

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

**A** For the **2013** calendar year, or tax year beginning and ending

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br>ISLAMIC RELIEF USA<br>Doing Business As ISLAMIC RELIEF<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>3655 WHEELER AVE.<br>City or town, state or province, country, and ZIP or foreign postal code<br>ALEXANDRIA, VA 22304<br><b>F</b> Name and address of principal officer: MOHAMED AMR ATTAWIA<br>SAME AS C ABOVE | <b>D</b> Employer identification number<br>95-4453134<br><b>E</b> Telephone number<br>703-370-7202<br><b>G</b> Gross receipts \$ 66,857,239.<br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><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, ILLITERACY, AND (CONT. ON SCH O)<br><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.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 6</span><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 6</span><br><b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <span style="float: right;">5 128</span><br><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;">6 3348</span><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0.</span><br><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;">7b 0.</span> |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
|------------------------------------|--|---|---------------------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h)<br><b>9</b> Program service revenue (Part VIII, line 2g)<br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)<br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>62,288,900.</td><td>66,416,174.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>-1,388,958.</td><td>-1,141,140.</td></tr> <tr><td>60,899,942.</td><td>65,275,034.</td></tr> </tbody> </table>                           | Prior Year                | Current Year | 62,288,900. | 66,416,174. | 0.          | 0.          | 0.          | 0.          | -1,388,958. | -1,141,140. | 60,899,942. | 65,275,034. |             |             |
| Prior Year                         | Current Year   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 62,288,900.                        | 66,416,174.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 0.                                 | 0.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 0.                                 | 0.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| -1,388,958.                        | -1,141,140.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 60,899,942.                        | 65,275,034.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)<br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)<br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)<br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 5,877,970.<br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br><b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>36,534,565.</td><td>37,191,812.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>6,868,530.</td><td>7,336,143.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>6,406,888.</td><td>6,575,584.</td></tr> <tr><td>49,809,983.</td><td>51,103,539.</td></tr> <tr><td>11,089,959.</td><td>14,171,495.</td></tr> </tbody> </table> | 36,534,565.               | 37,191,812.  | 0.          | 0.          | 6,868,530.  | 7,336,143.  | 0.          | 0.          | 6,406,888.  | 6,575,584.  | 49,809,983. | 51,103,539. | 11,089,959. | 14,171,495. |
| 36,534,565.                        | 37,191,812.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 0.                                 | 0.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 6,868,530.                         | 7,336,143.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 0.                                 | 0.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 6,406,888.                         | 6,575,584.   |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 49,809,983.                        | 51,103,539.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 11,089,959.                        | 14,171,495.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16)<br><b>21</b> Total liabilities (Part X, line 26)<br><b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>53,469,985.</td><td>72,822,825.</td></tr> <tr><td>11,941,981.</td><td>16,038,176.</td></tr> <tr><td>41,528,004.</td><td>56,784,649.</td></tr> </tbody> </table>   | Beginning of Current Year | End of Year  | 53,469,985. | 72,822,825. | 11,941,981. | 16,038,176. | 41,528,004. | 56,784,649. |             |             |             |             |             |             |
| Beginning of Current Year          | End of Year  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 53,469,985.                        | 72,822,825.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 11,941,981.                        | 16,038,176.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |
| 41,528,004.                        | 56,784,649.  |   |                           |              |             |             |             |             |             |             |             |             |             |             |             |             |

**Part II Signature Block**

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

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | Signature of officer<br>ANWAR KHAN, CHIEF EXECUTIVE OFFICER<br>Type or print name and title  | Date<br>AUG 12 2014   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>WILLIAM E. TURCO, CPA<br>Firm's name<br>MCGLADREY LLP<br>Firm's address<br>9737 WASHINGTONIAN BLVD., #400<br>GAITHERSBURG, MD 20878-7340 | Preparer's signature<br>Date<br>AUG 12 2014<br>Check <input type="checkbox"/> self-employed PTIN<br>P00369217<br>Firm's EIN<br>42-0714325<br>Phone no. (301) 296-3600 |

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ X**1** Briefly describe the organization's mission:

ISLAMIC RELIEF USA ALLEVIATES SUFFERING, HUNGER, ILLITERACY & DISEASES  
WORLDWIDE REGARDLESS OF COLOR, RACE, RELIGION, OR CREED; PROVIDES  
RAPID DISASTER RELIEF; AND ESTABLISHES SUSTAINABLE LOCAL DEVELOPMENT  
PROJECTS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 9,842,031. including grants of \$ 9,361,752. ) (Revenue \$ )**EMERGENCY RESPONSE & RELIEF:**

INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING NEEDS OF A  
POPULATION AT THE ONSET OF A DISASTER SUCH AS DIRECTLY PROVIDING CLEAN  
WATER, SANITATION, FOOD AND TEMPORARY SHELTER, NFIS AND EMERGENCY  
MEDICAL ASSISTANCE, ESTIMATED BENEFICIARIES FOR THE DURATION OF THE  
PROJECTS: 552,848

**4b** (Code: ) (Expenses \$ 8,628,661. including grants of \$ 8,185,328. ) (Revenue \$ )**ORPHANS:**

PROGRAM FOCUSES ON MONTHLY SUPPORT TO ORPHANS TO SUPPLEMENT THEIR BASIC  
NEEDS TO FOOD, EDUCATION, HEALTHCARE, CLOTHING, AND OTHER NECESSITIES.  
ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 14,566

**4c** (Code: ) (Expenses \$ 8,002,308. including grants of \$ 5,760,736. ) (Revenue \$ )**HEALTH & NUTRITION:**

INCLUDES ACTIVITIES RELATED TO COMMUNICABLE DISEASES, HEALTH  
EDUCATION/BEHAVIOR CHANGE, HEALTH SYSTEMS AND GENERAL HEALTH, MEDICAL  
COMMODITIES AND PHARMACEUTICALS, NON-COMMUNICABLE DISEASES,  
REPRODUCTIVE HEALTH, INFANT AND YOUNG CHILD FEEDING, MANAGEMENT OF  
MODERATE ACUTE MALNUTRITION, MANAGEMENT OF SEVERE ACUTE MALNUTRITION,  
NUTRITION EDUCATION AND BEHAVIOR CHANGE, AND NUTRITION SYSTEMS.  
ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 971,938

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

(Expenses \$ 14,634,326. including grants of \$ 13,883,996. ) (Revenue \$ )

**4e** Total program service expenses **41,107,326.**

**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)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b> x   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | <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>     | x  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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 and XII</i>  | <b>12a</b> x |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b>   | x  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | x   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | x   |    |
| <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? <i>If "Yes," complete Schedule J</i>  | x   |    |
| <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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                           |     | x  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>24c</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>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <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? <i>If "Yes," complete Schedule L, Part I</i>   |     | x  |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>                                      |     | x  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>                                    |     | x  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | x  |
| <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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>  |     | x  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   |     | x  |
| <b>28c</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? <i>If "Yes," complete Schedule L, Part IV</i>   |     | x  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | x   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  |     | x  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>   |     | x  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  |     | x  |
| <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? <i>If "Yes," complete Schedule R, Part I</i>  | x   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  |     | x  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | x  |
| <b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   |     | x  |
| <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? <i>If "Yes," complete Schedule R, Part VI</i>   |     | x  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | x   |    |

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

Form 990 (2013)

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 56  |    |
| <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  | 128 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | x   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <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," to line 3b, 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:<br>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 as charitable contributions?  |     | 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 8282?   |     | x  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 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? |     |    |
| <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.</b> Enter:   |     |    |
| <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.</b> Enter:  |     |    |
| <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?   | N/A |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <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 or note to any line in this Part VI

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

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

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

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

**Section C. Disclosure**

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

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

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

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|   |   |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
|---|---|---------------------------|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns .....  | <b>1a</b>                 |                      |   |   |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>                 |                      |   |   |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>                 | 6,913,103.           |   |   |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>                 |                      |   |   |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>                 |                      |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>                 | 59,503,071.          |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |                           | 18,744,935.          |   |   |  |
|   | <b>h Total. Add lines 1a-1f</b> .....   |                           | 66,416,174.          |   |   |  |
|   | <b>2 a</b> .....  | <b>Business Code</b>      |                      |   |   |  |
| <b>b</b> .....  |   |                           |                      |   |   |  |
| <b>c</b> .....  |   |                           |                      |   |   |  |
| <b>d</b> .....  |   |                           |                      |   |   |  |
| <b>e</b> .....  |   |                           |                      |   |   |  |
| <b>f</b> All other program service revenue .....                  |   |                           |                      |   |   |  |
| <b>g Total. Add lines 2a-2f</b> .....                             |   |                           |                      |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |                           |                      |   |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |                           |                      |   |   |  |
|   | <b>5</b> Royalties .....  |                           |                      |   |   |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real (ii) Personal    |                      |   |   |  |
|   | <b>b</b> Less: rental expenses .....  |                           |                      |   |   |  |
|   | <b>c</b> Rental income or (loss) .....  |                           |                      |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....  |                           |                      |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities (ii) Other |                      |   |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses .....  |                           |                      |   |   |  |
|   | <b>c</b> Gain or (loss) .....   |                           |                      |   |   |  |
|   | <b>d</b> Net gain or (loss) .....   |                           |                      |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 6,913,103. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>                  | 262,890.             |   |   |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>                  | 1,582,205.           |   |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events .....   |                           | -1,319,315.          |   |   | -1,319,315.  |
|   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....   | <b>a</b>                  |                      |   |   |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>                  |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |                           |                      |   |   |  |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....  | <b>a</b>                  |                      |   |   |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>                  |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |                           |                      |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>      |                      |   |   |  |
| <b>11 a</b> OTHER INCOME .....                                    | 900099  | 178,175.                  |                      |   | 178,175.                                |  |
| <b>b</b> .....  |   |                           |                      |   |   |  |
| <b>c</b> .....  |   |                           |                      |   |   |  |
| <b>d</b> All other revenue .....                                  |   |                           |                      |   |   |  |
| <b>e Total. Add lines 11a-11d</b> .....                           |   | 178,175.                  |                      |   |   |  |
| <b>12 Total revenue. See instructions.</b> .....                  |   | 65,275,034.               | 0.                   | 0.  | -1,141,140.                             |  |

