

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>A</b> For the 2010 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  ISLAMIC RELIEF USA		<b>D</b> Employer identification number  95-4453134
	Doing Business As		<b>E</b> Telephone number  703-370-7202
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3655 WHEELER AVE.		
	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22304		<b>G</b> Gross receipts \$ 183,040,055.
<b>F</b> Name and address of principal officer: IHAB M. H. SAAD SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.IRUSA.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1993	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA STRIVES TO ALLEVIATE SUFFERING, HUNGER, (CONTINUES ON SCHEDULE O)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	129
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1100
	<b>7a</b> Total unrelated business revenue from Part VIII column (A), lines 1-12	<b>7a</b>	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	147,309,234.	182,491,174.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,049.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	103,955.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	147,310,283.	182,595,129.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	134,223,573.	166,484,271.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	4,819,101.	5,800,011.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,638,311.	0.	12,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,929,286.	8,134,148.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,971,960.	180,430,430.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,338,323.	2,164,699.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	26,619,512.	33,052,354.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,013,971.	17,237,356.
		13,605,541.	15,814,998.

**Part II Signature Block**

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

<b>Sign Here</b>	<b>Signature of officer</b>		<b>Date</b>		
	ABED AYOUB, CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> WILLIAM E. TURCO	<b>Preparer's signature</b> 	<b>Date</b> 6/9/11	<b>Check if self-employed</b> <input type="checkbox"/>	<b>PTIN</b>
	<b>Firm's name</b> ▶ RSM MCGLADREY, INC.	<b>Firm's EIN</b> ▶			
	<b>Firm's address</b> ▶ 9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340	<b>Phone no.</b> (301) 296-3600			

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

ISLAMIC RELIEF USA STRIVES TO ALLEVIATE SUFFERING, HUNGER, ILLITERACY,  
AND DISEASES WORLDWIDE REGARDLESS OF COLOR, RACE, RELIGION, OR CREED,  
AND TO PROVIDE AID IN A COMPASSIONATE AND DIGNIFIED MANNER. ISLAMIC  
RELIEF USA AIMS TO PROVIDE RAPID RELIEF (CONTINUES ON SCHEDULE O)

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 144,989,051, including grants of \$ 143,003,512, ) (Revenue \$ )**HEALTH AND NUTRITION PROJECTS:**

TO PROVIDE ESSENTIAL HEALTHCARE AND MEDICINE TO POOR COMMUNITIES; TO  
PROVIDE INTEGRATED HEALTH PROGRAMS AIMED AT CARING FOR CHILDREN  
TRAUMATIZED AND INJURED BY ARMED CONFLICT AND CRISIS; TO HELP PEOPLE IN  
ADAPTING TO THEIR SOCIAL SURROUNDINGS; TO OFFER MEDICAL AID AND TO CARE  
FOR MOTHERS AND CHILDREN IN AREAS THAT LACK ADEQUATE HEALTH SERVICES.

**4b** (Code: ) (Expenses \$ 5,489,722, including grants of \$ 5,449,772, ) (Revenue \$ )**EMERGENCY AND RELIEF PROJECTS**

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

**4c** (Code: ) (Expenses \$ 6,542,465, including grants of \$ 6,539,528, ) (Revenue \$ )**DEVELOPMENT PROJECTS:**

TO DEVELOP COMMUNITIES BY BUILDING COMMUNITY CENTERS AND VOCATIONAL  
TRAINING CENTERS; TO DEVELOP THE SKILLS AND ABILITIES OF DIFFERENT  
COMMUNITIES LOCALLY AND ABROAD.

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

(Expenses \$ 11,452,495, including grants of \$ 11,409,043, ) (Revenue \$ )

**4e** Total program service expenses 168,473,733.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b> N/A	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	<b>20b</b>	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> <input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b> <input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<b>24a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<b>26</b>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<b>27</b>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28c</b>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b> <input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<input checked="" type="checkbox"/>
<b>33</b> 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	<b>33</b> <input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b> <input checked="" type="checkbox"/>	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	68	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	129	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
<b>d</b>	If "Yes," indicate the number of Forms 8822 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	N/A	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL**

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

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. YASER M. HADDARA PRESIDENT & CHAIR OF BOARD	3.00	X		X				0.	0.	0.
DR. IHAB M. H. SAAD VICE CHAIR, TREASURER	3.00	X		X				0.	0.	0.
AAMIR REHMAN AUDIT CHAIR	3.00	X						0.	0.	0.
NASERLDIN A. HAGHAMED DIRECTOR	3.00	X						0.	0.	0.
MOHAMMED AMR ATTAWIA DIRECTOR	3.00	X						0.	0.	0.
ANDREA BORGMANN-TRAIBA DIRECTOR	3.00	X						0.	0.	0.
ABED AYOUB CEO	40.00			X				159,344.	0.	16,301.
ANWAR KHAN VP OF FUND DEVELOPMENT	40.00			X				120,336.	0.	17,366.
KHALED FALAH VP OF OPERATIONS	40.00			X				109,144.	0.	16,416.
TAREQ OSMAN CONTROLLER	40.00			X				29,053.	0.	1,457.
ADNAN ANSARI VP OF PROGRAMS	40.00			X				36,222.	0.	4,869.
HEBAH REED VP OF COM. & PUBLIC AFFAIRS	40.00			X				19,393.	0.	0.
MOHAMED ASHMAWEY CFO (ACTING)	40.00			X				100,166.	0.	3,416.
BEVERLY PEREZ CORPORATE COUNSEL	40.00			X				113,286.	0.	6,927.
PINKY ALMAS TALIB SHODHAN FORMER CONTROLLER	40.00			X				50,393.	0.	1,742.
OMAR SHAHIN DIR-COMMUNITY RELATIONS	40.00					X		105,027.	0.	16,260.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....								842,364.	0.	84,754.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								842,364.	0.	84,754.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIANA SUFIAN PO BOX 3459, SANTA MONICA, CA 90408	CONSULTANT	520,000.
TRAVEL EXPERTS 550 W VISTA WAY, STE 102, VISTA, CA 92083	TRAVEL	358,683.
GAMMON & GRANGE, P.C., 8280 GREENSBORO DRIVE, 7TH FLOOR, MCLEAN, VA 22102-3807	LEGAL	327,137.
XPRESS GRAPHICS, INC. 17226 SOUTH FIGUEROA ST, GARDENA, CA 90248	PRINTING	280,389.
ASHMAWEY GROUP LLC, 29121 ALFIERI STREET, LAGUNA NIGUEL, CA 92677	CONSULTANT	100,166.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>5</b>		



