400 1	4 533 117	32,330			<i>, , ,</i>	<u> </u>
			10a	4,000,111					
	a	Less: accumulated depreciation. Complete	10b	385,358	237,267	10c	4 1	47	759
					139,832				065
	11	Investments—publicly traded securities	• • • • • •		137,032	12	+	.02,	
	12	Investments—other securities. See Part IV, line 11				13	 		
	13	Investments—program-related. See Part IV, line 11				14	 		
	14	Intangible assets			24,480			27	158
	15	Other assets. See Part IV, line 11	• • • • • • •		11,707,193		17,7		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,253,931	17	-		681
	17	Accounts payable and accrued expenses			1,200,001	18			801
	18	Grants payable				19	1 3,73	<u> </u>	-001
	19 20	Deferred revenue				20			
တ္တ	21	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D			21				
itie	22	Payables to current and former officers, directors, trustees,		,		***			
ᅙ		employees, highest compensated employees, and disqualit							
Liabilities		persons. Complete Part II of Schedule L				22		00:0000000	
	23	Secured mortgages and notes payable to unrelated third pa	arties			23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			1,253,931	26	4,8	54,	482
Ø		Organizations that follow SFAS 117, check here ▶ X							
nces		complete lines 27 through 29, and lines 33 and 34.	,						
<u>a</u>	27	Unrestricted net assets		ľ	4,836,307	27	6,4	53,	587
Ba	28	Temporarily restricted net assets			5,616,955	28	6,4	86,	277
Fund Bala	29	Permanently restricted net assets				29	l		
֡֡֞֞֡֞֞֡֞֞֡֞֞֞֞֡֞֞֞֞֞֞֡		Permanently restricted net assets	▶ □						
ō		and complete lines 30 through 34.							
S	30	Capital stock or trust principal, or current funds				30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment ful				31			
Š	32	Retained earnings, endowment, accumulated income, or ot	her fund	dsl		32			
;	33	Total net assets or fund balances		L	10,453,262	33	12,9	39,	864
ž	34	Total liabilities and net assets/fund balances			11,707,193	34	17,7	94,	<u>346</u>
Pa	irt X	Financial Statements and Reporting							
				_				Yes	No
1		ounting method used to prepare the Form 990:							
2a		re the organization's financial statements compiled or review			?		2a		X.
b		re the organization's financial statements audited by an inde			• • • • • • • • • • • • • • • • • • • •		2b	X	<u> </u>
C		es" to lines 2a or 2b, does the organization have a committed							
		audit, review, or compilation of its financial statements and					2c	X	
3a		a result of a federal award, was the organization required to							
								 	X
b	If "Y	es," did the organization undergo the required audit or audit	s?	<u></u>	· · · · · · · · · · · · · · · · · · ·			000	<u> </u>
							Form	990	(2008)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Islamic Relief USA

Employer identification number 95-4453134

P	art	Reas	on for Public Charity	Status (All organizations	s must c	omplet	e this i	part.) (see in	structi	ions)			
The	orga	nization is not	a private foundation because	e it is: (Please check only one or	ganization	ı.)								
1	Ň			ociation of churches described in			(A)(i).							
2	П	-	cribed in section 170(b)(1)(
3	П			ce organization described in sect	tion 170(b)(1)(A)(iii). (Attacl	h Sched	ule H.)					
A	H	•	· · · · · · · · · · · · · · · · · · ·	d in conjunction with a hospital de						he hosp	ital's name			
7		city, and stat	a:	·										
5	П			of a college or university owned o						d in		· · · · ·		• • • •
J	ш	=	(b)(1)(A)(iv), (Complete Part		Тороганос	. Dy a gor		a. a.m. a.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,				
^				ייי) overnmental unit described in se	otion 170	(b)(4)(A)(ı.A							
6	¥			substantial part of its support fror				m tha aa	noral n	ublio				
7	X	_	=		ii a goveii	intentar u	INT OF ITO	in the ge	i ici ai þ	ublic				
_			section 170(b)(1)(A)(vi). (C											
8	Н			70(b)(1)(A)(vi). (Complete Part I		4								
9	Ш	=) more than 33 1/3 % of its supp										
		•		pt functions—subject to certain e										
		• •	•	d unrelated business taxable inc			ri tax) i	rom bus	nesses	•				
			-), 1975. See section 509(a)(2).				• •						
10	Н	-	-	exclusively to test for public safety										
11	Ш			exclusively for the benefit of, to pe						ation.				
				ed organizations described in sec						LION				
				ne type of supporting organization			sile uu	$\overline{}$						
	$\overline{}$	а 📙 Туре		c Type III–Function			<u>a</u>	_	e III–Ot	ner				
0	Ш			anization is not controlled directly						-4:				
		•		and other than one or more publi	cıy suppor	tea organ	lizations	describe	a in se	CUDN				
			section 509(a)(2).	and the state of the state of the state of	T 1 T.		F		_					
f				mination from the IRS that it is a	Type i, Ty	/ре п, ог	rype III s	upportin	g					$\dot{\Box}$
		-	check this box					· · · · · · · ·		· · · · · · ·	<i></i>			Ш
g				on accepted any gift or contribut	ion from a	ny or the								
		following per											-т	
				ntrols, either alone or together wi									'es	No
				the supported organization?							119		-	
				ed in (i) above?							11g			,
				escribed in (i) or (ii) above?							119	(10)]		
h		Provide the f	ollowing information about th	e organizations the organization	supports.									
(i)	Name	e of supported	(ji) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii)	Amoun	t of	
	org	anization		(described on lines 1–9		sted in your	T	nization in		tion in col.	s	upport		
				above or IRC section (see instructions))	governing	document?	col. (i)	oryour port?	-	ized in the S.?				
					Yes	No	Yes	No	Yes	No				
					1									
														