**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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 1,219,464.            | 1,219,464.                      |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   | 331,805.              | 331,805.                        |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 35,640,543.           | 35,640,543.                     |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 549,319.              | 107,292.                        | 183,756.                               | 258,271.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 5,226,684.            | 1,020,866.                      | 1,748,406.                             | 2,457,412.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 121,800.              | 23,790.                         | 40,744.                                | 57,266.                     |
| 9 Other employee benefits   | 930,389.              | 181,722.                        | 311,229.                               | 437,438.                    |
| 10 Payroll taxes  | 507,951.              | 99,212.                         | 169,917.                               | 238,822.                    |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 55,359.               |                                 | 55,359.                                |                             |
| c Accounting  | 63,305.               |                                 | 63,305.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 144,255.              | 60,786.                         | 33,181.                                | 50,288.                     |
| 12 Advertising and promotion  | 964,710.              | 10,278.                         | 730.                                   | 953,702.                    |
| 13 Office expenses  | 2,065,401.            | 208,455.                        | 1,165,768.                             | 691,178.                    |
| 14 Information technology   | 88,422.               | 2,582.                          | 75,498.                                | 10,342.                     |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 557,198.              | 201,679.                        | 118,359.                               | 237,160.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 83,239.               | 6,728.                          | 4,355.                                 | 72,156.                     |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 156,818.              | 26,368.                         | 43,020.                                | 87,430.                     |
| 23 Insurance  | 89,024.               |                                 | 89,024.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a SHIPPING AND HANDLING   | 1,940,237.            | 1,940,237.                      |  |                             |
| b COMMUNITY EVENT SPONSOR   | 311,443.              | 5,432.                          |  | 306,011.                    |
| c PROF EDUC & TRAINING  | 51,650.               | 19,498.                         | 15,138.                                | 17,014.                     |
| d HONORARIUM  | 2,694.                |                                 | 454.                                   | 2,240.                      |
| e All other expenses  | 1,829.                | 589.                            |  | 1,240.                      |
| 25 Total functional expenses. Add lines 1 through 24e   | 51,103,539.           | 41,107,326.                     | 4,118,243.                             | 5,877,970.                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....   | 41,762,783.              | 1           | 43,412,272.        |
|   | 2 Savings and temporary cash investments .....  |                          | 2           |                    |
|   | 3 Pledges and grants receivable, net .....  |                          | 3           |                    |
|   | 4 Accounts receivable, net .....  | 52,479.                  | 4           | 141,205.           |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5           |                    |
|   | 6 Loans and other 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 instr). Complete Part II of Sch L ..... |                          | 6           |                    |
|   | 7 Notes and loans receivable, net .....   |                          | 7           |                    |
|   | 8 Inventories for sale or use .....   | 7,279,818.               | 8           | 24,566,513.        |
|   | 9 Prepaid expenses and deferred charges .....   | 60,579.                  | 9           | 55,841.            |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 4,686,916.           |             |                    |
|   | b Less: accumulated depreciation .....  | 10b 709,739.             | 3,905,081.  | 10c 3,977,177.     |
|   | 11 Investments - publicly traded securities .....   | 387,182.                 | 11          | 644,164.           |
|   | 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 .....   | 22,063.                  | 15          | 25,653.            |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 53,469,985.   | 16                       | 72,822,825. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 1,840,533.               | 17          | 1,651,932.         |
|   | 18 Grants payable .....   | 10,101,448.              | 18          | 14,386,244.        |
|   | 19 Deferred revenue .....   |                          | 19          |                    |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20          |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21          |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22          |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23          |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   |                          | 24          |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | 25          |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 11,941,981.              | 26          | 16,038,176.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | 27 Unrestricted net assets .....  | 22,795,309.              | 27          | 43,609,576.        |
|   | 28 Temporarily restricted net assets .....  | 18,732,695.              | 28          | 13,175,073.        |
|   | 29 Permanently restricted net assets .....  |                          | 29          |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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> .....   | 41,528,004.              | 33          | 56,784,649.        |
| 34 <b>Total liabilities and net assets/fund balances</b> .....            | 53,469,985.   | 34                       | 72,822,825. |                    |

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 65,275,034. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 51,103,539. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 14,171,495. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 41,528,004. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 97,303.     |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 987,848.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 56,784,650. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

☐

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

Form 990 (2013)

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

OMB No. 1545-0047

2013

**Open to Public Inspection**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

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, association of churches or 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 - Non-functionally integrated

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... 

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

(ii) A family member of a person described in (i) above? .....

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013



**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) 2009     | (b) 2010     | (c) 2011    | (d) 2012    | (e) 2013    | (f) Total    |
|---|--------------|--------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 147,309,234. | 182,491,174. | 63,729,629. | 62,288,900. | 66,416,174. | 522,235,111. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |              |              |             |             |             |              |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...   |              |              |             |             |             |              |
| 4 <b>Total.</b> Add lines 1 through 3 .....   | 147,309,234. | 182,491,174. | 63,729,629. | 62,288,900. | 66,416,174. | 522,235,111. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |              |              |             |             |             |              |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |              |              |             |             |             | 522,235,111. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009     | (b) 2010     | (c) 2011    | (d) 2012    | (e) 2013    | (f) Total                |
|--|--------------|--------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 .....  | 147,309,234. | 182,491,174. | 63,729,629. | 62,288,900. | 66,416,174. | 522,235,111.             |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...   |              |              |             |             |             |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ...   |              |              |             |             |             |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   | 1,049.       |              | 174,378.    | 27,651.     | 178,175.    | 381,253.                 |
| 11 <b>Total support.</b> Add lines 7 through 10  |              |              |             |             |             | 522,616,364.             |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |              |              |             |             | 12          |                          |
| 13 <b>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**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....   | 14                                  | 99.93 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 .....   | 15                                  | 99.96 | % |
| 16a <b>33 1/3% support test - 2013.</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 - 2012.</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"/>            |       |   |
| 17a <b>10% -facts-and-circumstances test - 2013.</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 - 2012.</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"/>            |       |   |
| 18 <b>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) 2013

**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |
| <b>14 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> ..... |          |          |          |          |          |           |

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 .....

## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

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

## Special Rules

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 18,306,298.             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Employer identification number

95-4453134

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[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 that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>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 |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

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

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

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or 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 XIII, 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 XIII, 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Otherc ☐ Preservation for future generations

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

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 XIII 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 ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 1,303,279.                      |                              | 1,303,279.     |
| b Buildings   |                                      | 2,606,557.                      | 350,839.                     | 2,255,718.     |
| c Leasehold improvements  |                                      | 248,844.                        | 189,369.                     | 59,475.        |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      | 528,236.                        | 169,531.                     | 358,705.       |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 3,977,177.     |

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 66,857,239. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a |             |
| b | Donated services and use of facilities  | 2b |             |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIII.)  | 2d |             |
| e | Add lines 2a through 2d   | 2e | 0.          |
| 3 | Subtract line 2e from line 1  | 3  | 66,857,239. |
| 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 XIII.)  | 4b | -1,582,205. |
| c | Add lines 4a and 4b   | 4c | -1,582,205. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 65,275,034. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 51,963,697. |
| 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 XIII.)   | 2d | 1,582,205.  |
| e | Add lines 2a through 2d  | 2e | 1,582,205.  |
| 3 | Subtract line 2e from line 1   | 3  | 50,381,492. |
| 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 XIII.)   | 4b | 722,048.    |
| c | Add lines 4a and 4b  | 4c | 722,048.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 51,103,540. |

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: 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, 2013.

MANAGEMENT HAS EVALUATED IRUSA'S TAX POSITIONS AND HAS CONCLUDED THAT

IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR

**Part XIII** Supplemental Information (continued)

UNCERTAINTY IN INCOME TAXES, 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 2010.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B -1,582,205.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B 1,582,205.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS REPORTED ON PART XI, LINE 9 722,048.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**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" on Form 990, Part IV, line 14b.