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	5,659,193.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	176,831,981.			
	g	Noncash contributions included in lines 1a-1f: \$		142,257,977.			
	h	<b>Total.</b> Add lines 1a-1f		182,491,174.			
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 5,659,193. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b	Less: direct expenses	b	444,926.		
		c	Net income or (loss) from fundraising events		-444,926.		-444,926.
		9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities				
		10 a	Gross sales of inventory, less returns and allowances	a			
	b		Less: cost of goods sold	b			
	c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a	GRANT REFUNDS	900099	548,881.		548,881.		
	b						
	c						
	d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d		548,881.				
12	<b>Total revenue.</b> See instructions.		182,595,129.	0.	0.	103,955.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,697,553.	1,697,553.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	164,786,718.	164,786,718.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	761,522.	48,289.	377,111.	336,122.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,378,388.	277,641.	2,168,206.	1,932,541.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	11,704.	742.	5,796.	5,166.
<b>9</b> Other employee benefits .....	302,678.	19,193.	149,888.	133,597.
<b>10</b> Payroll taxes .....	345,719.	21,923.	171,202.	152,594.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	588,869.		588,869.	
<b>c</b> Accounting .....	10,829.		10,829.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	12,000.			12,000.
<b>f</b> Investment management fees .....				
<b>g</b> Other .....	678,570.	6,332.	556,502.	115,736.
<b>12</b> Advertising and promotion .....	743,268.	42,000.	7,286.	693,982.
<b>13</b> Office expenses .....	1,825,560.	96,372.	1,189,719.	539,469.
<b>14</b> Information technology .....	156,183.	3,621.	135,277.	17,285.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	297,731.	3,025.	294,407.	299.
<b>17</b> Travel .....	1,075,108.	107,742.	250,667.	716,699.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....	56,132.	18,792.	15,792.	21,548.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	223,454.		223,454.	
<b>23</b> Insurance .....	76,177.	290.	75,461.	426.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> HANDLING AND RELATED CO .....	1,300,189.	1,300,189.		
<b>b</b> COMMUNITY EVENT SPONSOR .....	674,822.			674,822.
<b>c</b> HONORARIUM .....	240,873.		40,300.	200,573.
<b>d</b> PROFESSIONAL EDUCATION .....	92,816.	42,164.	26,635.	24,017.
<b>e</b> OTHER EXPENSES .....	68,186.	1,147.	5,604.	61,435.
<b>f</b> All other expenses .....	25,381.		25,381.	
<b>25</b> Total functional expenses. Add lines 1 through 24f .....	180,430,430.	168,473,733.	6,318,386.	5,638,311.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	20,970,778.	1	28,361,513.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	957,998.	4	130,779.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....	40,565.	7	70,588.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	80,241.	9	29,471.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,002,499.		
	b Less: accumulated depreciation .....	10b 829,046.	4,247,369.	10c 4,173,453.
	11 Investments - publicly traded securities .....	182,272.	11	250,715.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	140,289.	15	35,835.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	26,619,512.	16	33,052,354.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	227,981.	17	598,351.
	18 Grants payable .....	12,785,990.	18	16,639,005.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	13,013,971.	26	17,237,356.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	944,324.	27	3,475,662.
	28 Temporarily restricted net assets .....	12,661,217.	28	12,339,336.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	13,605,541.	33	15,814,998.
34 <b>Total liabilities and net assets/fund balances</b> .....	26,619,512.	34	33,052,354.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	182,595,129.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	180,430,430.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,164,699.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,605,541.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	44,758.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	15,814,998.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

Form **990** (2010)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

## Open to Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.	
---------------	--	--

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

- 1 ☐ A church, convention, church, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	

h Provide the following information about the supported organization(s). \_\_\_\_\_

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	42,652,636.	60,611,813.	75,884,946.	147,309,234.	182,491,174.	508,949,803.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	42,652,636.	60,611,813.	75,884,946.	147,309,234.	182,491,174.	508,949,803.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						508,949,803.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	42,652,636.	60,611,813.	75,884,946.	147,309,234.	182,491,174.	508,949,803.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,165.	1,746.	3,266.	1,049.		7,226.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						508,957,029.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....				12		
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	100.00	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.) .....						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 139,728,143.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part II Noncash Property** (see instructions)[illegible]

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
(ii) Assets included in Form 990, Part X .....	► \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		2,606,557.	155,347.	2,451,210.
c Leasehold improvements		278,390.	111,251.	167,139.
d Equipment				
e Other		814,273.	562,448.	251,825.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,173,453.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	182,595,129.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	180,430,430.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,164,699.
4	Net unrealized gains (losses) on investments	4	44,758.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	44,758.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,209,457.

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

1	Total revenue, gains, and other support per audited financial statements	1	182,510,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	44,758.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-25,381.
e	Add lines 2a through 2d	2e	19,377.
3	Subtract line 2e from line 1	3	182,491,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	103,955.
c	Add lines 4a and 4b	4c	103,955.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	182,595,129.

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

1	Total expenses and losses per audited financial statements	1	180,301,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-103,955.
e	Add lines 2a through 2d	2e	-103,955.
3	Subtract line 2e from line 1	3	180,405,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	25,381.
c	Add lines 4a and 4b	4c	25,381.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	180,430,430.

**Part XIV Supplemental Information**

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

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

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

**ADDITION, IRUSA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS**

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

**INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE**

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

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

**2010.**

**Part XIV** Supplemental Information (continued)

IRUSA FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, IRUSA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT HAS EVALUATED IRUSA'S TAX POSITIONS AND HAS CONCLUDED THAT IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. IRUSA FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

OTHER EXPENSES RECLASSIFIED TO FUNCTIONAL EXPENSE LINE 24 -25,381.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B -444,926.

GRANT REFUNDS REPORTED ON LINE 11A 548,881.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 103,955.



**Part XIV** Supplemental Information (continued)

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B 444,926.

GRANT REFUNDS REPORTED ON LINE 11A -548,881.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D -103,955.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES RECLASSIFIED TO FUNCTIONAL EXPENSE LINE 24 25,381.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		21,451,554.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HAITI EARTHQUAKE RELIEF - SCHOOL FURNITURE, EMERGENCY TENTS, WATER, FOOD DISTRIBUTIONS	48,703.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		1,008,204.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		321,649.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		66,180,442.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS		342,927.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		296,008.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		52,158,608.
3 a Sub-total .....	0	0			141,808,095.
b Total from continuation sheets to Part I .....	0	0			22,234,736.
c Totals (add lines 3a and 3b) .....	0	0			164,042,831.