–														
		······································												
					1									
			_											
				İ										

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 10%-facts-and-circumstances test—2007. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

٦,	-4	1 4	5	3	1	3	4

Schedule A (Form 990 or 990-EZ) 2008
Part III Support Schedule Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part 1)

	(Complete only if you cn	ескеа тпе вох	on line 9 of Pa	II (1.)					_
	tion A. Public Support		T	T :::::::					-
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	38	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							 	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<u></u>				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1-5				ļ	<u> </u>			_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								_
b	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
C	Add lines 7a and 7b								_
8	Public support (Subtract line 7c from					***************************************			
	line 6.)								_
	tion B. Total Support	T	I	1	1	T			_
	lendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	
9	Amounts from line 6							· · · · · · · · · · · · · · · · · · ·	_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b								_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)							.	_
14	First five years. If the Form 990 is for the o	=	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)		. [
_	organization, check this box and stop here				<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u> ▶ l	=
	tion C. Computation of Public Su						1		_
15	Public support percentage for 2008 (line 8,						15		%
16	Public support percentage from 2007 Scher			· · · · · · · · · · · · · · · · · · ·	 		16	•	%
	tion D. Computation of Investme					•	1		_
17	Investment income percentage for 2008 (lin						17		%
18	Investment income percentage from 2007 S						18	•	%
19a	33 1/3 % support tests—2008. If the organ							▶ [_
	17 is not more than 33 1/3 %, check this bo							, 🔽 [_
þ	33 1/3 % support tests—2007. If the organ line 18 is not more than 33 1/3 %, check this							▶ [-
	line 18 is not more than 33 1/3 %, check this							····· []	-

Schedule A (Fo	orm 990 or 990-EZ) 20	oos Isla	mic F	Relief T	JSA			95-4453134	Page 4
Part IV	Supplemental	Information.	. Compl	lete this par	t to provide	the explana	ation requ	ired by Part II, line	10;
	Part II, line 17a	or 17b; or F	Part III, I	ine 12. Pro	vide any oth	er additiona	al informa	tion. (see instruction	ons)
, , , , ,									
									• • • • • • • • • • • • • • • • • • • •

					••••••				
					·······				
		•••••		• • • • • • • • • • • • • • • • • • • •		* * * * * * * * * * * * * * * * * * * *			••••••
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

Inspection

Employer identification number

Nam	e of the organization		Employer identification number
_	slamic Relief USA		95-4453134
9/2	stamic Reflet USA intil Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or	
	the organization answered "Yes" to Form 990, F	art IV. line 6.	Accountation of the first of th
		(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	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr		
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor or other	
********	impermissible private benefit?		Yes No
Pa	irt II Conservation Easements. Complete if the orga		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	
	Protection of natural habitat	Preservation of certified historic	structure
	Preservation of open space	Authorities in the forms of a community and	
2	Complete lines 2a-2d if the organization held a qualified conservation cor	tribution in the form of a conservation ea	sement
	on the last day of the tax year.		Held at the End of the Year
_	Total number of conservation easements		
a b	Total acreage restricted by conservation easements		·· - 1 · · · ·
C	Number of conservation easements on a certified historic structure include		···
ч	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, exting		n during
	the taxable year		
4	Number of states where property subject to conservation easement is loc	ated	•
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, violations, and	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing e		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing eas		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	п., п.,
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement,	and
	balance sheet, and include, if applicable, the text of the footnote to the org	anization's financial statements that desi	cribes
******************************	the organization's accounting for conservation easements. It ill Organizations Maintaining Collections of Art, I	dictorical Traceuros or Other	Similar Accote
	it III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to I	Form 990. Part IV. line 8.	ommar Addets.
	Onipioto ii tilo organization and traction		
10	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet	works of
Ia	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pr	ublic service,
	provide, in Part XIV, the text of the footnote to its financial statements that		
	,		
b	If the organization elected, as permitted under SFAS 116, to report in its re	evenue statement and balance sheet wo	rks of art,
	historical treasures, or other similar assets held for public exhibition, educ	ation, 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		de the
	following amounts required to be reported under SFAS 116 relating to the	se items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Pa	art III Organizations Maintaining	Collections of Art, I	<u> Historical Treas</u>	sures, c	or Other Sin	nilar Ass	ets (conti	nued)	
3	Using the organization's accession and other ritems (check all that apply):	ecords, check any of the fo	llowing that are a si	gnificant t	use of its collect	ion			
а	Public exhibition	d Loan o	or exchange progran	ns					
b	[T]	e Other							
c	Preservation for future generations	_			· -				
4	Provide a description of the organization's colle Part XIV.	ections and explain how the	ey further the organiz	zation's ex	xempt purpose i	in			
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, his be maintained as part of the	torical treasures, or organization's colle	other sim	ilar 		Yes		No
Pa	ert IV Trust, Escrow and Custodi	al Arrangements. C	omplete if orga	nization	answered "	Yes" to I	Form 990,		
000000000	Part IV, line 9, or reported a								
1a	Is the organization an agent, trustee, custodiar				ot				
	included on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIV as	nd complete the following to	able:				_		
	, , oo, onplant are arrangement are						Amou	ınt	
c	Beginning balance					1c			
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
_	Did the organization include an amount on Form						Yes		No
	If "Yes," explain the arrangement in Part XIV.		• • • • • • • • • • • • • • • • • • • •						
*****	rt V Endowment Funds. Comple	ete if organization an	swered "Yes" to	Form	990. Part IV	', line 10			
*******		(a) Current year	(b) Prior year			Three years		ur years	back
1a	Beginning of year balance								
	Contributions								
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	A 1 2 2 4 4 4 5 6 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6								
g	End of year balance								
2	Provide the estimated percentage of the year e	nd balance held as:						***********	
	Board designated or quasi-endowment								
	Permanent endowment %								
	Term endowment ▶%								
	Are there endowment funds not in the possessi	on of the organization that	are held and admini	stered for	the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	-	
							3a(ii)	-
. р	If "Yes" to 3a(ii), are the related organizations list						3b		[
4	Describe in Part XIV the intended uses of the or	rganiz <u>ation's endowment</u> fu	ınds.						
Pa	rt VI Investments-Land, Buildir			, Part X	(, line 10.			· ·	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)		(c) Deprecia	ation	(d) Boo	k value	
1a	Land		1,303	,279			1,3	03,	279
	Buildings		2,606		3	0,058		76,	
	Leasehold improvements		 	,888		9,268		26,	
	Equipment			,974		6,534	1	72,	
	Other			,418		9,498		68,	
	. Add lines 1a-1e. (Column (d) should equal For	m 990, Part X, column (B),	···	•			4,1	47,	