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 67,650.  |
| EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 1,486,411.   |
| EUROPE (INCLUDING ICELAND & GREENLAND)                  | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 479,358.   |
| MIDDLE EAST AND NORTH AFRICA                            | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 18,043,512.  |
| RUSSIA & THE NEWLY INDEPENDENT STATES                   | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 550,093.   |
| SOUTH ASIA  | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 7,288,441.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | GRANTS TO RECIPIENTS  |  | 7,725,078.   |
| <b>3 a Sub-total</b> .....                              | 0                                   | 0  |   |  | 35,640,543.  |
| <b>b Total from continuation sheets to Part I</b> ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals (add lines 3a and 3b)</b> .....             | 0                                   | 0  |   |  | 35,640,543.  |

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

Schedule F (Form 990) 2013

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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      | HAITI - QURBANI   | 67,650                   | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | CHINA - QURBANI   | 5,106                    | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | CHINA - RAMADAN FEED THE NEEDY  | 20,694                   | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | INDONESIA - ORPHAN SPONSORSHIP  | 64,060                   | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | MYANMAR - DELIVERING EMERGENCY HEALTH SERVICES FOR INTERNALLY DISPLACED | 749,902                  | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | PHILIPPINES - EMERGENCY SHELTER KITS DISTRIBUTION TO SEVERELY AFFECTED  | 180,206                  | WIRE                            | 0.                                |  |   |
|   |                          |  | EAST ASIA AND THE PACIFIC              | PHILIPPINES - EMERGENCY SHELTER PROVISION                               | 466,443                  | WIRE                            | 0.                                |  |   |
|   |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | ALBANIA - ORPHAN SPONSORSHIP  | 117,221                  | WIRE                            | 0.                                |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11

3 Enter total number of other organizations or entities 11

| 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) | ALBANIA - RAMADAN FEED THE NEEDY | 16,548.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | BOSNIA - ORPHAN SPONSORSHIP      | 175,877.                 | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | BOSNIA - QURBANI                 | 20,460.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | BOSNIA - RAMADAN FEED THE NEEDY  | 33,092.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | KOSOVO - ORPHAN SPONSORSHIP      | 77,276.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | KOSOVO - QURBANI                 | 18,187.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | EUROPE (INCLUDING ICELAND & GREENLAND) | KOSOVO - RAMADAN FEED THE NEEDY  | 20,698.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | MIDDLE EAST AND NORTH AFRICA           | EGYPT - ORPHAN SPONSORSHIP       | 442,743.                 | WIRE                            | 0.                                |  |   |
|  |                          |  | MIDDLE EAST AND NORTH AFRICA           | EGYPT - COMBATING HEPATITIS C    | 497,223.                 | 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<br>(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 | EGYPT - QURBANI   | 75,017.                  | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | EGYPT - RAMADAN FEED THE NEEDY  | 62,082.                  | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | GAZA - EMERGENCY FOOD DISTRIBUTION FOR ABJECT AND ABSOLUTE POOR REFUGEES            | 500,000.                 | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | GAZA - IMPROVING THE LIVELIHOOD OF YOUTH  | 250,000.                 | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | IRAQ - ORPHAN SPONSORSHIP   | 323,507.                 | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | IRAQ - RAMADAN FEED THE NEEDY   | 74,501.                  | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | JORDAN - ORPHAN SPONSORSHIP   | 149,910.                 | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | JORDAN - LIFE SAVING HEALTH ASSISTANCE FOR VULNERABLE SYRIAN AND JORDANIAN FAMILIES | 1,004,910.               | WIRE                            | 0.                                |  |   |
|                               |  | MIDDLE EAST AND NORTH AFRICA | JORDAN - PRIMARY HEALTH CARE ASSISTANCE TO SYRIAN REFUGEES AT AKILAH                | 720,931.                 | 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 | JORDAN - QURBANI   | 10,101.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | JORDAN - RAMADAN FEED THE NEEDY                            | 20,709.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | JORDAN - SYRIAN WOUNDED REFUGEES IN AMMAN                  | 40,300.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | LEBANON - ORPHAN SPONSORSHIP                               | 261,595.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | LEBANON - QURBANI  | 10,131.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | LEBANON - RAMADAN FEED THE NEEDY                           | 82,791.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | TUNISIA - LIBYA HUMANITARIAN INTERVENTION: REPATRIATION OF | 13,632.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | LIBYA - MEDICAL INTERVENTIONS TO HOSPITALS AND CLINICS     | 610,024.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - FOOD AND NON FOOD SUPPORT                          | 1,018,640.               | 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 | SYRIA - FOOD, MEDICAL AND WATER, SANITATION & HYGIENE SUPPORT        | 2,000,000.               | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - PALESTINIAN REFUGEE CAMPS IN AND AROUND DAMASCUS             | 250,000.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - PROVIDING FOOD AND NON-FOOD ASSISTANCE FOR CONFLICT AFFECTED | 2,000,000.               | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - QURBANI  | 613,265.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - RAMADAN FEED THE NEEDY                                       | 827,784.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | TUNISIA - RAMADAN FEED THE NEEDY                                     | 8,306.                   | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | TUNISIA - SUPPORT TO LIVELIHOOD INTERVENTIONS IN KEBILI              | 327,150.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | WEST BANK - ABU HASSAN AL QASIM YATTA HOSPITAL                       | 228,596.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | WEST BANK - HOUSE REHABILITATION FOR ORPHAN FAMILIES                 | 810,753.                 | 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          | WEST BANK - LAND DEVELOPMENT  | 940,893.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | WEST BANK - ORPHAN SPONSORSHIP  | 1,461,524.               | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | WEST BANK - PROMOTING KIDNEY DIALYSIS UNITS AT NORTHERN DISTRICT GOVERNMENT HOSPITALS | 437,843.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | WEST BANK - OURBANI   | 204,352.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | WEST BANK - RAMADAN FEED THE NEEDY  | 331,134.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | YEMEN - ORPHAN SPONSORSHIP  | 178,745.                 | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | YEMEN - OURBANI   | 27,867.                  | WIRE                            | 0.                                |  |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA          | YEMEN - RAMADAN FEED THE NEEDY  | 206,950.                 | WIRE                            | 0.                                |  |   |
|         |  |  | RUSSIA & THE NEWLY INDEPENDENT STATES | CHECHNYA - ORPHAN SPONSORSHIP   | 315,670.                 | 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<br>(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 | CHECHNYA - QURBANI   | 20,575.                  | WIRE                            | 0.                                |  |   |
|                               |  | RUSSIA & THE NEWLY INDEPENDENT STATES | CHECHNYA - RAMADAN FEED THE NEEDY  | 41,402.                  | WIRE                            | 0.                                |  |   |
|                               |  | RUSSIA & THE NEWLY INDEPENDENT STATES | CHECHNYA - SMALL GRANTS TO THE CHILDREN OF WAR                             | 172,446.                 | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | AFGHANISTAN - HOME BASED EDUCATION TO DEPRIVED WOMEN                       | 1,096,070.               | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | AFGHANISTAN - ORPHAN SPONSORSHIP   | 395,076.                 | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | AFGHANISTAN - PROVISION OF QUALITY EDUCATION AT KHOOG KHOOOR ORPHAN SCHOOL | 564,058.                 | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | AFGHANISTAN - QURBANI  | 51,126.                  | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | AFGHANISTAN - RAMADAN FEED THE NEEDY                                       | 49,695.                  | WIRE                            | 0.                                |  |   |
|                               |  | SOUTH ASIA                            | BANGLADESH - ORPHAN SPONSORSHIP  | 473,546.                 | 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<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region | (d) Purpose of<br>grant  | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|-------------------------------|---|------------|--|-----------------------------|------------------------------------|---|--|---|
|                               |   |            |  |                             |                                    |   |  |   |
|                               |   |            | BANGLADESH -<br>COMMUNITY BASED SAFE<br>WATER SUPPLY,<br>SANITATION AND            | 145,214.                    | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH -<br>EMERGENCY ASSISTANCE<br>TO CYCLONE MAHAZEN<br>AFFECTED FAMILIES IN | 195,518.                    | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH -<br>EMERGENCY WINTER<br>ASSISTANCE FOR COLD<br>WAVE VICTIMS            | 33,536.                     | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH - HEALTH<br>AND NUTRITION FOR<br>ROHINGYA REFUGEES                      | 200,000.                    | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH - OUBANI  | 71,415.                     | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH - RAMADAN<br>FEED THE NEEDY   | 49,683.                     | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | BANGLADESH -<br>RESILIENCE THROUGH<br>WATERSHED MANAGEMENT,<br>RISK REDUCTION AND  | 317,968.                    | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | INDIA - ORPHAN<br>SPONSORSHIP  | 381,873.                    | WIRE                               | 0.                                      |  |   |
|                               |   | SOUTH ASIA | INDIA - OUBANI   | 102,490.                    | WIRE                               | 0.                                      |  |   |

| Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |            |  |                          |                                 |                                   |  |   |
|---------|--|--|------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1       | (a) Name of organization   | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant                                       | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|         |  |  | SOUTH ASIA | INDIA - RAMADAN FEED THE NEEDY                             | 198,678.                 | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | INDIA - RURAL WATER SUPPLY AND SANITATION                  | 131,419.                 | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | INDIA - UTTARKHAND FLOOD RESPONSE                          | 94,603.                  | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | PAKISTAN - ORPHAN SPONSORSHIP                              | 1,243,372.               | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | PAKISTAN - HUMANITARIAN ASSISTANCE TO INTERNALLY DISPLACED | 859,299.                 | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | PAKISTAN - QURBANI   | 356,730.                 | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | PAKISTAN - RAMADAN FEED THE NEEDY                          | 165,544.                 | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | SRI LANKA - ORPHAN SPONSORSHIP                             | 70,154.                  | WIRE                            | 0.                                |  |   |
|         |  |  | SOUTH ASIA | SRI LANKA - RAMADAN FEED THE NEEDY                         | 41,375.                  | 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<br>(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 | BENIN - INSTITUTE ANNOUR SCHOOL PROJECT                  | 189,800.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | CHAD - QURBANI   | 128,064.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | CHAD - RAMADAN FEED THE NEEDY                            | 41,403.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | ETHIOPIA - ORPHAN SPONSORSHIP                            | 139,961.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | ETHIOPIA - MALARIA CONTROL AND TREATMENT FOR AFAR REGION | 206,649.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | ETHIOPIA - RAMADAN FEED THE NEEDY                        | 186,245.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | GHANA - MUSLIM TEACHERS TRAINING INSTITUTE               | 210,600.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | KENYA - ORPHAN SPONSORSHIP                               | 337,128.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | KENYA - QURBANI  | 41,344.                  | 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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region         | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | SUB-SAHARAN AFRICA | KENYA - RAMADAN FEED THE NEEDY   | 62,100.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | KENYA - STRENGTHENING HEALTH SYSTEMS TO IMPROVE MATERNAL, NEONATAL AND CHILD | 599,235.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | MALAWI - QURBANI   | 82,115.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | MALAWI - RAMADAN FEED THE NEEDY  | 41,398.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | MALI - ORPHAN SPONSORSHIP  | 349,420.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | MALI - QURBANI   | 101,804.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | MALI - RAMADAN FEED THE NEEDY  | 41,415.                  | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | NIGER - ORPHAN SPONSORSHIP   | 111,932.                 | WIRE                            | 0.                                |  |   |
|                               |  | SUB-SAHARAN AFRICA | NIGER - QURBANI  | 127,311.                 | WIRE                            | 0.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |                          |  |                    |   |                          |                                 |                                   |  |   |
|--|--------------------------|--|--------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1  | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region         | (d) Purpose of grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |                          |  | SUB-SAHARAN AFRICA | NIGER - RAMADAN FEED THE NEEDY                                | 82,771.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | NIGER - RESILIENCE IN SEMI ARID AGRICULTURE                   | 289,439.                 | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOMALIA - ORPHAN SPONSORSHIP                                  | 210,248.                 | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOMALIA - WATER AND LIVELIHOOD DEVELOPMENT FOR SOMALILAND AND | 2,010,211.               | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOUTH AFRICA - ORPHAN SPONSORSHIP                             | 93,738.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOUTH AFRICA - ACCESS TO EDUCATION FOR CHILDREN               | 498,337.                 | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOUTH AFRICA - QURBANI  | 6,021.                   | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOUTH AFRICA - RAMADAN FEED THE NEEDY                         | 20,678.                  | WIRE                            | 0.                                |  |   |
|  |                          |  | SUB-SAHARAN AFRICA | SOUTH SUDAN - RAMADAN FEED THE NEEDY                          | 8,256.                   | 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           | SUDAN - INTEGRATED EMERGENCY SUPPORT TO FLOOD AFFECTED POPULATIONS | 999,973.                 | WIRE                            | 0.                                |   |   |
|         |  |  | SUB-SAHARAN AFRICA           | SUDAN - QURBANI  | 64,563.                  | WIRE                            | 0.                                |   |   |
|         |  |  | SUB-SAHARAN AFRICA           | SUDAN - RAMADAN FEED THE NEEDY                                     | 124,165.                 | WIRE                            | 0.                                |   |   |
|         |  |  | SUB-SAHARAN AFRICA           | ZIMBABWE - QURBANI   | 102,637.                 | WIRE                            | 0.                                |   |   |
|         |  |  | SUB-SAHARAN AFRICA           | ZIMBABWE - RAMADAN FEED THE NEEDY                                  | 20,693.                  | WIRE                            | 0.                                |   |   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | SYRIA - MEDICAL INSTRUMENTS AND DISPOSABLES                        | 0.                       |                                 | 192,967.                          | MEDICAL INSTRUMENTS AND DISPOSABLES     | EXIT MARKET PRICING                                   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | YEMEN - NUTRITIONAL SUPPLEMENTS                                    | 0.                       |                                 | 415,637.                          | NUTRITIONAL SUPPLEMENTS                 | EXIT MARKET PRICING                                   |
|         |  |  | MIDDLE EAST AND NORTH AFRICA | YEMEN - NUTRITIONAL SUPPLEMENTS                                    | 0.                       |                                 | 411,000.                          | NUTRITIONAL SUPPLEMENTS                 | EXIT MARKET PRICING                                   |
|         |  |  | SUB-SAHARAN AFRICA           | BURKINA FASO - MEDICINE AND MEDICAL INSTRUMENTS                    | 0.                       |                                 | 195,422.                          | MEDICAL INSTRUMENTS AND PHARMACEUTICALS | EXIT MARKET PRICING                                   |



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

PART I, LINE 2:

EXPLANATION: FOREIGN GRANTS MONITORING PROCEDURES:

1. PER REPORTING SCHEDULE REQUIRED BY THE GRANT AGREEMENT, PERIODIC

REPORTS WILL BE SENT BY THE STAFF CARRYING OUT THE FUNDED PROJECT

ACCORDING TO THE PROJECT DURATION.

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

3. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

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

PROJECT NARRATIVES AND BUDGET EXPENDITURE REPORTS IN ACCORDANCE WITH THE

REPORTING SCHEDULE. IRUSA PROGRAM STAFF REVIEW 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.

4. IRUSA CONDUCTS FIELD AUDITS AND MONITORING AND EVALUATION VISITS OF

SELECTED GRANTEES EACH YEAR TO ENSURE APPROPRIATE EXPENDITURES OF GRANT

FUNDING, AND TO MEASURE THE SUBSTANTIVE AND PROCEDURAL IMPACT.

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

AND/OR BUDGET EXPENDITURE REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY

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

FAILS TO PROVIDE AN ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY

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

CONDUCT A COMPREHENSIVE AUDIT OF THE GRANT.

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

**Part V Supplemental Information**

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

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

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

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

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

OF SUCH AMOUNT IN FULL OR IN PART TO IRUSA.

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

TO THE GRANTEE UNTIL ALL ISSUE ARE RESOLVED TO THE SATISFACTION OF BOTH

THE PROGRAMS AND FINANCE DEPARTMENTS.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MYANMAR - DELIVERING EMERGENCY HEALTH SERVICES FOR

INTERNALLY DISPLACED PERSONS AND COMMUNITIES IN RAKHINE

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: PHILIPPINES - EMERGENCY SHELTER KITS DISTRIBUTION

TO SEVERELY AFFECTED FAMILIES IN NORTHERN CEBU

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: JORDAN - PRIMARY HEALTH CARE ASSISTANCE TO SYRIAN

REFUGEES AT AKILAH HOSPITAL

REGION: MIDDLE EAST AND NORTH AFRICA

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

REPATRIATION OF EGYPTIAN WORKERS

**Part V Supplemental Information**

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

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - PROVIDING FOOD AND NON-FOOD ASSISTANCE FOR

CONFLICT AFFECTED FAMILIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - COMMUNITY BASED SAFE WATER SUPPLY,

SANITATION AND HYGIENE PROMOTION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - EMERGENCY ASSISTANCE TO CYCLONE

MAHASEN AFFECTED FAMILIES IN PATUAKHALI

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - RESILIENCE THROUGH WATERSHED

MANAGEMENT, RISK REDUCTION AND DEVELOPMENT

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PAKISTAN - HUMANITARIAN ASSISTANCE TO INTERNALLY

DISPLACED POPULATIONS OF KYBER AGENCY FEDERALLY ADMINISTERED TRIBAL AREAS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: KENYA - STRENGTHENING HEALTH SYSTEMS TO IMPROVE

MATERNAL, NEONATAL AND CHILD HEALTH IN WAJIR AND MANDERA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOMALIA - WATER AND LIVELIHOOD DEVELOPMENT FOR

SOMALILAND AND PUNTLAND



**Part V** Supplemental Information

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

SCHEDULE F, PART IV, QUESTION 6

EXPLANATION: THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES

IT TO CHECK BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713,

HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME AND

IS NOT REQUIRED TO FILE A FORM 990-T. IN ADDITION, THE ORGANIZATION

HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN

FORM 5713.

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

## Open To Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**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.

| Category     | Value      |
|--------------|------------|
| Category 1   | 10         |
| Category 2   | 20         |
| Category 3   | 30         |
| Category 4   | 40         |
| Category 5   | 50         |
| Category 6   | 60         |
| Category 7   | 70         |
| Category 8   | 80         |
| Category 9   | 90         |
| Category 10  | 100        |
| <b>Total</b> | <b>500</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<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|--------------------------------|------------------------------|-----------------------|--|
|                 |   | GENERAL DINNER<br>(event type) | SYRIA DINNER<br>(event type) | 118<br>(total number) |  |
| Revenue         | 1 Gross receipts .....  | 308,893.                       | 304,944.                     | 6,562,156.            | 7,175,993.   |
|                 | 2 Less: Contributions .....   | 278,878.                       | 301,420.                     | 6,332,805.            | 6,913,103.   |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 30,015.                        | 3,524.                       | 229,351.              | 262,890.   |
| Direct Expenses | 4 Cash prizes .....   |                                |                              |                       |  |
|                 | 5 Noncash prizes .....  |                                |                              |                       |  |
|                 | 6 Rent/facility costs .....   | 46,187.                        | 10,292.                      | 488,831.              | 545,310.   |
|                 | 7 Food and beverages .....  |                                |                              |                       |  |
|                 | 8 Entertainment .....   |                                |                              |                       |  |
|                 | 9 Other direct expenses .....   | 34,112.                        | 5,322.                       | 997,462.              | 1,036,896.   |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                |                              |                       | 1,582,206.   |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                |                              |                       | -1,319,316.  |

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

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. 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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ISLAMIC RELIEF USA