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

Schedule F (Form 990) 2010

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		22,234,736.
<b>Totals</b> .....					22,234,736.

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

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	EARTHQUAKE RELIEF - BASIC NEEDS ASSISTANCE	0.		377,697	FOOD, COTS, TENTS, WATER FILTERS, SOLAR PANELLED LIGHT	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	TROPICAL STORM MATTHEW 2010 RELIEF - MEDICAL ASSISTANCE	0.		19,528,510	ANTIBIOTICS, IBUPROFEN, EYE/EAR/SKIN MEDICINE	FMV
			EAST ASIA AND THE PACIFIC	TYPHOON RELIEF - BASIC NEEDS ASSISTANCE	0.		346,936	HYGIENE KITS, EMERGENCY MEDICAL KITS, MEDICAL SUPPLIES, ORPHAN	FMV
			EAST ASIA AND THE PACIFIC	FLOOD & LANDSLIDE RELIEF - BASIC NEEDS ASSISTANCE	0.		191,099	HYGIENE KITS, SCHOOL KITS, ORPHAN SUPPLIES, EMERGENCY MEDICAL	FMV
			EAST ASIA AND THE PACIFIC	FLOOD & LANDSLIDE RELIEF - MEDICAL SUPPLIES	0.		285,373	MEDICAL SUPPLIES (NON-PHARMACEUTIC)	FMV
			MIDDLE EAST AND NORTH AFRICA	RELIEF - BASIC NEEDS ASSISTANCE	0.		45,278	WHEELCHAIRS, HYGIENE KITS, MEDICAL SUPPLIES, NEWBORN SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	RELIEF - MEDICAL ASSISTANCE	0.		20,039,762	ANTIBIOTICS, EYE/EAR/SKIN DISEASE MEDICINE, MULTIVITAMINS	FMV
			MIDDLE EAST AND NORTH AFRICA	COMPLEX EMERGENCY RELIEF - MEDICAL ASSISTANCE	0.		39,982,608	ANTIBIOTICS, IBUPROFEN, MULTIVITAMINS, ANTIPARASITE	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **7**

3 Enter total number of other organizations or entities **52**

Schedule F (Form 990)		ISLAMIC RELIEF USA		95-4453134		Schedule F (Form 990), Part II, line 1		Page 2	
Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	FLOOD RELIEF -- BASIC NEEDS ASSISTANCE	0.		108,672.	HYGIENE KITS, SCHOOL KITS, STANDARD AND EMERGENCY MEDICAL	FMV
			SOUTH AMERICA	DROUGHT 2010 RELIEF -- BASIC NEEDS ASSISTANCE	0.		87,562.	HYGIENE KITS, SCHOOL KITS, STANDARD AND EMERGENCY MEDICAL	FMV
			SOUTH AMERICA	RELIEF -- BASIC NEEDS ASSISTANCE	0.		99,774.	HYGIENE KITS, SCHOOL KITS, STANDARD AND EMERGENCY MEDICAL	FMV
			SOUTH ASIA	COMPLEX EMERGENCY RELIEF -- MEDICAL ASSISTANCE	0.		20,006,836.	ANTIBIOTICS, SKIN MEDICINE, MULTIVITAMINS, ANTIPARASITE	FMV
			SOUTH ASIA	COMPLEX EMERGENCY RELIEF -- BASIC NEEDS ASSISTANCE	0.		468,485.	EMERGENCY MEDICAL SUPPLIES, QUILTS, DRY MILK, SCHOOL KITS	FMV
			SOUTH ASIA	COMPLEX EMERGENCY RELIEF -- MEDICAL ASSISTANCE	0.		20,159,234.	ANTIBIOTICS, SKIN DISEASE MEDICINE, MULTIVITAMINS, ORAL REHYDRATION	FMV
			SUB-SAHARAN AFRICA	COMPLEX EMERGENCY RELIEF -- MEDICAL ASSISTANCE	0.		20,011,193.	ANTIBIOTICS, IBUPROFEN, EYE/EAR/SKIN DISEASE MEDICINE	FMV
			SUB-SAHARAN AFRICA	HUNGER & MEDICAL RELIEF -- BASIC NEEDS ASSISTANCE	0.		315,044.	CANNED TUNA, FLIP-FLOPS, MEDICAL SUPPLIES, WATER	FMV
			CENTRAL AMERICA AND THE CARIBBEAN PROGRAM	SHelter AND EDUCATION	916,119.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SHELTER AND EDUCATION PROGRAMME	629,229.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EARTHQUAKE RELIEF - SCHOOL FURNITURE	0.		26,390.	TEACHERS DESKS, STUDENT DESKS, AND STUDENT BENCHES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	EARTHQUAKE RELIEF - EMERGENCY TENTS, WATER, FOOD DISTRIBUTIONS	0.		22,313.	WATER, TENTS, AND FOOD	FMV
		EAST ASIA AND THE PACIFIC	QURBANI MEAT DISTRIBUTION	30,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	QURBANI MEAT DISTRIBUTION	10,762.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RAMADAN FOOD PACKAGES	51,058.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ORPHAN SPONSORSHIP	89,685.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ORPHAN SPONSORSHIP	71,555.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ORPHAN SPONSORSHIP	149,528.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	QURBANI MEAT DISTRIBUTION	24,575.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ORPHAN SPONSORSHIP	54,851.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	QURBANI MEAT DISTRIBUTION	12,638.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	AZHAR AKKAR EDUCATION SPONSORSHIP PROGRAM (AAESP)	45,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	AL ASKAR SCHOOL - EXTENSION	125,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	ESTABLISHING KIDNEY DIALYSIS UNIT	260,348.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	PRE-SCHOOL DEVELOPMENT CENTER	124,500.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	FAMILY SPONSORSHIP 2010	684,750.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LAND REHAB & DEVELOPMENT	272,865.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	41,829	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	40,385	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP	263,769	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	24,575	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	48,772	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP	70,096	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	42,128	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	35,528	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP	198,275	WIRE	0.		