•				
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Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
inancial derivatives and other financial products			
Closely-held equity interests			
Other			
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	-		
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	-		·
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otal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method o	f valuation:
		Cost or end-of-year	
			· , <u></u>
otal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description		······································	(b) Book value
(a) escapian			(b) book value
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
		·	
<u> </u>			
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X Other Liabilities. See Form 990, Part X, line 2			
(a) Description of liability	(b) Amount	_	
ederal income taxes		_	
		_	
		_	
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	i e	Excession and the contract of	**************************************
otal. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			

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

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OUIL	addle D (Folim 990) 2000 IDICAMIC ROLLOI ODII		raye 4
®P&	irt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		75,291,731
2	Total expenses (Form 990, Part IX, column (A), line 25)		72,752,997
3	Excess or (deficit) for the year. Subtract line 2 from line 1		2,538,734
4	Net unrealized gains (losses) on investments	. 4	-52,133
5	Donated services and use of facilities	. 5	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8	9	-52,133
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		2,486,601
P	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
1	Total revenue, gains, and other support per audited financial statements	1	75,984,687
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	
а	Net unrealized gains on investments 2a -52, 13		
b	Donated services and use of facilities 2b 10,45	쁘	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)	_	44 600
е	Add lines 2a through 2d		-41,682
3	Subtract line 2e from line 1	3	76,026,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	•
b	***************************************	8	504 600
C	Add lines 4a and 4b	4c	<u>-734,638</u>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	75,291,731
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	73,498,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	Donated services and use of facilities 2a 10,45	- 	
	Prior year adjustments 2b	-	
	Losses reported on Form 990, Part IX, line 25	\dashv	
d	Other (Describe in Part XIV)	-	10 451
	Add lines 2a through 2d	2e	10,451 73,487,635
3	Subtract line 2e from line 1	3	/3,40/,035
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 Other (Describe in Part XIV) 4a -734,63	-	
			. 724 620
	Add lines 4a and 4b	4c	-734,638 72,752,997
******	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,152,991
	rt XIV Supplemental Information		
	blete 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		
	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Part XI, Line 8 - Reconcilation of Changes - Other		
'			
Ι	Direct Costs of Fundraising Events	\$	734,638
_			
-,	Direct Costs of Fundraising Events	로	<u>-/34,030</u>
_,	Donet VII Tino Ab - Powerup Amounta Ingluded on Between Other	 bo~	
	Part XII, Line 4b - Revenue Amounts Included on Return - Ot	<u>тат</u> -	
_ I	Direct Costs of Fundraising Events	\$	<u>7</u> 3 <u>4,6</u> 3 <u>8</u>

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Schedule F (Form 990)

Statement of Activities Outside the United States

2008

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Islamic Relief USA

Employer identification number 95-4453134

General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. 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? 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.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region expenditures in offices in the employees or region (by type) (i.e., a program service, region agents in fundraising, program services, describe specific type of region grants to recipients located in service(s) in region region the region) East Asia and the Pacific Program Services Food/other assistnce 260,090 Europe Food to needy indiv Program Services 921,685 Middle East and North Africa Food to needy indiv 6,571,253 Program Services South Asia Food to needy indiv Program Services 1,557,693 Sub-Saharan Africa Program Services Food to needy indiv 2,272,122 Sub-Saharan Africa General assistance 250,000 Program Services Sub-Saharan Africa Medical assistance Program Services 52,657,447 64,490,290