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations 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. 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<br>2180 W CRESCENT AVE, SUITE C<br>ANAHEIM, CA 92801          | 33-0826205 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER |
| AMAANAH REFUGEE SERVICES<br>10333 HARWIN DRIVE, SUITE 510<br>HOUSTON, TX 77036  | 26-3047598 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER |
| AMAANAH REFUGEE SERVICES<br>10333 HARWIN DRIVE, SUITE 510<br>HOUSTON, TX 77036  | 26-3047598 | 501(C)(3)                     | 9,827.                   | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL          |
| AL-MAAUN<br>1729 LYNDAL AVE N<br>MINNEAPOLIS, MN 55411                          | 27-1893708 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL          |
| AL-MAUN-NEIGHBORLY NEEDS-OF LAS VEGAS NV - 711 MORGAN AVE - LAS VEGAS, NV 89106 | 32-0087926 | 501(C)(3)                     | 9,800.                   | 0.                                |   |  | HOMELESSNESS PREVENTION & UTILITY ASSISTANCE PROGRAM - PROVIDING EMERGENCY FINANCIAL   |
| AL-MAUN-NEIGHBORLY NEEDS-OF LAS VEGAS NV - 711 MORGAN AVE - LAS VEGAS, NV 89106 | 32-0087926 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  |  |

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICAN OPEN UNIVERSITY<br>4212 KING ST<br>ALEXANDRIA, VA 22302                         | 54-1756821 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | TUITION PROGRAM - PROVIDING SCHOLARSHIPS FOR PRISON INMATES TO TAKE ISLAMIC STUDIES                         |
| ARAB AMERICAN ASSOCIATION OF NYC<br>INC - 7111 5TH AVE - BROOKLYN, NY 11209              | 11-3604756 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER                      |
| ARAB AMERICAN FAMILY SERVICES<br>9044 S OCTAVIA AVE<br>BRIDGEVIEW, IL 60455              | 60-0002593 | 501(C)(3)                     | 29,866.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER                      |
| BELTSVILLE SEVENTH-DAY ADVENTIST<br>CHURCH - 4200 AMMENDALE ROAD - BELTSVILLE, MD 20705  | 52-0643036 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | COMMUNITY ASSISTANCE - PROVIDE EMERGENCY FINANCIAL, EMOTIONAL, AND FOOD ASSISTANCE, AND DAY OF DIGNITY -    |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235                                  | 65-1110616 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235                                  | 65-1110616 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL                               |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235                                  | 65-1110616 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL                               |
| COALITION OF HOPE FOUNDATION, INC<br>1155 CAMINO DEL MAR, SUITE 418<br>DEL MAR, CA 92014 | 20-3451673 | 501(C)(3)                     | 159,000.                 | 0.                                |   |  | HURRICANE SANDY RECOVERY - TESTING FOR MOLD, DISTRIBUTION OF MOLD REMEDIATION INFORMATION, DAY OF DIGNITY - |
| DALLAS MASJID OF AL-ISLAM<br>PO BOX 150543<br>DALLAS, TX 75215                           | 75-2941409 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |

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 ISLAMIC CENTER<br>3159 ROW ST<br>FALLS CHURCH, VA 22044  | 31-1256417 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER   |
| FIRST UNITARIAN CHURCH OF PHILADELPHIA - 2125 CHESTNUT ST - PHILADELPHIA, PA 19103   | 23-1365260 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| GLOBAL DEAF MUSLIMS<br>5695 COLUMBIA PIKE SUITE 201<br>FALLS CHURCH, VA 22044  | 84-1684165 | 501(C)(3)                     | 22,000.                  | 0.                                |   |  | ACCESSIBILITY FOR ISLAMIC EVENTS AND AMERICAN SIGN LANGUAGE CLASSES - PROVIDE SIGN LANGUAGE  |
| HEALTH AND WELFARE COUNCIL OF LONG ISLAND - 150 BROADHOLLOW RD, SUITE 118 - MELVILLE, NY 11747   | 11-1858098 | 501(C)(3)                     | 60,000.                  | 0.                                |   |  | HURRICANE SANDY RECOVERY - PROVIDE SURVIVORS WITH ASSISTANCE WHERE NEEDED, SUCH AS: MENTAL HEALTH  |
| HUDA HEALTH CLINIC MI<br>13240 WOODROW WILSON<br>DETROIT, MI 48238   | 37-1490937 | 501(C)(3)                     | 50,000.                  | 0.                                |   |  | INCREASED ACCESS TO HEALTH CARE - HIRE AN ADDITIONAL PHYSICIAN, INCREASE CLINIC HOURS AND PROVIDE CASE MANAGEMENT, FINANCIAL LITERACY TRAINING, AND LINK REFUGEES WITH THE |
| INTERNATIONAL RESCUE COMMITTEE<br>3516 EASTERN AVE<br>BALTIMORE, MD 21224  | 13-5660870 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | REFUGEE EMERGENCY HOUSING FUND - PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO REFUGEES WHO ARE AT RISK  |
| INTERNATIONAL RESCUE COMMITTEE<br>8719 COLESVILLE ROAD, 3RD FLOOR<br>SILVER SPRING, MD 20910   | 13-5660870 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | MEDINA PROGRAM - PROVIDE EMERGENCY FINANCIAL ASSISTANCE AND COMPREHENSIVE CASE   |
| ISLAMIC AMERICAN ZAKAT FOUNDATION<br>4323 ROSEDALE AVE<br>BETHESDA, MD 20814   | 52-1492341 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | ZAKAT PARTNER PROGRAM - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER   |
| ISLAMIC CENTER OF PASSIAC COUNTY<br>INC - 152 DERROM AVE - PATERSON, NJ 07504  | 22-3035949 | 501(C)(3)                     | 36,000.                  | 0.                                |   |  |  |

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  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ISLAMIC SOCIAL SERVICES OF OREGON<br>STATE - PO BOX 5996 - ALOHA, OR<br>97007-5996   | 38-3655438 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL  |
| KENTUCKY REFUGEE MINISTRIES, INC<br>969-B CHEROKEE ROAD<br>LOUISVILLE, KY 40204  | 61-1229842 | 501(C)(3)                     | 52,500.                  | 0.                                |   |  | REFUGEE CO-SPONSORSHIP<br>OUTREACH PARTNERSHIP -<br>CREATE, TRAIN, AND MANAGE<br>CO-SPONSORSHIP TEAMS TO<br>PERMANENT HOUSING FOR<br>REFUGEE FAMILIES -<br>PROVIDE EMERGENCY<br>FINANCIAL ASSISTANCE TO |
| KURDISH HUMAN RIGHTS WATCH INC<br>10560 MAIN STREET, SUITE 207<br>FAIRFAX, VA 22030  | 54-1596873 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | USDA FOOD SERVICE<br>PROGRAM: PROVIDE CAPACITY<br>TO SERVE NUTRITIOUS<br>SCHOOL MEALS TO CHILDREN.  |
| LEADERSHIP DEVELOPMENT INSTITUTE<br>DBA CHICAGO METROPOLITAN EDUCATION<br>CENTER - 15455 SOUTH PARK AVE -<br>SOUTH HOLLAND, IL 60473 | 36-3806807 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | ZAKAT PARTNER PROGRAM<br>FY2013 - EMERGENCY FAMILY<br>ASSISTANCE FOR RENT,<br>FOOD, CLOTHES, AND OTHER  |
| MASJID AN-NUR ISLAMIC CENTERS OF<br>MINNEAPOLIS & ST PAUL - 1729<br>LYNDAL AVE N - MINNEAPOLIS, MN<br>55411                          | 41-1447904 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | USDA FOOD SERVICE<br>PROGRAM: PROVIDE CAPACITY<br>TO SERVE NUTRITIOUS<br>SCHOOL MEALS TO CHILDREN.  |
| MASJID INSHIRAH INC<br>3664 TROOST AVE<br>KANSAS CITY, MO 64109  | 43-1622042 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL  |
| MASJID INSHIRAH INC<br>3664 TROOST AVE<br>KANSAS CITY, MO 64109  | 43-1622042 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL  |
| MUSLIM ASSOCIATION OF NORTHWEST<br>5507 238TH ST SW<br>MOUNTLAKE TERRACE, WA 98043   | 91-1634120 | 501(C)(3)                     | 13,000.                  | 0.                                |   |  | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL  |
| MUSLIM WOMENS INSTITUTE FOR<br>RESEARCH AND DEVELOPMENT - 1363<br>OGDEN AVE - BRONX, NY 10452-2306                                   | 80-0010627 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL  |