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	42,128.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	45,821.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	AZHAR AKKAR EDUCATION SPONSORSHIP PROGRAM (AAESP)	115,000.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP	1,586,740.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	447,400.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	120,579.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	AL ASKAR SCHOOL - EXTENSION	25,000.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	ESTABLISHING KIDNEY DIALYSIS UNIT	20,843.WIRE		0.		
		MIDDLE EAST AND NORTH AFRICA	FAMILY SPONSORSHIP	765,503.WIRE		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	LAND REHAB & DEVELOPMENT	481,812.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	MEDICAL CARE FOR SERIOUSLY ILL GAZA CHILDREN	25,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	PRE-SCHOOL DEVELOPMENT	106,500.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	CONTINUING EDUCATION IN TANZANIA	13,527.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP	76,738.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	QURBANI MEAT DISTRIBUTION	27,032.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES	36,275.	WIRE	0.		
			RUSSIA & THE NEWLY INDEPENDENT STATES	ORPHAN SPONSORSHIP	246,750.	WIRE	0.		
			RUSSIA & THE NEWLY INDEPENDENT STATES	QURBANI MEAT DISTRIBUTION	17,066.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES	RAMADAN FOOD PACKAGES	79,111.	WIRE	0.		
			SUSTAINABLE LIVELIHOOD THRU VOCATIONAL TRAINING FOR ORPHANS	74,385.	WIRE	0.		
		SOUTH ASIA	HOME-BASED EDUCATION TO DEPRIVED AFGHAN WOMEN	68,186.	WIRE	0.		
		SOUTH ASIA	SINDH FLOOD RELIEF OPERATION	1,410,365.	WIRE	0.		
		SOUTH ASIA	2010 FLOOD EMERGENCY	95,026.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP	62,518.	WIRE	0.		
		SOUTH ASIA	QURBANI MEAT DISTRIBUTION	66,498.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD PACKAGES	50,385.	WIRE	0.		
		SOUTH ASIA	HOME-BASED EDUCATION TO DEPRIVED AFGHAN WOMEN	190,814.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROVISION OF QUALITY EDUCATION FOR ORPHANS	346,931.	WIRE	0.		
			SUSTAINABLE LIVELIHOOD THRU VOCATIONAL TRAINING FOR ORPHANS	87,615.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP	371,246.	WIRE	0.		
		SOUTH ASIA	QURBANI MEAT DISTRIBUTION	193,736.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD PACKAGES	106,896.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP	193,081.	WIRE	0.		
		SOUTH ASIA	QURBANI MEAT DISTRIBUTION	127,454.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD PACKAGES	57,533.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP	783,234.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			QURBANI MEAT DISTRIBUTION	565,399.	WIRE	0.		
		SOUTH ASIA						
			RAMADAN FOOD PACKAGES	232,942.	WIRE	0.		
		SOUTH ASIA						
			SINDH FLOOD RELIEF OPERATION	291,321.	WIRE	0.		
		SOUTH ASIA						
			NOWSHEREA INTEGRATED VILLAGE REHAB (NIVRP)	3,476,067.	WIRE	0.		
		SOUTH ASIA						
			INTEGRATED VILLAGE REHABILITATION (PIVRP)	3,039,802.	WIRE	0.		
		SOUTH ASIA						
			ORPHAN SPONSORSHIP	29,411.	WIRE	0.		
		SOUTH ASIA						
			QURBANI MEAT DISTRIBUTION	46,846.	WIRE	0.		
		SOUTH ASIA						
			RAMADAN FOOD PROGRAM	50,050.	WIRE	0.		
		SUB-SAHARAN AFRICA						
			TEACHER TRAINING INSTITUTE - TEACHER CERTIFICATION	360,000.	WIRE	0.		
		SUB-SAHARAN AFRICA						

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	AL DIAA SOCIETY TEACHER EDUCATION EMERGENCY	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTERVENTION IN FAVOR OF THE FLOOD VICTIMS OF TILLABERI REGION	89,606.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	27,858.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	41,823.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	116,207.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	132,403.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	36,861.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	50,050.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	94,167.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	25,511.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	22,179.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	14,481.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	50,858.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	263,925.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	34,217.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	24,495.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHILD FRIENDLY VILLAGE	35,395.	WIRE	0.		
		SUB-SAHARAN AFRICA	SPECIAL WELL PROJECT	9,884.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	41,428.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	52,624.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	137,381.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY INTERVENTION FOR FLOOD VICTIMS OF TILLABERI REGION	10,394.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	39,325.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI MEAT DISTRIBUTION	46,809.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES	11,768.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP	47,967.	WIRE	0.		





**Part IV Foreign Forms**

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

Schedule F (Form 990) 2010

**Part V Supplemental Information**

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

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

1. ISLAMIC RELIEF USA (IRUSA) PREPARES THE GRANT AGREEMENT, WHICH

INCLUDES BUDGET, REPORTING SCHEDULE, AND PAYMENT SCHEDULE. IRUSA LEGAL

COUNSEL WILL REVIEW THE GRANT AGREEMENTS.

2. IRUSA REQUIRES THAT ALL GRANTEES CONDUCT APPROPRIATE ANTI-TERRORISM

SCREENINGS AND COMPLY WITH U.S. SANCTIONS.

3. PER THE REPORTING SCHEDULE DETERMINED BY THE PROJECT DURATION AND

INCLUDED IN THE SIGNED GRANT AGREEMENT, REPORTS WILL BE SENT TO IRUSA BY

THE STAFF CARRYING OUT THE FUNDED PROJECT.

4. REPORTS CONSIST OF PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS.

5. THE GRANTS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

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

PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS IN ACCORDANCE WITH THE

REPORTING SCHEDULE. IRUSA REVIEWS THE SUBMITTED PROJECT NARRATIVES AND

BUDGET EXPENDITURE REPORTS TO ENSURE THAT THE GRANT FUNDS ARE BEING USED

IN ACCORDANCE WITH THE PARAMETERS OF GRANT AGREEMENT.

6. IRUSA CONDUCTS FIELD AUDITS OF SELECTED GRANTEES EACH YEAR TO ENSURE

APPROPRIATE EXPENDITURES OF GRANT FUNDING.

7. IF ANY DISCREPANCY IS DETECTED WITHIN THE GRANTEE'S PROJECT NARRATIVES

AND/OR BUDGET EXPENDITURE REPORTS, THE GRANTS DEPARTMENT IMMEDIATELY

SEEKS CLARIFICATION OF SUCH DISCREPANCY FROM THE GRANTEE. IF THE GRANTEE

FAILS TO PROVIDE AN ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY

(30) DAYS, THE FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO

CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT.

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

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA

**Part V Supplemental Information**

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

THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE  
GRANT AGREEMENT, THE GRANTS DEPARTMENT, WITH THE ASSISTANCE FROM THE  
FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND  
OF SUCH AMOUNT IN FULL TO IRUSA.