USA
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3) 2008
(Form 990) 2008

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. 95-4453134 Schedule F Partil

Page 2

	applaisal, outer)							Market Dharmacenticals	RedBook	Kit	Market	g Hees				
(h) Description of non-cash assistance										3 Medical		4 Handling Fees				
(g) Amount of non-cash assistance								4.840.090		46,960,033		857,324				
(f) Manner of cash disbursement	wire	wire	wire	wire	wire	wire									i i	
(e) Amount of cash grant	260,090	921,685	6,571,253	1,557,693	2,272,122	250,000										
(d) Purpose of grant	Food assistance East and North Africa	Food assistance	Food assistance Middle East and North Africa	Food assistance	Food assistance	Assistance to Ghana		Medical assistance an Africa	Medical assistance	- 1	Medical assistance	an Africa				
(c) Region	Middle Ea	Europe	Middle Ea	South Asi	Food ass		Sub-Saharan Africa	Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa				
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization																

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

Enter total number of other organizations or entities e

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Page 3

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) m 990) 2008 Islamic Relief USA
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2008

Part III Grants and

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Part IV Supplemental Information

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

Part I, Line 2 - Procedures 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 IRW. The International Programs Coordinator receives the proposals 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?
- 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 Directors will review the proposals and recommendations from the Project Approval Committee.
- 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 a final list of approved projects with approved budgets, which 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.

Continues on Schedule O.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008 Open To Public

Internal Revenue Service
Name of the organization

Islamic Relief USA

 $Employer identification number \\ 95-4453134$

Part I Fundraising Activities. Comple	ete if the organizat	tion an	SW	ered "Yes" to Form	n 990, Part IV, line	17.
1 Indicate whether the organization raised funds through	igh any of the following	activitie	s. Cł	neck all that apply.		7
a X Mail solicitations	e Solicitation	n of non-	-gov	ernment grants		
b X Email solicitations			-	nent grants		
c Phone solicitations	g X Special fu	_		-		
d In-person solicitations	g 🖂 Opecianu	nu asin	a en	ents		
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or en						X Yes No
b If "Yes," list the ten highest paid individuals or entitie to be compensated at least \$5,000 by the organization	es (fundraisers) pursuar	nt to agre	eme	ents under which the fur	ndraiser is	es I no
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser i custod contro contribut	nave y or I of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Diana Sufian	Program		x	51,881,160	420,000	51,461,160
			-			·
			_			
	<u>l</u>					
Total		<u>.</u>	▶	51,881,160	420,000	51,461,160
 List all states in which the organization is registered registration or licensing. Alabama, Alaska, Arizona, Arka 	nsas, Califo	rnia	, C	olorado,Con	necticut,	
Dist of Columbia, Florida, Ge Massachusetts, Michigan, Minn New Mexico, New York, North C Pennsylvania, Rhode Island, S Washington, West Virginia, Wi	esota,Missi arolina,Nor outh Caroli	ssip th D	pi ak en	,New Hampshi ota,Ohio,Okl	ire,New Jers Lahoma,Orego Virginia,	sey, on,
		<i>.</i>				
						• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
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			• • • •			•••••

IRUSA 04/20/2010 1:42 PM Islamic Relief USA 95-4453134 Schedule G (Form 990 or 990-EZ) 2008 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other Events Dinner Dinner (d) Total Events (Add col. (a) through 56 col. (c)) (total number) (event type) (event type) Revenue 231,801 149,411 2,534,032 2,915,244 Gross receipts Less: Charitable 223,969 2,418,983 2,771,347 128,395 contributions Gross revenue (line 1 7,832 21,016 115,049 143,897 minus line 2) Cash prizes Non-cash prizes **Direct Expenses** 2,500 10,200 231,617 244,317 Rent/facility costs 490,321 8,354 4,259 477,708 Other direct expenses 734,638 Direct expense summary. Add lines 4 through 7 in column (d) -590,741 Net income summary. Combine lines 3 and 8 in column (d) 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. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes% Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d)

- 1	The gaming mount of the contract of the contra			
			Yes	No
9	Enter the state(s) in which the organization operates garning activities:			
а	Is the organization licensed to operate gaming activities in each of these states?	. 9a		
þ	If "No," Explain:			
		.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	. 12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility 13a %			
b	An outside facility 13b %			
14	Provide 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 ▶ \$			
С	If "Yes," enter name and address:			
	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?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year > \$			

SCHEDULEI (Form 990)