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  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NEW STAR FAMILY CENTER FAMILY<br>11616 HAWTHORNE BLVD #104<br>HAWTHORNE, CA 90250          | 73-1729090 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | NEW STAR FAMILY JUSTICE CENTER - ESTABLISH THE NEW STAR FAMILY JUSTICE CENTER TO PROVIDE        |
| NEW YORK DISASTER INTERFAITH SERVICES INC - 4 WEST 43RD ST, SUITE 407 - NEW YORK, NY 10036 | 01-0794539 | 501(C)(3)                     | 80,000.                  | 0.                                |   |  | HURRICANE SANDY RECOVERY - PROVIDE FOOD VOUCHERS TO IMPACTED RESIDENTS LIVING IN THE FIVE       |
| NORTH SIDE LEARNING CENTER SYRACUSE - 808 N. MCBRIDE ST - SYRACUSE, NY 13203               | 27-1357086 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | FINANCIAL LITERACY PROGRAM - PROVIDE FINANCIAL LITERACY COURSES FOR NEWLY ARRIVED               |
| SHARE ATLANTA, INC<br>1352 LARSON COURT<br>MARIETTA, GA 30064                              | 26-2389234 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL                   |
| SHARE INDIANAPOLIS, INC<br>4088 MILLERSVILLE ROAD<br>INDIANAPOLIS, IN 46205                | 26-3114659 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | USDA FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO SERVE NUTRITIOUS SCHOOL MEALS TO CHILDREN.       |
| SOMALI COMMUNITY RESETTLEMENT SERVICES - 1312 7TH STREET NW - ROCHESTER, MN 55901          | 31-1668255 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | REFUGEE SERVICES CASE MANAGEMENT IMPROVEMENT - BUILD CAPACITY AND CASE MANAGEMENT CAPABILITIES  |
| SOMALIA FAMILY SERVICE OF SAN DIEGO - 6035 UNIVERSITY AVE, SUITE 6 - SAN DIEGO, CA 92115   | 91-2065038 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | REFUGEE INTEGRATION INITIATIVE - PROVIDE CASE MANAGEMENT SERVICES FOR NEWLY ARRIVED REFUGEES TO |
| TEXAS MUSLIM WOMENS FOUNDATION<br>PO BOX 863388<br>PLANO, TX 75086                         | 20-3060929 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PEACE IN THE HOME - PROVIDE COMPREHENSIVE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.            |
| TURNING POINT FOR WOMEN AND FAMILIES - 330 SEVENTH AVE, 19TH FLOOR - NEW YORK, NY 10001    | 54-2177390 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | DIRECT SERVICES PROGRAM - PROVIDE COMPREHENSIVE SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE.      |

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   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UPLIFT CHARITY CORPORATION<br>5372 MARVIEW AVE<br>LA PALMA, CA 90623                              | 20-5421204 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | HOMELESS TO SETTLED - PROVIDE EMERGENCY FINANCIAL ASSISTANCE FOR INDIVIDUALS AND FAMILIES  |
| WESLEY HOUSING DEVELOPMENT CORPORATION VA - 5515 CHEROKEE AVE<br>SUITE 200 - ALEXANDRIA, VA 22312 | 51-0155779 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GIVING GRAIN FOOD PROGRAM - PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH TEMPORARY HOMELESS PROJECT - PROVIDE TRANSITIONAL HOUSING FOR INDIVIDUALS AND FAMILIES |
| WOMEN AFFAIRS OF AL-MUMTAHINAH HOME INC - 321 S PULASKI ST - BALTIMORE, MD 21223                  | 26-0608276 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | REFUGEE MENTORING PROJECT - DEVELOP MENTORSHIP RELATIONSHIPS BETWEEN NEWLY ARRIVED REFUGEES  |
| YMCA OF GREATER HOUSTON<br>6300 WESTPARK DR, SUITE 600<br>HOUSTON, TX 77057                       | 74-1109737 | 501(C)(3)                     | 49,936.                  | 0.                                |   |  | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| MASJID INSHIRAH INC<br>3664 TROOST AVE<br>KANSAS CITY, MO 64109                                   | 43-1622042 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN SCHOOL KITS            | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| SHARE ATLANTA, INC<br>1352 LARSON COURT<br>MARIETTA, GA 30064                                     | 26-2389234 | 501(C)(3)                     | 0.                       | 17,909.FMV                        |   | HYGIENE KITS AN SCHOOL KITS            | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| ISLAMIC SOCIAL SERVICES OF OREGON<br>STATE - PO BOX 5996 - ALOHA, OR 97007-5996                   | 38-3655438 | 501(C)(3)                     | 0.                       | 5,553.FMV                         |   | HYGIENE KITS                           | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| MUSLIM WOMENS INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363<br>OGDEN AVE - BRONX, NY 10452-2306   | 80-0010627 | 501(C)(3)                     | 0.                       | 10,030.FMV                        |   | HYGIENE KITS AN SCHOOL KITS            | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235   | 65-1110616 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN SCHOOL KITS            | DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL  |

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   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MUSLIM ASSOCIATION OF NORTHWEST<br>5507 238TH ST SW<br>MOUNTLAKE TERRACE, WA 98043   | 91-1634120 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN<br>SCHOOL KITS         | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
| AL-MAUN-NEIGHBORLY NEEDS-OF LAS<br>VEGAS NV - 711 MORGAN AVE - LAS<br>VEGAS, NV 89106  | 32-0087926 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN<br>SCHOOL KITS         | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
| UNIVERSITY OF LOUISVILLE FND,<br>INC, (MUHAMMAD ALI INSTITUTE FOR<br>PEACE) - UNIVERSITY OF LOUISVILLE<br>- LOUISVILLE, KY 40292 | 44-0160260 | 501(C)(3)                     | 0.                       | 10,240.FMV                        |   | HYGIENE KITS AN<br>SCHOOL KITS         | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235  | 65-1110616 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN<br>SCHOOL KITS         | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
| CAIR FLORIDA<br>PO BOX 350626<br>JACKSONVILLE, FL 32235  | 65-1110616 | 501(C)(3)                     | 0.                       | 5,165.FMV                         |   | HYGIENE KITS AN<br>SCHOOL KIT          | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
| FIRST UNITARIAN CHURCH OF<br>PHILADELPHIA - 2125 CHESTNUT ST -<br>PHILADELPHIA, PA 19103   | 23-1365260 | 501(C)(3)                     | 0.                       | 5,888.FMV                         |   | HYGIENE KITS AN<br>SCHOOL KITS         | DAY OF DIGNITY -<br>PROVISION OF FOOD,<br>CLOTHES, MEDICAL<br>SCREENINGS, AND REFERRAL |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |
|  |            |                               |                          |                                   |   |  |  |

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                             |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| FOOD PURCHASES FOR GIVING GRAIN PANTRY   | 1600                     | 0.                       | 14,954.                           | INVOICE   | FOOD   |
| PURCHASES OF MEAT FOR QURBANI  | 8800                     | 0.                       | 102,372.                          | INVOICE   | FOOD   |
| FINANCIAL ASSISTANCE FOR OKLAHOMA TORNADO VICTIMS  | 1200                     | 0.                       | 100,000.                          | INVOICE   | CASH ASSISTANCE CARDS TO MEET THEIR IMMEDIATE NEEDS.               |
| ACTIVITIES/FOOD FOR DAY OF DIGNITY   | 800                      | 0.                       | 14,478.                           | INVOICE   | ACTIVITIES/FOOD  |
| DART EMERGENCY CASH ASSISTANCE CARD  | 1200                     | 0.                       | 100,000.                          | INVOICE   | PRE-APPROVED CASH ASSISTANCE CARDS FOR EMERGENCY DART DEPLOYMENTS. |
| <b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |                          |                          |                                   |   |  |

**PART I, LINE 2:**

EXPLANATION: PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

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

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

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

(IRS):

- CURRENT STATE REGISTRATIONS.

2. IRUSA CONDUCTS APPROPRIATE SANCTIONS SCREENINGS AS A REQUIREMENT FOR THE

**Part IV Supplemental Information**

RELEASE OF GRANT FUNDS.

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

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

PROCEDURES.

4. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

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

PROGRAM AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE.

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

THE PROGRAMS DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM

THAT THEY CONTAIN THE NECESSARY INFORMATION.

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

CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT

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

APPLICATION.

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

FINANCIAL REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION

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

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

FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A

COMPREHENSIVE AUDIT OF THE GRANT.

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

THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.

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

**Part IV** Supplemental Information

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA  
THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE  
GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE  
FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND FOR REIMBURSEMENT TO THE  
GRANTEE FOR A REFUND OF SUCH AMOUNT IN FULL TO IRUSA.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY  
FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY  
MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: AMAANAH REFUGEE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY  
FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY  
MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: AMAANAH REFUGEE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,  
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED  
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: AL-MAAUN

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,  
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED  
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

AL-MAUN-NEIGHBORLY NEEDS-OF LAS VEGAS NV

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

AL-MAUN-NEIGHBORLY NEEDS-OF LAS VEGAS NV

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESSNESS PREVENTION &amp; UTILITY

ASSISTANCE PROGRAM - PROVIDING EMERGENCY FINANCIAL ASSISTANCE AND CASE

MANAGEMENT TO PREVENT HOMELESSNESS AMONG AT-RISK POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN OPEN UNIVERSITY

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

SCHOLARSHIPS FOR PRISON INMATES TO TAKE ISLAMIC STUDIES COURSES VIA

DISTANCE LEARNING PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN ASSOCIATION OF NYC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY

FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY

MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY

FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY

MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

BELTSVILLE SEVENTH-DAY ADVENTIST CHURCH

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY ASSISTANCE - PROVIDE

EMERGENCY FINANCIAL, EMOTIONAL, AND FOOD ASSISTANCE, AND PROVIDE JOB

PREPAREDNESS COACHING AND COMPUTER LITERACY COURSES.

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: COALITION OF HOPE FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HURRICANE SANDY RECOVERY - TESTING

FOR MOLD, DISTRIBUTION OF MOLD REMEDIATION INFORMATION, AND PRODUCE A

PUBLIC SAFETY ANNOUNCEMENT ON THE EFFECTS OF MOLD ON INDIVIDUALS AND

HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: DALLAS MASJID OF AL-ISLAM

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED



**Part IV** Supplemental Information

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: DAR AL HIJRAH ISLAMIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY

FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY

MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST UNITARIAN CHURCH OF PHILADELPHIA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL DEAF MUSLIMS

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESSIBILITY FOR ISLAMIC EVENTS AND

AMERICAN SIGN LANGUAGE CLASSES - PROVIDE SIGN LANGUAGE INTERPRETERS FOR

THE MAJOR ISLAMIC CONFERENCES THROUGH THE YEAR AND PROVIDE SIGN LANGUAGE

COURSES FOR THE PARENTS OF DEAF MUSLIMS.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTH AND WELFARE COUNCIL OF LONG ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: HURRICANE SANDY RECOVERY - PROVIDE

SURVIVORS WITH ASSISTANCE WHERE NEEDED, SUCH AS: MENTAL HEALTH SERVICES,

ROOF CONTRACTORS, AND REFRIGERATOR VENDORS.