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

**PART II, COLUMN (H):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, COTS, TENTS, WATER  
FILTERS, SOLAR PANELED LIGHT SETS, TARPS, BODY BAGS, AND EMERGENCY  
MEDICAL SUPPLIES, INFANT GOODS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, IBUPROFEN,  
EYE/EAR/SKIN MEDICINE, MULTIVITAMINS, ANTIPARASITE MEDICINE, ORAL  
REHYDRATION SALTS

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, EMERGENCY MEDICAL  
KITS, MEDICAL SUPPLIES, ORPHAN SUPPLIES, SCHOOL KITS, EYE SURGERY  
EQUIPMENT

REGION: EAST ASIA AND THE PACIFIC

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, SCHOOL KITS,  
ORPHAN SUPPLIES, EMERGENCY MEDICAL KITS, MEDICAL SUPPLIES

**Part V Supplemental Information**

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

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: WHEELCHAIRS, HYGIENE KITS,

MEDICAL SUPPLIES, NEWBORN SUPPLIES, BABY QUILTS, CHILDREN'S TOYS

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, EYE/EAR/SKIN

DISEASE MEDICINE, MULTIVITAMINS, ORAL REHYDRATION SALTS

REGION: MIDDLE EAST AND NORTH AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, IBUPROFEN,

MULTIVITAMINS, ANTIPARASITE MEDICINE, EYE/EAR/SKIN DISEASE MEDICINE, ORAL

REHYDRATION SALTS

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, SCHOOL KITS,

STANDARD AND EMERGENCY MEDICAL SUPPLIES, NEWBORN SUPPLIES, CHILDREN'S

ITEMS

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, SCHOOL KITS,

STANDARD AND EMERGENCY MEDICAL SUPPLIES, NEWBORN SUPPLIES, CHILDREN'S

ITEMS

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HYGIENE KITS, SCHOOL KITS,

STANDARD AND EMERGENCY MEDICAL SUPPLIES, NEWBORN SUPPLIES, CHILDREN'S

ITEMS

**Part V Supplemental Information**

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

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, SKIN MEDICINE,

MULTIVITAMINS, ANTIPARASITE MEDICINE, ORAL REHYDRATION SALTS

REGION: SOUTH ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, SKIN DISEASE

MEDICINE, MULTIVITAMINS, ORAL REHYDRATION SALTS

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: ANTIBIOTICS, IBUPROFEN,

EYE/EAR/SKIN DISEASE MEDICINE, MULTIVITAMINS, ORAL REHYDRATION SALTS

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CANNED TUNA, FLIP-FLOPS, MEDICAL

SUPPLIES, WATER PURIFICATION TABLETS, SLEEPING BAGS, FIRST AID KITS,

EMERGENCY MEDICAL SUPPLIES, BLANKETS, CHILDREN'S READING BOOKS, NEWBORN

SUPPLIES, CHILDREN'S CLOTHING, CHILDREN'S TOYS

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

## Open To Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

## Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PALESTINE DINNER (event type)	PAKISTAN DINNER (event type)	72 (total number)	
Revenue	1 Gross receipts .....	399,668.	375,554.	4,883,971.	5,659,193.
	2 Less: Charitable contributions .....	399,668.	375,554.	4,883,971.	5,659,193.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....			1,236.	1,236.
	6 Rent/facility costs .....	11,120.	24,696.	160,555.	196,371.
	7 Food and beverages .....			144,431.	144,431.
	8 Entertainment .....			34,610.	34,610.
	9 Other direct expenses .....	3,705.	4,030.	60,543.	68,278.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 444,926 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				-444,926.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

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



- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS CALIFORNIA 2180 W. CRESCENT AVE., SUITE C ANAHEIM, CA 92801	33-0826205	501(C)(3)	300,000.	0.			2010 DIRECT SOCIAL SERVICES-PROVIDES FUNDING TO SUPPORT DIRECT SOCIAL SERVICES FOR UNDERSERVED
AL-IKHLAS TRAINING ACADEMY 1255 MCDUGAL STREET DETROIT, MI 48212	36-2036469	501(C)(3)	10,000.	0.			2010-2011 TUITION ASSISTANCE PROJECT-PROVIDED FUNDING FOR TUITION ASSISTANCE
AMERICAN OPEN UNIVERSITY 4212 KING STREET ALEXANDRIA, VA 22302	54-1756821	501(C)(3)	15,000.	0.			TUITION ASSISTANCE PROGRAM-PROVIDED FUNDING FOR TUITION ASSISTANCE FOR STUDENTS THAT ARE DOMESTIC REFUGEE
COUNCIL OF ISLAMIC ORGANIZATIONS OF GREATER CHICAGO - 231 SOUTH STATE STREET - CHICAGO, IL 60604	36-3869749	501(C)(3)	71,083.	0.			ASSISTANCE-TRANSITIONAL AND SOCIAL SERVICES FOR ILLINOIS IMMIGRANTS AND HYPOTHERMIA
DAR AL-HIJRAH 3159 ROW STREET FALLS CHURCH, VA 22041	31-1256417	501(C)(3)	11,352.	0.			PROGRAM-PROVIDED FUNDING FOR A WINTER WARMING CENTER THAT PROVIDES SOCIAL SERVICES
BHSAN CENTER 8374 TOPANGA BLVD, SUITE 203 CANOGA PARK, CA 91304	27-0429706	501(C)(3)	9,000.	0.			INSTITUTE-PROVIDED FUNDING TO SUPPORT BUILDING THE FOUNDATION

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

32.

3 Enter total number of other organizations

0.