IRUSA 04/20/2010 1:42 PM

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No. 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization		Employer	Employer identification number	er
Islamic Relief USA		95-44	95-4453134	
Part 1 General Information on Grants and Assistance				
	s' eligib	ility for the grants or assistance, and		X Yes No
2	Tunds in the United States.		,	
Family and Otner Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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 non Use	zations in the United Si ore than \$5,000. Check	ates. Complete if the orgathis box if no one recipien	anization answe t received more	ered "Yes" on e than \$5 000 Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	eeded	L		☐ ▲
	(d) Amount of cash grant (e) Am	(e) Amount of non-cash (f) Method of valuation	(g) Description of	(h) Purpose of grant
or government Fapplicable		assistance (book, rmv, appraisa),	Ē	or assistance
Clinic				
West Florence Avenue				Health Clinic Openin
Los Angeles CA 90044 95-4666671 3	50,000			1
St. Mary's Catholic Church				
cree	-			Shipping costs
Alexandria VA 22314 3	9,500		•	1
Islamic Shura Council of S. Ca				
2115 W Crescent Ave., Ste 255		• • • • • • • • • • • • • • • • • • • •		Staffing
Anaheim CA 92801 95-4696469 3	10,000			
MAS Youth Brooklyn				
h Ave				Program costs
Brooklyn NY 11214 36-3885457 3	10,000			232))
Islamic Center of Claremont				
3619 N. Garey Ave.				Community achool
Claremont CA 91767 95-4609548 3	10,000			
Cultural Cup Food Bank				
537 E Osborn Rd				General operations
Phoenix AZ 85012 81-0622721 3	7,000	-		
IANT Quranic Academy				
840 Abrams Road				Technology undate
Richardson TX 75081 23-7181345 3	10,000			
MAS Quran Institute				
9210 S. Oketo Ave.				Capital and gen pro
Bridgeview IL 60455 36-3885457 3	10,000			}
MAS Boston Society				
				Capital expenses
Somerville MA 02145 20-1799252 3	10,000			
2 Enter total number of section 501(c)(3) and government organizations				▶ 28
3 Enter total number of other organizations				

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Schedule I (Form 990) 2008 Islamic Reli	ief usa	Ŏ	95-4453134		C and
Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the if additional space is I	United States. Comneeded.	plete if the organization	n answered "Yes" on Forr	١.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
Day of Dignity	20000		91,477	market	Food to individ
					3
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	complete this part to p	rovide the information	n required in Part I, lir	le 2, and any other additional information	nal information.
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds	es for Monitor	ing the Use o	f Grant Funds		
IRUSA's Domestic Grants Program is intended to support projects that	rogram is inte	nded to suppo	rt projects t	nat	
promote IRUSA's humanitarian mission. IRUSA's domestic grants, therefore,	ian mission. I	RUSA's domest	ic grants, th	erefore,	
are only awarded to projects that fulfil	cts that fulfi	11 charitable	l charitable, educational, or	, or	
religious purposes. IRUSA also only accepts grant applications from U.S.	also only acc	epts grant ap	plications fr	om U.S.	
non-profit organizations that are able t	that are able	to demonstrat	o demonstrate current state	O	
registrations and receipt of federal tax	of federal ta		exemptions from the Internal	rnal	
Revenue Service.					
Continues on Schedule O.	Ö				

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	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	(b) Number of (c) Amount of (d) Amount of (e)	recipients cash grant non-cash assistance FMV, appraisal, other)					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	itional Information	20,000 recipients were served at 19 Day of dignity events)			
Schedule I (Form 990) 2008 Islamic Relief USA	Part III Grants and Other Assistance Use Schedule I-1 (Form 990)	(a) Type of grant or assistance						Part IV Supplemental Information. C	Part IV - Additional Information	The estimated 20,000 recipients were	nationwide.					

IRUSA 04/20/2010 1:42 PM

SCHEDULE I-1 (Form 990)

Islamic Relief USA

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047 2008

Open to Public Inspection

Employer identification number 95-4453134

Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule (Form 990)	Assistance to	Governments a	and Organization	Is in the U.S. (S	chedule I (Forr	Part II.)	#0-1-00 FF-0
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION P.O. Box 63732							
Elizabeth NJ 07206 Foundation for Appr. and Immed. Hel	75-3077268	3	10,000				Homeless help proj
St. Ste 210 VA 201	54-1961618	м	10,000				Domest 's ty a 's transment
MAS Social Services Foundation 3820 Ashburn Blvd., Ste. 83	36-4571903	m	10.000				
ed a Place treet N	57-1188655	r.	10,000				Staffing a nearth
Al-Huda Society P.O. Box 505752	04-3489394	ε	10,000				Total Section of the section of the
Muslim Alliance of Indiana 125 West South Street	20-2397185	en:	10,000				Women's Fund
Innercity Muslim Action Network 2744 W. 63rd Street	36-4167433	က	10,000				Transitional housing
Muslim Women's Institute for R&D 1363_Ogden_Ave	80-0010627	ε	10,000				Titanal Titanal
Darul Argam School 8 Thomas St. — — — — — — — — — — — — — — — — — — —	22-3826500	ε	10,000				
Family Support Services of NJ 265A Route 46 West, Ste 3A5 Totowa	20-5668079	ε	10,000				Mamily duy versus
Islamic Services Foundation 3145 Medical Plaza Dr	75-2352043	m	10,000				Tuition/scholarships
 2 Enter total number of Section 501(c)(3) and government organizations 3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form DAA 	ent organizations see the Instruction	ns for Form 990.				A	Schedule I-1 (Form 990) 2008
			-			-	

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SCHEDULE 1-1

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

2116 Walsh Ave C-7

Santa Clara

Buena Park Various

MAS Bay Area

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for

Part II and Part III, Schedule 1 (Form 990).