NAME OF ORGANIZATION OR GOVERNMENT: HUDA HEALTH CLINIC MI

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASED ACCESS TO HEALTH CARE -

HIRE AN ADDITIONAL PHYSICIAN, INCREASE CLINIC HOURS AND DAYS OF

**Part IV Supplemental Information**

OPERATION, INCREASE NUMBER OF PATIENTS SEEN IN THE CLINIC.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CASE MANAGEMENT, FINANCIAL

LITERACY TRAINING, AND LINK REFUGEES WITH THE INDIVIDUAL DEVELOPMENT

ACCOUNT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE EMERGENCY HOUSING FUND -

PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO REFUGEES WHO ARE AT RISK OF

LOSING THEIR HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC AMERICAN ZAKAT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDINA PROGRAM - PROVIDE EMERGENCY

FINANCIAL ASSISTANCE AND COMPREHENSIVE CASE MANAGEMENT TO INDIVIDUALS

SUFFERING VARIOUS FORMS OF HARDSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC CENTER OF PASSIAC COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM - EMERGENCY

FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE FAMILY

MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

ISLAMIC SOCIAL SERVICES OF OREGON STATE

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY REFUGEE MINISTRIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE CO-SPONSORSHIP OUTREACH

PARTNERSHIP - CREATE, TRAIN, AND MANAGE CO-SPONSORSHIP TEAMS TO PROVIDE

RESETTLEMENT SERVICES FOR NEWLY ARRIVED REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: KURDISH HUMAN RIGHTS WATCH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PERMANENT HOUSING FOR REFUGEE

FAMILIES - PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO REFUGEES WHO ARE AT

RISK OF HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT:

MASJID AN-NUR ISLAMIC CENTERS OF MINNEAPOLIS &amp; ST PAUL

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNER PROGRAM FY2013 -

EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD, CLOTHES, AND OTHER ELIGIBLE

FAMILY MAINTENANCE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: MASJID INSHIRAH INC

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM ASSOCIATION OF NORTHWEST

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM WOMENS INSTITUTE FOR RESEARCH AND DEVELOPMENT

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,  
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED  
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: NEW STAR FAMILY CENTER FAMILY

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW STAR FAMILY JUSTICE CENTER -  
ESTABLISH THE NEW STAR FAMILY JUSTICE CENTER TO PROVIDE SERVICES FOR  
VICTIMS OF DOMESTIC VIOLENCE .

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK DISASTER INTERFAITH SERVICES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HURRICANE SANDY RECOVERY - PROVIDE  
FOOD VOUCHERS TO IMPACTED RESIDENTS LIVING IN THE FIVE BOROUGHES OF NEW  
YORK CITY'S HARDEST HIT AREA.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH SIDE LEARNING CENTER SYRACUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL LITERACY PROGRAM - PROVIDE  
FINANCIAL LITERACY COURSES FOR NEWLY ARRIVED REFUGEES AND HELPED THEM  
PARTICIPATE IN GOVERNMENT SPONSORED MATCHED SAVINGS PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE ATLANTA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY - PROVISION OF FOOD,  
CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED  
POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

SOMALI COMMUNITY RESETTLEMENT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE SERVICES CASE MANAGEMENT

**Part IV** Supplemental Information

IMPROVEMENT - BUILD CAPACITY AND CASE MANAGEMENT CAPABILITIES AT REFUGEE

SERVING ORGANIZATION IN ROCHESTER, MN.

NAME OF ORGANIZATION OR GOVERNMENT: SOMALIA FAMILY SERVICE OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE INTEGRATION INITIATIVE -

PROVIDE CASE MANAGEMENT SERVICES FOR NEWLY ARRIVED REFUGEES TO AID THEM

IN ESTABLISHING THEMSELVES IN THE UNITED STATES

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT CHARITY CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS TO SETTLED - PROVIDE

EMERGENCY FINANCIAL ASSISTANCE FOR INDIVIDUALS AND FAMILIES AT RISK OF

HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT:

WESLEY HOUSING DEVELOPMENT CORPORATION VA

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING GRAIN FOOD PROGRAM - PROVIDE

EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT

SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN AFFAIRS OF AL-MUMTAHINAH HOME INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TEMPORARY HOMELESS PROJECT - PROVIDE

TRANSITIONAL HOUSING FOR INDIVIDUALS AND FAMILIES AT RISK OF

HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE MENTORING PROJECT - DEVELOP

MENTORSHIP RELATIONSHIPS BETWEEN NEWLY ARRIVED REFUGEES AND LOCAL

**Part IV** Supplemental Information

COMMUNITY MEMBERS.

NAME OF ORGANIZATION OR GOVERNMENT: MASJID INSHIRAH INC

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: SHARE ATLANTA, INC

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

ISLAMIC SOCIAL SERVICES OF OREGON STATE

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM WOMENS INSTITUTE FOR RESEARCH AND DEVELOPMENT

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM ASSOCIATION OF NORTHWEST

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

AL-MAUN-NEIGHBORLY NEEDS-OF LAS VEGAS NV

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISVILLE FND, INC, (MUHAMMAD ALI INSTITUTE FOR PEACE)

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: CAIR FLORIDA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST UNITARIAN CHURCH OF PHILADELPHIA

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

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

PART III, COLUMN (B) NUMBER OF RECIPIENTS

EXPLANATION: FOR DOMESTIC OTHER ASSISTANCE TO INDIVIDUALS, BENEFICIARY

NUMBERS ARE DETERMINED FROM PROJECT REPORTS AND IRUSA'S PROGRAM'S STAFF

BEST ESTIMATES. ESTIMATES INCLUDE THE NUMBER OF FAMILIES SERVED -

MULTIPLIED BY A FIXED AVERAGE OF PERSONS PER FAMILY, THE ESTIMATED

NUMBER OF PERSONS SERVED - MULTIPLIED BY THE NUMBER OF DISTRIBUTIONS,

OR A TICKETING SYSTEM AT THE EVENT.



**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2013



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

EXPLANATION: BONUSES ARE PAID AS A PERCENTAGE OF SALARY BASED ON AN

ANNUAL PERFORMANCE EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD

APPROVAL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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                             | 39  | 159,678.   | FMV  |
| 10 Securities - Closely held stock .....                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |   |  |  |
| 14 Qualified conservation contribution - Other .....                  |                               |   |  |  |
| 15 Real estate - Residential .....                                    |                               |   |  |  |
| 16 Real estate - Commercial .....                                     |                               |   |  |  |
| 17 Real estate - Other .....  |                               |   |  |  |
| 18 Collectibles .....   |                               |   |  |  |
| 19 Food inventory .....   |                               |   |  |  |
| 20 Drugs and medical supplies .....                                   | X                             | 6   | 17,675,084.  | EXIT MARKET PRICING  |
| 21 Taxidermy .....  |                               |   |  |  |
| 22 Historical artifacts .....   |                               |   |  |  |
| 23 Scientific specimens .....   |                               |   |  |  |
| 24 Archeological artifacts .....                                      |                               |   |  |  |
| 25 Other ▶ ( NUTRITIONAL S )  | X                             | 1   | 826,637.   | EXIT MARKET PRICING  |
| 26 Other ▶ ( HYGEINE & SCH )  | X                             | 12  | 83,536.  | FMV  |
| 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? .....

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |
| 33  |     |    |

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.

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

Schedule M (Form 990) (2013)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: RITEWAY CHARITY SERVICES (RITEWAY) IS A COMMERCIAL VENTURE

THAT ACCEPTS CARS FOR DONATION TO SELECTED CHARITIES. THE DONOR

SPECIFIES TO RITEWAY TO WHICH CHARITY THE NET PROCEEDS OF THE VEHICLE

SALE SHOULD GO. ONCE THE VEHICLE IS AUCTIONED, THE NET PROCEEDS ARE

SENT TO THE PRESELECTED CHARITY. AT NO TIME DOES THE CHARITY HAVE

POSSESSION OR CONTROL OF THE VEHICLE.

**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

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

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

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

DISASTERS AND TO ESTABLISH SUSTAINABLE LOCAL DEVELOPMENT PROJECTS

ALLOWING COMMUNITIES TO BETTER HELP THEMSELVES.

FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS

EXPLANATION: ISLAMIC RELIEF USA (IRUSA) ENJOYED THE SERVICE OF 3,348

VOLUNTEERS ACROSS THE COUNTRY DURING 2013.

IRUSA HAS VOLUNTEER OPPORTUNITIES RANGING FROM ORGANIZING SPECIAL

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

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

TRAINING FROM THE AMERICAN RED CROSS TO HELP DURING DOMESTIC DISASTERS.

IN 2012, IRUSA'S DART WAS VOTED AS AN OFFICIAL MEMBER OF THE NATIONAL

VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD).

OUR ANNUAL "DAY OF DIGNITY" PROGRAM IS AN EFFORT TO MOBILIZE

COMMUNITIES AND ESTABLISH LONG-LASTING PROGRAMS TO SERVE THE NEEDY IN

OUR LOCAL COMMUNITIES THAT FOSTER THE SPIRIT OF SERVICE AND

VOLUNTEERISM ALL YEAR ROUND.