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNER CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629	36-4167433	501(C)(3)	447,500.	0.			HEALTH CLINIC MEDICAL DIRECTOR-PROVIDED FUNDS TO HELP FUND THE SALARY OF THE FIRST MEDICAL
ISLAMIC SCHOOL OF RHODE ISLAND 840 PROVIDENCE STREET WEST WARWICK, RI 02893	05-0572455	501(C)(3)	100,000.	0.			2010 FLOOD EMERGENCY-PROVIDED FUNDING TO REPAIR FLOODWATER DAMAGE DONE T
ISLAMIC SHURA COUNCIL OF MICHIGAN 1830 W. SQUARE LAKE RD. BLOOMFIELD HILLS, MI 48302	32-0157488	501(C)(3)	9,000.	0.			2010 FOOD PANTRY-PROVIDE FUNDING FOR FOOD PANTRY EFFORT IN PARTNERSHIP WITH OTHER ORGANIZATIONS
LUTHERAN HOUSING SERVICES, INC 4105 CHAINBRIDGE ROAD FAIRFAX, VA 22032	54-1954788	501(C)(3)	100,000.	0.			OAK LEATHER KNOLL HOUSIN PROJECT-PROVIDED FUNDING FOR OPERATING, MAINTENANCE, AND SUBSIDY
MASJID AT-TAQWA AND MANA-NY 1266 BEDFORD AVENUE BROOKLYN, NY 11216	11-3004202	501(C)(3)	60,000.	0.			STRENGTHENING SHARE AND COMMUNITY REENTRY PROGRAM-OPERATIONAL COST
MERCY HEALTH FREE CLINIC (MAS) 7831 W 144TH TERRACE OVERLAND PARK, KS 66223	36-3885457	501(C)(3)	115,000.	0.			MERCY HEALTH FREE CLINIC-PROVIDED FUNDING FOR HEALTH CARE AND RELATED SERVICES WITH A
NEIGHBORLY NEEDS INC. 17514 WOODARD AVENUE DETROIT, MI 48178	26-4615461	501(C)(3)	3,000.	0.			2010 FOOD PACKAGING EFFORT-PROVIDED FUNDING FOR VOLUNTEER FOOD PACKAGING EVENT IN
NORTH HUDSON ISLAMIC EDUCATION CENTER - 4613 COTTAGE PLACE7 - UNION CITY, NJ 07087	22-3200130	501(C)(3)	10,000.	0.			2010 SCIENCE LAB-PROVIDE FUNDING TO BUILD A FULLY-EQUIPPED SCIENCE LAB
OPERATION GET DOWN 10100 HARPER AVENUE DETROIT, MI 48213 LHA	38-2036469	501(C)(3)	15,000.	0.			WINTER WARMING CENTER-PROVIDED FUNDING FOR A WINTER WARMING CENTER THAT PROVIDES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACEFUL FAMILIES PROJECT P.O. BOX 771 GREAT FALLS, VA 22066	11-3840138	501(C)(3)	9,934.	0.			2010 DOMESTIC VIOLENCE IMAM TRAINING PROJECT-PROVIDED FUNDING FOR TRAINING 10 IMAMS
SEEDS OF FAITH MINISTRY 516 CHALET WEST, P.O. BOX 498 MILLERSVILLE, MD 21108	52-1548242	501(C)(3)	6,500.	0.			NATIVE AMERICAN INDIAN RELIEF: PROVIDED FUNDING FOR THE TRANSPORT OF SUPPLIES TO AMERICAN SOCIAL SERVICES
TEXAS MUSLIM WOMENS FOUNDATION INC. - P.O. BOX 863388 - PLANO, TX 75086-9734	20-3060929	501(C)(3)	10,000.	0.			PROGRAM-TEXAS MUSLIM WOMEN-S FOUNDATION (SSP-TMWF) - PROVIDED
UDMA COMMUNITY CLINIC 1704 W. MANCHESTER AVE, SUITE 211 LOS ANGELES, CA 90047	95-4666712	501(C)(3)	50,000.	0.			PROMOTING HEALTH IN SOUT LOS ANGELES-PROVIDED FUNDING FOR CLINIC EXPANSION AND INCREASING
V.I.S.I.O.N INC. P.O. BOX 6732, E-PORT STATION ELIZABETH, NJ 07206	75-3077268	501(C)(3)	9,000.	0.			COMMUNITY ENGAGEMENT PROJECT-PROVIDED FUNDING FOR LIMITED FINANCIAL ASSISTANCE TO FAMILIES
WOMEN'S AFFAIRS OF AL-MUMTAHINAH 321 S. PULASKI STREET BALTIMORE, MD 21223	26-0608276	501(C)(3)	10,000.	0.			2010 TEMPORARY HOMELESS SHELTER PROJECT-PROVIDED FUNDING TO ESTABLISH TEMPORARY HOMELESS
ACCESS CALIFORNIA 2180 W. CRESENT AVENUE, SUITE C ANAHEIM, CA 92801	33-0826205	501(C)(3)	60,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
AL-MAUN NEIGHBORLY NEEDS INC. 711 MORGAN AVENUE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	20,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
DALLAS MASJID OF AL-ISLAM 2604 S. HARDWOOD STREET DALLAS, TX 75215 LHA	75-2941409	501(C)(3)	20,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAR AL-HIJRAH 3159 ROW STREET FALLS CHURCH, VA 22041	31-1256417	501(C)(3)	60,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
ISLAMIC CENTER OF HAWTHORNE 15342 HAWTHORNE BLVD. LAWDALE, CA 90260	95-4518148	501(C)(3)	38,184.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
ISLAMIC SOCIETY OF BAY RIDGE 6807 5TH AVENUE BROOKLYN, NY 11220	11-3144804	501(C)(3)	12,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
MASJID AT-TAQWA 1266 BEDFORD AVENUE BROOKLYN, NY 11216	11-3004202	501(C)(3)	60,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
NORTH HUDSON ISLAMIC EDUCATION CENTER - 4613 COTTAGE PLACE - UNION CITY, NJ 07087	22-3200130	501(C)(3)	12,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
THE CULTURAL CUP FOOD BANK 537 E OSBORN RD, SUITE 101 PHOENIX, AZ 85012	81-0622721	501(C)(3)	20,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
ISLAMIC SOCIETY OF BAY RIDGE 6807 5TH AVENUE BROOKLYN, NY 11220	11-3144804	501(C)(3)	12,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS
NORTH HUDSON ISLAMIC EDUCATION CENTER - 4613 COTTAGE PLACE - UNION CITY, NJ 07087	22-3200130	501(C)(3)	12,000.	0.			ZAKAT-PROVIDED LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS

LHA

Schedule I (Form 990)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

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

## GRANT FUNDS:

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

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

- CURRENT STATE REGISTRATIONS;

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

(IRS).

**Part IV** Supplemental Information

2. ALL DOMESTIC GRANTS ARE ADMINISTERED BY THE IRUSA GRANTS DEPARTMENT

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

PROCEDURES.

3. THE GRANTS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT THE

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

AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE. GRANTEE

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

DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM THAT THEY

CONTAIN THE NECESSARY INFORMATION.

4. THE GRANTS DEPARTMENT, WITH ASSISTANCE FROM THE FINANCE DEPARTMENT,

CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT

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

APPLICATION.

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

FINANCIAL REPORTS, THE GRANTS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION OF

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

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

FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A

COMPREHENSIVE AUDIT OF THE GRANT.

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

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA

THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE

GRANT AGREEMENT, THE GRANTS DEPARTMENT, WITH THE ASSISTANCE FROM THE

FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND

**Part IV** Supplemental Information

OF SUCH AMOUNT IN FULL TO IRUSA.