2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BacktoSchool Health (h) Purpose of grant or assistance 95-4453134 non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule | (Form 990), Part II.) (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash assistance 10,000 48,008 if applicable 20-5595580 (b) EIN Islamic Relief USA I ı I l 1 ١ 1 1 or less (7) 90620 95050 1 I ļ 1 ı I (a) Name and address of organization 1 ļ 1 ļ 1 ١ 1 Ig 1 ١ 1 1 1 I I or government Various grants \$5,000 1 1 1 I 1 1

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Schedule I-1 (Form 990) 2008

Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

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Page 2	(f) Description of non-cash assistance											Schedule 1-1 (Form 990) 2008
(11)	(e) Method of valuation (book, FMV, appraisal, other)											
3134 ule I (Form 990), Part I	(d) Amount of non-cash assistance											
95-4453134 uals in the U.S. (Schedule I (F	(c) Amount of cash grant								-			
E USA Assistance to Individ	(b) Number of recipients										3	
Schedule I-1 (Form 990) 2008 ISlamic Relief USA Partil Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance											

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No. 1545-0047

Name of the organization

or Form 990-EZ, Part V, line 38a or 40b.

Employer identification number Islamic Relief USA 95-4453134 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (g) Written (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due (e) In default? (f) Approved or from the principal amount by board or agreement? organization? committee? Yes No Yes To From Yes No No Loan to officer X 5,000 5,000 X X 5,000 Total Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of organization assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that 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	of reve	Sharing org. nues?
				-	
					-

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Islamic Relief USA 95-4453134

P	art 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 determin revenues	ing
1	Art—Works of art					
2	Art—Historical treasures				·	
3	Art—Fractional interests				-	
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes		:			
8	Intellectual property				•	
9	Securities—Publicly traded	Х	2	1,832	Market Value	
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	Х	18		Market Compariso	
20	Drugs and medical supplies	Х	76	51,800,134	Market Compariso	n/RedBook
21	Taxidermy					<u>. </u>
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►()					· · · · · · · · · · · · · · · · · · ·
26	Other ►()					
27	Other ►()					
28	Other ►(····
29	•	_				
	which the organization completed Forr	n 8283, Pa	irt IV, Donee Acknowledg	ement	29 0	
						Yes No
30a	During the year, did the organization re	-				
	it must hold for at least three years from			·		<u></u>
	used for exempt purposes for the entir		eriod?			30a X
b	If "Yes," describe the arrangement in F					
31	Does the organization have a gift acce					
	contributions?			•••••		31 X
32a	Does the organization hire or use third	parties or	related organizations to s	olicit, process, or sell non-o	eash	
						32a X
þ	If "Yes," describe in Part II.					
33	If the organization did not report reven-	ues in colu	mn (c) for a type of prope	rty for which column (a) is o	checked,	
	describe in Part II.					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 2008

Employer identification number

95-4453134

Open to Public Inspection

Name of the organization
Islamic Relief USA

Amended Return Explanation

The Organization received their 2008 audited financial statements after the original return was filed with the Internal Revenue Service.

Form 990 - Organization's Mission or Most Significant Activities
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 I, Line 6

Volunteers at IRUSA offer their services in countless ways. Volunteers lend a hand on a daily basis with office support at the headquarters where they help with administrative tasks such as filing, data entry, and/or answering the phone in the reception area. Across the nation, volunteers also assist with the Community Development's fundraising events and projects. They help increase public awareness of IRUSA's mission. Volunteers gather annually to work on the domestic program's Day of Dignity, where they help to distribute food and other items to the homeless. Others offer their assistance, as needed, based on their skill sets such as financial analysts, lawyers, medical professionals, PMP (project management professional) certified individuals as well as many others.

Schedule O (Form 990) 2008 Employer identification number Name of the organization Islamic Relief USA 95-4453134 Form 990, Part III, Line 4d - All Other Achievements 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 and 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 crisis; 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

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents See attachment - Restated Articles of Incorporation dated October 26, 2008.

Name of the organization

Islamic Relief USA

Employer identification number 95-4453134

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

The Board of Directors delegates the responsibility of reviewing the tax

return to an external legal counsel who reviews the return and advises the

Board accordingly, prior to submission.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Directors must submit and sign a conflict of interest policy, and disclose

any conflict of interest on an annual basis.Directors are obligated to

disclose any conflict of interest at the time any transaction is considered

where a conflict of interest may be implicated.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation of senior management is approved by the IRUSA Board's

Membership Committee. The Membership Committee, which is composed entirely

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 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

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 - Other States Where Copy of Return is Filed
Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi,
New Hampshire, New Jersey, New Mexico, New York, North Carolina,
North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island,
South Carolina, Tennessee, Utah, Virginia, Washington, West Virginia,
Wisconsin

Schedule O - Additional Information

Form 990, Part I Line 5, and Part V Line 2a - Number of Employees

Form 990, Part IX, Lines 5 and 7 - Compensation Expense

Employees are considered employees of a outside professional employer

organization for tax purposes. Although paid by the professional

organization, compensation is reported for purposes of full disclosure. If

not for the relationship with the professional employer organization, IRUSA

would have reported 59 employees on its W-3.