CONSIDERING VOLUNTEERING WITH IRUSA? IRUSA PROVIDES A CHANCE FOR

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

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

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

Schedule O (Form 990 or 990-EZ) (2013)

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09-04-13

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

AVAILABLE IN OUR OFFICES. IF THERE IS NOT AN OFFICE OR EVENT NEAR YOU,

WE PROVIDE VIRTUAL VOLUNTEER OPPORTUNITIES AS WELL.

WHILE VOLUNTEERING WITH IRUSA, GAIN AN OPPORTUNITY TO BE RECOGNIZED

THROUGH THE PRESIDENT'S VOLUNTEER SERVICE AWARDS.

PLEASE CONTACT IRUSA'S VOLUNTEER MANAGEMENT OFFICE BY EMAIL AT

VOLUNTEERS@IRUSA.ORG OR BY PHONE AT (703) 370-7202.

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

AGRICULTURE &amp; FOOD SECURITY:

INCLUDES ACTIVITIES RELATED TO FISHERIES, LIVESTOCK, PESTS AND

PESTICIDES, SEED SYSTEMS AND AGRICULTURAL INPUTS, VETERINARY MEDICINES

AND VACCINES. ESTIMATED BENEFICIARIES FOR THE DURATION OF THE

PROJECTS: 991,016

EXPENSES \$ 7,109,930. INCLUDING GRANTS OF \$ 6,746,604. REVENUE \$ 0.

EDUCATION:

INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY EDUCATION

WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION. ESTIMATED

BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 2,843

EXPENSES \$ 2,693,042. INCLUDING GRANTS OF \$ 2,558,865. REVENUE \$ 0.

WATER, SANITATION &amp; HYGIENE:

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,

SANITATION, AND WATER SUPPLY. ESTIMATED BENEFICIARIES FOR THE DURATION

OF THE PROJECTS: 101,681

332212  
09-04-13

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

EXPENSES \$ 2,407,238. INCLUDING GRANTS OF \$ 2,286,844. REVENUE \$ 0.

## DOMESTIC PROGRAMS:

## THREE ANNUALLY RECURRING PROGRAMS:

1) ZAKAT PARTNERSHIP - EMERGENCY FAMILY ASSISTANCE FOR RENT, FOOD,

CLOTHES, AND OTHER ELIGIBLE FAMILY MAINTENANCE NEEDS.

2) DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND

REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE,

POOR WORKING COMMUNITIES).

3) QURBANI - DISTRIBUTION OF MEAT TO THE LESS FORTUNATE.

NON-RECURRING PROGRAMS INCLUDED FOOD PROGRAMS, HEALTH AND WELLNESS

INITIATIVES AND EDUCATION ASSISTANCE IN ADDITION TO OTHER DOMESTIC

INITIATIVES. THE IRUSA DISASTER ASSISTANCE RESPONSE TEAM AND THEIR

INITIATIVES IN PREPAREDNESS AND RESPONSE ALSO FALLS IN THIS MAJOR

PROGRAM CATEGORY. ESTIMATED BENEFICIARIES FOR THE DURATION OF THE

PROJECTS: 30,097

EXPENSES \$ 1,644,643. INCLUDING GRANTS OF \$ 1,551,269. REVENUE \$ 0.

## ECONOMIC DEVELOPMENT:

INCLUDES ACTIVITIES RELATED TO LONG-TERM AND SHORT TERM ECONOMIC ASSET

DEVELOPMENT, ASSET RESTORATION, MARKET INFRASTRUCTURE REHABILITATION,

MICRO-CREDIT, MICROFINANCE, AND TEMPORARY EMPLOYMENT SUCH AS CASH FOR

WORK. ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 210

EXPENSES \$ 444,282. INCLUDING GRANTS OF \$ 422,446. REVENUE \$ 0.

## DISASTER RISK REDUCTION:

INCLUDES ACTIVITIES INTENDED TO MINIMIZE THE ADVERSE IMPACTS OF NATURAL



Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

HAZARDS BY REDUCING VULNERABILITY TO DISASTERS, INCREASING REGIONAL,  
 NATIONAL AND LOCAL CAPACITY TO PREPARE FOR AND RESPOND TO DISASTERS,  
 AND ENHANCING THE RESILIENCE OF VULNERABLE GROUPS AND COMMUNITIES TO  
 RECOVER FROM RECURRENT NATURAL DISASTERS.

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECT: A BENEFICIARY  
 ESTIMATE CANNOT BE OBTAINED DUE TO THE NATURE OF THE PROJECT; THE GRANT  
 BENEFITS THE ENTIRE TARGET POPULATION.  
 EXPENSES \$ 335,191. INCLUDING GRANTS OF \$ 317,968. REVENUE \$ 0.

FORM 990, PART IV, LINE 12

EXPLANATION: ISLAMIC RELIEF USA RECEIVED A CONSOLIDATED STATEMENT THAT  
 INCLUDED ITSELF AND ITS DISREGARDED ENTITY, 88 WHEELER FOUNDATION LLC,  
 PREPARED IN ACCORDANCE WITH GAAP. ISLAMIC RELIEF USA DID NOT RECEIVE A  
 SEPARATE STATEMENT FOR ITSELF AS A STAND ALONE ENTITY.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE FOLLOWING ARE SUMMARIES OF CHANGES THAT TOOK PLACE IN THE  
 ARTICLES OF INCORPORATION AND BYLAWS DURING 2013:  
 FOR THE ARTICLES OF INCORPORATION, IRUSA CHANGED THE PHRASING OF THE  
 ARTICLE 3 STATEMENT OF PURPOSE TO MORE CLOSELY CONFORM TO THE PHRASING  
 RECOMMENDED BY CALIFORNIA STATE TAX LAW TO QUALIFY FOR SALES TAX AND USE  
 EXEMPTIONS. IT DID NOT CHANGE OUR STATEMENT OF PURPOSE TO INCLUDE NEW  
 AREAS ETC.

THE BYLAWS WERE AMENDED TO:

1) REMOVE THE CEO OFFICER POSITION

332212  
09-04-13

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

2) CREATE TWO OFFICER POSITIONS, THE COO AND PRESIDENT. THE COO IS RESPONSIBLE FOR RUNNING THE DAY-TO-DAY INTERNAL ASPECTS OF THE ORGANIZATION. THE PRESIDENT IS A FIGURE-HEAD POSITION FOR THE PURPOSES OF EXTERNAL ENGAGEMENT AND PURSUIT OF INSTITUTIONAL FUNDING.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE IRS FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE, PROGRAM, AND LEGAL DEPARTMENTS. IT IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART V, LINE 2A, EMPLOYEE'S W-2'S

EXPLANATION: OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET, FILED 128 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:

EXPLANATION: THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY. THE CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS ANNUALLY.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS REVIEW RECOMMENDED COMPENSATION LEVELS

IN LIGHT OF MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY;

COMPETING OFFERS, RELEVANT SALARY SURVEYS, IRS FORM 990 DATA FROM SIMILARLY

SITUATED NGOS, AND OTHER COMPARABLES, AND THEN APPROVES OR ADJUSTS THE

TOTAL COMPENSATION AND/OR INDIVIDUAL COMPONENTS THEREOF, THESE

DELIBERATIONS ARE RECORDED IN CONTEMPORANEOUS MINUTES, COMPENSATION OF THE

CEO AND OTHER OFFICERS OF THE ORGANIZATION ARE APPROVED BY IRUSA'S BOARD OF

DIRECTORS.

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

AK,AL,AR,CA,CO,CT,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:

EXPLANATION: IRUSA'S FINANCIAL STATEMENTS ARE AVAILABLE AT IRUSA.ORG IN THE

"ABOUT US" SECTION, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST AT: INFO@IRUSA.ORG, FINANCIAL STATEMENTS,

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON

REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY EXCHANGE GAIN 265,800.

GRANT REFUNDS 722,048.

TOTAL TO FORM 990, PART XI, LINE 9 987,848.

## Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

**Open to Public Inspection**

Employer identification number  
95-4453134

ISLAMIC RELIEF USA

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

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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) 2013



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|----------------------------------|------------------------|--|
| (1) |                                     |                                  |                        |  |
| (2) |                                     |                                  |                        |  |
| (3) |                                     |                                  |                        |  |
| (4) |                                     |                                  |                        |  |
| (5) |                                     |                                  |                        |  |
| (6) |                                     |                                  |                        |  |



## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

[illegible]



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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](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 or other filer, see instructions.  | Enter filer's identifying number                   |
|--|--|--|
|  | ISLAMIC RELIEF USA   | Employer identification number (EIN) or 95-4453134 |
| 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.<br>3655 WHEELER AVE.                      | Social security number (SSN)                       |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>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 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 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          |

TAREQ OSMAN, CPA, CONTROLLER

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

Telephone No. ► 703-370-7202

Fax 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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year 2013 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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• 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).

Enter filer's identifying number, see instructions

|  |  |   |
|--|--|---|
| Type or print  | Name of exempt organization or other filer, see instructions.                            | Employer identification number (EIN) or |
| File by the due date for filing your return. See instructions. | ISLAMIC RELIEF USA   | 95-4453134                              |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)            |
|  | 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)

01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 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, CPA, CONTROLLER

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

Telephone No. **703-370-7202**

Fax 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, 2014.**

5 For calendar year **2013**, 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 Forms 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 Forms 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 <b>Balance due.</b> 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 must be completed for Part II only.**

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

Signature ☐

Title **CPA**

Date **7/6/14**

Form 8868 (Rev. 1-2014)