7. IN ADDITION, IRUSA MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO

THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 DIRECT SOCIAL SERVICES-PROVIDES

FUNDING TO SUPPORT DIRECT SOCIAL SERVICES FOR UNDERSERVED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: AL-IKHLAS TRAINING ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010-2011 TUITION ASSISTANCE

PROJECT-PROVIDED FUNDING FOR TUITION ASSISTANCE FOR STUDENTS THAT ARE

UNABLE TO AFFORD TUITION

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN OPEN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION ASSISTANCE PROGRAM-PROVIDED

FUNDING FOR TUITION ASSISTANCE FOR STUDENTS THAT ARE UNABLE TO AFFORD

TUITION

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL OF ISLAMIC ORGANIZATIONS OF GREATER CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: DOMESTIC REFUGEE

ASSISTANCE-TRANSITIONAL AND SOCIAL SERVICES FOR ILLINOIS IMMIGRANTS AND

REFUGEES TO OBTAIN SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: DAR AL-HIJRAH

(H) PURPOSE OF GRANT OR ASSISTANCE: HYPOTHERMIA PROGRAM-PROVIDED FUNDING



**Part IV** Supplemental Information

FOR A WINTER WARMING CENTER THAT PROVIDES OVERNIGHT SHELTER, FOOD,

SHOWERS, AND CLOTHING; 2010 FOOD BANK ASSISTANCE: PROVIDED FUNDING TO

FOOD BANK TO DISTRIBUTE FOOD TO NEEDY FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: EHSAN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES INSTITUTE-PROVIDED

FUNDING TO SUPPORT BUILDING THE FOUNDATION FOR THE SOCIAL SERVICES

INSTITUTE, INCLUDING WEBSITE DEVELOPMENT, AWARENESS CAMPAIGN, A

CONFERENCE, AND PRODUCTION OF A RESOURCE GUIDE

NAME OF ORGANIZATION OR GOVERNMENT: INNER CITY MUSLIM ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH CLINIC MEDICAL

DIRECTOR-PROVIDED FUNDS TO HELP FUND THE SALARY OF THE FIRST MEDICAL

DIRECTOR FOR THE IMAN HEALTH CLINIC; IMAN HEALTH CLINIC - PROVIDED

FUNDING TO ESTABLISH A FULL-SERVICE HEALTH CLINIC; RAMADAN 2010: PROVIDED

FUNDING FOR PROJECT TO BRING FRESH PRODUCE AND HEALTHY IFTARs TO THE

COMMUNITY DURING RAMADAN; HEALTH CLINIC MEDICAL DIRECTOR: PROVIDED FUNDS

TO HELP FUND THE SALARY OF THE FIRST MEDICAL DIRECTOR FOR THE IMAN HEALTH

CLINIC; IMAN HEALTH CLINIC - PROVIDED FUNDING TO ESTABLISH A FULL-SERVICE

HEALTH CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SCHOOL OF RHODE ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 FLOOD EMERGENCY-PROVIDED

FUNDING TO REPAIR FLOODWATER DAMAGE DONE TO ROOF, FLOOR, BOILER, AND

ELECTRICAL SYSTEM OF SCHOOL CAMPUS

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SHURA COUNCIL OF MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 FOOD PANTRY-PROVIDED FUNDING

**Part IV** Supplemental Information

FOR FOOD PANTRY EFFORT IN PARTNERSHIP WITH OTHER ORGANIZATIONS AT 2

DIFFERENT DISTRIBUTION CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN HOUSING SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: OAK LEATHER KNOLL HOUSING

PROJECT-PROVIDED FUNDING FOR OPERATING, MAINTENANCE, AND SUBSIDY OF 8

TOWNHOUSES BUILT WITH DESIGN FEATURES TO PROVIDE DISABLED, NEEDY

RESIDENTS WITH GREATER ACCESSIBILITY

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH FREE CLINIC (MAS)

(H) PURPOSE OF GRANT OR ASSISTANCE: MERCY HEALTH FREE CLINIC-PROVIDED

FUNDING FOR HEALTH CARE AND RELATED SERVICES WITH A FOCUS ON EDUCATION

AND WELLNESS, FREE OF CHARGE TO THOSE WHO LACK APPROPRIATE ALTERNATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORLY NEEDS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 FOOD PACKAGING EFFORT-PROVIDED

FUNDING FOR VOLUNTEER FOOD PACKAGING EVENT IN PARTNERSHIP WITH KIDS

AGAINST HUNGER, EFFORT PROVIDED 1,667 NUTRITIONAL PACKAGES THAT BECAME

10,000 MEALS.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION GET DOWN

(H) PURPOSE OF GRANT OR ASSISTANCE: WINTER WARMING CENTER-PROVIDED

FUNDING FOR A WINTER WARMING CENTER THAT PROVIDES OVERNIGHT SHELTER,

FOOD, SHOWERS, MEDICAL CARE, CLOTHING AND COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT: PEACEFUL FAMILIES PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 DOMESTIC VIOLENCE IMAM TRAINING

PROJECT-PROVIDED FUNDING FOR TRAINING 10 IMAMS ABOUT THE IMPACT OF

**Part IV** Supplemental Information

DOMESTIC VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: SEEDS OF FAITH MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIVE AMERICAN INDIAN RELIEF:

PROVIDED FUNDING FOR THE TRANSPORT OF SUPPLIES TO AMERICAN INDIAN ELDERS,  
CHILDREN, AND FAMILIES IN OKLAHOMA AND ARIZONA

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS MUSLIM WOMENS FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES PROGRAM-TEXAS MUSLIM

WOMEN-S FOUNDATION (SSP-TMWF)-PROVIDED FUNDING FOR DOMESTIC VIOLENCE  
PREVENTION AND INTERVENTION PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: UMMA COMMUNITY CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTING HEALTH IN SOUTH LOS

ANGELES-PROVIDED FUNDING FOR CLINIC EXPANSION AND INCREASING CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: V.I.S.I.O.N INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY ENGAGEMENT

PROJECT-PROVIDED FUNDING FOR LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND  
INDIVIDUAL WITH EMERGENCY NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S AFFAIRS OF AL-MUMTAHINAH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2010 TEMPORARY HOMELESS SHELTER

PROJECT-PROVIDED FUNDING TO ESTABLISH TEMPORARY HOMELESS SHELTER FOR  
WOMEN AND CHILDREN, AS WELL AS LIFE SKILLS TRAINING AND EMPLOYMENT  
COUNSELING

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABED AYOUB	(i) 140,864.	(ii) 18,480.	(iii) 0.	2,632.	21,237.	183,213.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	2	8,905.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	7	205,957.	FMV
20 Drugs and medical supplies .....	X	6	139,728,143.	FMV-REDBOOK
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( SUPPLIES )	X	26	2,314,972.	FMV
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

ILLITERACY, AND DISEASES WORLDWIDE REGARDLESS OF COLOR, RACE, RELIGION,

OR CREED, AND TO PROVIDE AID IN A COMPASSIONATE AND DIGNIFIED MANNER.