Schedule I, Part I, Line 2 - Procedures for Monitoring the Use of Domestic Grant Funds (contined)

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,

then 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 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.

Schedule F, Part I, Line 2 - Approval Procedure for International
Development Projects (continued)

Name of the organization

Islamic Relief USA

Employer identification number 95-4453134

- 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

- 1. Within a few hours of an emergency (natural or man made), any member of the Emergency Committee can call a meeting. The Emergency Committee consists of: CEO, Controller, Senior Consultant, International Programs Coordinator, and Communications Manager. Any of these members 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

Name of the organization

Islamic Relief USA

Employer identification number 95-4453134

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 Coordinator (IPC) will communicate with staff at IRW of the approved programs and budgets. 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 IR USA Finance and IRW Finance, project will receive funds from IR USA. 10. 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. 11. At the completion of the program, staff will assess whether to close the program or transfer it to a long-term development program.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No. 1545-0047

 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

Employer identification number

(F)
Direct controlling entity 4453134 3,879,779 n/a 95 (E) End-of-year assets (**D)** Total income (C)
Legal domicile (state
or foreign country) \$ Primary activity œ Real Estate27-1092788 Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities (A) Name, address, and EIN of disregarded entity -Alexandria-----VA--22304-------88-Wheeler Foundation-LLC--------P.O. Box-23862-----Islamic Relief USA Part II Part I

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Cade section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.	Cat. No. 50135Y	10135Y	Schedul	Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 Islamic Relief USA

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95-4453134

(J)
General or
managing
partner? Schedule R (Form 990) 2008 Yes No Percentage ownership (I)
Code V—UBI
amount in box 20 of
Schedule K-1 (Form 1065) end-of-year assets Share of (H)
Disproportionate
alloc.? Yes No (G) Share of end-of-year assets Share of total income (F) Share of total income Type of entity (C corp, S corp, or trust) (E)
Predominant
income (related,
investment,
unrelated) (D)
Direct controlling
entity Identification of Related Organizations Taxable as a Corporation or Trust (D)
(Direct controlling 1 entity (C) Legal domicile foreign country) Identification of Related Organizations Taxable as a Partnership (state or (C) · Legat domicile (state or foreign country) Primary activity (B) Primary activity Name, address, and EIN of related organization (A)
Name, address, and EIN of
related organization Part Part IV l≱

Schedule R (Form 990) 2008 Islamic Relief USA

95-4453134

Page 3

Part V Transactions With Related Organizations

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Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 Islamic Relief USA

95-4453134

Page 4

Unrelated Organizations Taxable as a Partnership

Part VI

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

(A) (B) (B)	(8)	(5)	É	Ú	9	. 0	Ę	
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	Share of	Disproportionate	Code V—UBI	General or	alor
	6.	country)	501(c)(3) organizations?	assets	anocalions		managing partner?	ging er?
			Yes No		Yes No		Yes	2
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		:						
						Schedule R (Form 990) 2008	orm 990) 2008

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172

2008

ttachment

Identifying number Name(s) shown on return 95-4453134 Islamic Relief USA Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 q 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ... 12 Carryover of disaflowed deduction to 2009. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 21,721 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 85,032 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 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 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (g) Depreciation deduction (business/investment use (a) Classification of property year placed in period only-see instructions) sérvice 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25 yrs. g 25-year property S/L 27.5 yrs. h Residential rental MM property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L 40-year Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines, 14 through 17, lines 19 and 20 in column (g), and line 21. 22 106,753 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23

Forms 990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees For calendar year 2008, or tax year beginning

, and ending

2008

Name

Employer Identification Number

Islamic Relief USA

95-4453134

F	orm 990, Par	t X,	, <u>Line 5 - 1</u>	Addition	nal :	<u>Information</u>			
		Namá	e of borrower				Title		
	Loan to off					Officer	Title		_
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(2) (3)			<u> </u>						_
(<u>3)</u>									
(4) (5)				<u> </u>					_
(6) (7)				·		_	····		
(7)			· · · · · · · · · · · · · · · · · · ·						
(8)			· · · · · · · · · · · · · · · · · · ·		•			·	
(9) (9)									
(10)									_
(10)									
*********		T) dati salt				Interest	
	Original amount borrowed		Date of loan	Maturity date	·	Re	epayment terms	rate	
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(2)		-				···			
(3)									
(4)		1							
(5)									
(6)	· · · · · · · · · · · · · · · · · · ·								
(7)	<u> </u>				··· i				
(8)									
(9)							<u> </u>		
(10)		,							
		•							
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	Securit	y provic	led by borrower			,	Purpose of loan		
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(2) <u> </u>			<u> </u>						
(3)									_
(4)					· · ·				
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(8)	<u> </u>		- -						_
(9)									_
(10)		*********							
					l				200000
	Considerati	an furni	ished by lender		Ba	alance due at eginning of year	Balance due at end of year	Fair market value (990-PF only)	
(4)	Considerati	on luthi	ished by lender			5,000	5,000	(330-17 01119)	
(<u>1)</u>						3,000			_
(2)					-				
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(10)	tale -					5,000	5,000		_
Tot	ais				·	2,000		I	_