ISLAMIC RELIEF USA AIMS TO PROVIDE RAPID RELIEF IN THE EVENT OF HUMAN

AND NATURAL DISASTERS AND TO ESTABLISH SUSTAINABLE LOCAL DEVELOPMENT

PROJECTS ALLOWING COMMUNITIES TO BETTER HELP THEMSELVES.

FORM 990, PART I, LINE 6

ISLAMIC RELIEF USA (IRUSA) ENJOYED THE SERVICE OF 1,100 VOLUNTEERS

ACROSS THE COUNTRY DURING 2010. THE ALEXANDRIA, VA HEADQUARTERS HAD 9

DEDICATED REGULAR, WEEKLY VOLUNTEERS PERFORMING ADMINISTRATIVE TASKS.

CONSIDERING VOLUNTEERING WITH IRUSA? ISLAMIC RELIEF USA PROVIDES A

CHANCE FOR VOLUNTEERS TO USE THEIR SKILL SETS TO HELP THOSE IN NEED.

WE HAVE A WIDE VARIETY OF "HANDS ON" VOLUNTEER OPPORTUNITIES AVAILABLE

NATIONWIDE: DURING OUR ANNUAL DAY OF DIGNITY TOUR, DURING A DOMESTIC

NATURAL DISASTER, AT OUR ANNUAL "EVENING OF INSPIRATION" CONCERT, OR

DURING RAMADAN. IF THERE IS NOT AN EVENT NEAR YOU, WE PROVIDE VIRTUAL

VOLUNTEER OPPORTUNITIES AS WELL.

WHILE VOLUNTEERING WITH ISLAMIC RELIEF USA, INDIVIDUALS AND FAMILIES

GAIN AN OPPORTUNITY TO BE RECOGNIZED BY PRESIDENT OBAMA THROUGH THE

PRESIDENT'S AWARD FOR VOLUNTEER SERVICE.

PLEASE CONTACT IRUSA'S VOLUNTEER COORDINATOR BY EMAIL AT

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

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

VOLUNTEERS@IRUSA.ORG OR BY PHONE AT 703.236.2873.

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

IN THE EVENT OF HUMAN AND NATURAL DISASTERS AND TO ESTABLISH  
SUSTAINABLE LOCAL DEVELOPMENT PROJECTS ALLOWING COMMUNITIES TO BETTER  
HELP THEMSELVES.

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

ORPHANS PROJECTS

TO PROVIDE EDUCATION, HEALTH CARE, AND LIVING EXPENSE SUPPORT TO  
ORPHANS IN ORDER TO IMPROVE THEIR LIVING STANDARDS.

EXPENSES \$ 4,941,856. INCLUDING GRANTS OF \$ 4,924,878. REVENUE \$ 0.

UDHIYA/QURBANI AND RAMADAN PROJECTS

TO DISTRIBUTE DONATED FRESH OR CANNED MEAT TO THE NEEDY DURING MUSLIM  
HOLY FESTIVALS. TO DISTRIBUTE FOOD TO THE NEEDY DURING THE MONTH OF  
RAMADAN.

EXPENSES \$ 3,499,768. INCLUDING GRANTS OF \$ 3,486,413. REVENUE \$ 0.

EDUCATION AND TRAINING PROJECTS

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

EXPENSES \$ 1,920,456. INCLUDING GRANTS OF \$ 1,916,891. REVENUE \$ 0.

INCOME GENERATION PROJECTS

TO INCREASE SOURCES OF FIXED INCOME FOR POOR FAMILIES; TO RESTORE AND



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

PROMOTE THE LOCAL ECONOMY AND TO SUPPORT FAMILIES TO INCREASE

OPPORTUNITIES FOR SUCCESS AND CONTINUOUS PRODUCTION.

EXPENSES \$ 757,284. INCLUDING GRANTS OF \$ 754,677. REVENUE \$ 0.

ZAKAT & SADAQA PROJECTS

TO PROVIDE BASIC AID INCLUDING FOOD, RENT, CLOTHING, AND MEDICAL

SUPPLIES TO THE POOR.

EXPENSES \$ 333,131. INCLUDING GRANTS OF \$ 326,184. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS DELEGATES

THE RESPONSIBILITY OF REVIEWING THE IRS FORM 990 TAX RETURN TO IN-HOUSE

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

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

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

MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART V, LINE 2A

EMPLOYEE'S W-2'S

OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET, FILED 129 W-2'S

ON BEHALF OF IRUSA. TRINET (TRINET GROUP, INC.) IS A PROFESSIONAL

EMPLOYER ORGANIZATION HEADQUARTERED AT 1100 SAN LEANDRO BLVD # 400, SAN

LEANDRO, CA 94577, (888) 874-6388.

IT PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL, HEALTH

BENEFITS, AND HUMAN CAPITAL MANAGEMENT FOR SMALL BUSINESS OWNERS. THEIR

EIN IS 48-1304650.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS THE

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY

AND IT IS SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS AT THE FIRST

QUARTER BOARD OF DIRECTORS MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: 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, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,MN,NC,ND,NJ,NH,NM

NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: THERE ARE NUMEROUS WAYS TO REQUEST

INFORMATION ABOUT ISLAMIC RELIEF USA'S GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS:

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

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

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

WWW.IRUSA.ORG.

- EMAIL US AT INFO@IRUSA.ORG

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

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

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

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

AT WWW.GUIDESTAR.ORG

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 44,758.

**Related Organizations and Unrelated Partnerships**

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

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

Name of the organization

**ISLAMIC RELIEF USA**

Employer identification number  
95-4453134

**Part I**

**Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)**

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2010



Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



<b>Part VII</b>	<b>Supplemental Information</b>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	ISLAMIC RELIEF USA	95-4453134
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	3655 WHEELER AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALEXANDRIA, VA 22304	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

TAREQ OSMAN, CONTROLLER

- The books are in the care of ☒ 3655 WHEELER AVE. - ALEXANDRIA, VA 22304

Telephone No. ☒ 703-370-7202FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return☐ Change in accounting period

7 State in detail why you need the extension

**INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

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

Signature ☒Title ☒ ACCOUNTANTDate ☐

Form 8868 (Rev. 1-2011)

**E-FILED**

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization <b>ISLAMIC RELIEF USA</b>	Employer identification number <b>95-4453134</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3655 WHEELER AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALEXANDRIA, VA 22304</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2010** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)