Forms			
990	1	990	-PF

Other Notes and Loans Receivable

For calendar year 2008, or tax year beginning

and	ending

2008

Name

Employer Identification Number

Islamic Relief	USA			95	-4453134	
Form 990, Part	X. Line 7 - A	dditional	Information	1		
· ·						
	ne of borrower Loyees		Relationship to disqualified person			
	toyees	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
(2)						
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Original amount		Maturity			Interest	
borrowed	Date of loan	date	Re	epayment terms	rate	
(1)						
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(9) (10)						
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Security	provided by borrower			Purpose of loan		
(1)					,	
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O side anti-n	furnished by lender		Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)	
	idiffished by lender		14,389	28,250	(330-11 Giny)	
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(4)				· · · · · · · · · · · · · · · · · · ·		
(5)						
(6)						
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(9)						
(10)				·		
Totals		1	14,389	28,250	1	



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 2 8 2009

DEBRA BOWEN
Secretary of State

ISLAMIC RELIEF

ENDORSED - FILED in the office of the Secretary of State of the State of California

RESTATED ARTICLES OF INCORPORATION

JAN 1 3 2009

The undersigned certify that:

1. They are the board chairperson and the secretary, respectively, of Islamic Relief, a California corporation.

 The Articles of Incorporation of this corporation are amended and restated to read as follows:

Article 1

The name of the corporation is Islamic Relief USA (the "Corporation").

Article 2

This Corporation is a nonprofit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

Article 3

The specific charitable, educational, and religious purposes of the Corporation shall be to alleviate human suffering, provide relief from poverty, facilitate education, promote sustainable socio-economic development, and elevate the standard of living for those in need, regardless of their race, gender, or religious background, all as a practical manifestation and application of the humanitarian values inspired by the Islamic faith, including for example, establishing development projects, schools, hospitals, and clinics, in areas where there is determined to be a need, and to provide relief in the event of man-made or natural disasters.

The Corporation is also organized to promote, encourage, and foster any other similar charitable, educational, and religious activities; to accept, hold, invest, reinvest, and administer any gifts, legacies, bequests, devises, funds, and property of any sort or nature, and to use, expend, or donate the income or principal thereof for, and to devote the same to, the foregoing purposes of the Corporation; and to do any and all lawful acts and things which may be necessary, useful, suitable, or proper for the furtherance or accomplishment of the purposes of the Corporation. All purposes and the activities flowing therefrom shall at all times conform to the requirements of Section 501(c)(3) of the Internal Revenue Code of 1986 (or a successor statute of similar import) (the "Code").

The Corporation shall have no members, as all governing authority shall reside with its Board of Directors.

Article 4

- 4.1 The Corporation is organized exclusively for charitable, educational, and religious purposes within the meaning of Section 501(c)(3) of the Code.
- 4.2 This Corporation shall hold and may exercise all such powers as may be conferred upon a nonprofit corporation by the laws of the State of California and as may be necessary or expedient for the administration of the affairs and attainment of the purposes of the Corporation. In addition, this Corporation is formed for the purposes of performing all things incidental to, or appropriate in, the achievement of the foregoing specific and primary purposes. However, the Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Corporation, and the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.
- 4.3 This Corporation has been formed under the California Nonprofit Public Benefit Corporation Law for the charitable purposes described above, and it shall be nonprofit and nonpartisan. No substantial part of the activities of the Corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Code, and this Corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of or in opposition to any candidate for political office.

Article 5

[Intentionally left blank]

Article 6

- 6.1 All property of the Corporation is irrevocably dedicated to the purposes set forth in Article Two and Three above. No part of the net earnings of this Corporation shall inure to the benefit of any of its directors, trustees, officers, private shareholders or members, or to individuals, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3 above.
- 6.2 Upon dissolution of the Corporation, all assets of the Corporation shall be distributed in furtherance of religious, charitable, or educational purposes within the meaning of Section 501(c)(3) of the Code, to such organization or organizations organized and operated exclusively for religious, charitable, or educational purposes, that at the time qualify as tax-exempt under Section 501(c)(3) of the Code, as shall be determined by the Corporation's Board of Directors, and in accordance with the Bylaws of the Corporation. Any such asset not so disposed shall be

disposed of by a court of competent jurisdiction in the jurisdiction in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

Article 7

In carrying out its purposes, to the extent possible under applicable United States Federal and state law, the Corporation shall comply with and observe Sharia law as interpreted by the Board of Directors.

Article 8

- 8.1 All directors of the Corporation must be elected by the directors of the Corporation then in office in their capacity as directors of the Corporation.
- 8.2 All directors of the Corporation must fulfill all of the qualification requirements set out in the Corporation's Bylaws.

Article 9

These Articles may be amended by the governance procedures set forth from time to time in the Corporation's Bylaws.

- 3. The foregoing amendment and restatement of Articles of Incorporation has been duly approved by the Corporation's Board of Directors.
- 4. The Corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: 0 th 26 /08

Signature of Board Chairperson & President

Yaser M. Haddara

Signature of Secretary
Christina Tobias-Nahi

KA2340/2008-10-24 IRUS Amended Articles-Nume Change doc