

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

**2015**

Open to Public  
Inspection

## A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

ISLAMIC RELIEF USA

Doing business as ISLAMIC RELIEF

Number and street (or P.O. box if mail is not delivered to street address)

3655 WHEELER AVE.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ALEXANDRIA, VA 22304

F Name and address of principal officer: KHALED LAMADA

SAME AS C ABOVE

D Employer identification number

95-4453134

E Telephone number

703-370-7202

G Gross receipts \$ 109,544,409.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☒ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.IRUSA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1993

M State of legal domicile: CA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	5		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5		
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	122		
	6	Total number of volunteers (estimate if necessary)	1500		
	Revenue	7a	Total unrelated business revenue from Part VII, column (A), line 1a	0.	
7b		Net unrelated business taxable income from Form 990-T, line 34	0.		
8		Contributions and grants (Part VIII, line 1h)	112,578,964.	109,204,699.	
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	127,143.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,679,096.	-754,355.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,899,868.	108,577,487.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	122,162,474.	82,711,926.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,593,853.	8,158,351.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	17	b Total fundraising expenses (Part IX, column (D), line 25) 9,279,485.	5,720,605.	10,272,864.	
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	135,476,932.	101,143,141.	
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-24,577,064.	7,434,346.	
	Net Assets or Fund Balances	20	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
		21	Total assets (Part X, line 16)	50,529,060.	57,032,526.
		22	Total liabilities (Part X, line 26)	17,076,597.	15,734,467.
	22	Net assets or fund balances. Subtract line 21 from line 20	33,452,463.	41,298,059.	

## Part II Signature Block

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

Sign Here	Signature of officer	Date
	KHALED HAMADA, CHIEF OPERATING OFFICER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	WILLIAM E. TURCO, CPA	AUG 10 2016
	Firm's name	Firm's EIN
	RSM US LLP	42-0714325
	Firm's address	Phone no. (301) 296-3600
	9737 WASHINGTONIAN BLVD., #400 GAITHERSBURG, MD 20878-7340	

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 PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED  
MANNER REGARDLESS OF GENDER, RACE, OR RELIGION, AND WORKS TO EMPOWER  
INDIVIDUALS IN THEIR COMMUNITIES AND GIVE THEM A VOICE IN THE WORLD.

**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 \$ 49,244,053. including grants of \$ 45,574,221. ) (Revenue \$ )**HEALTH AND 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.

**EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:**

- MALARIA PREVENTION IN DIALOKORODJI, MALI; FACILITATED PREVENTION OF  
MALARIA FOR 98,610 INDIVIDUALS VIA DISTRIBUTION OF LONG-LASTING  
INSECTICIDE TREATED (LLIT) MOSQUITO NETS AND AWARENESS RAISING SESSIONS

**4b** (Code: ) (Expenses \$ 14,979,565. including grants of \$ 13,949,524. ) (Revenue \$ )**EMERGENCY RESPONSE & RELIEF:**

THIS CATEGORY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING  
NEEDS OF A POPULATION AT THE ONSET OF A DISASTER, SUCH AS PROVIDING  
CLEAN WATER, SANITATION, FOOD, TEMPORARY SHELTER, NON-FOOD ITEMS AND  
EMERGENCY MEDICAL ASSISTANCE.

**EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:**

- RELIEF TO IDPS IN ERBIL AND BOUNDARIES: PROVIDED 900 INTERNALLY  
DISPLACED FAMILIES (APPROX. 5,040 INDIVIDUALS) SETTLED IN ERBIL  
GOVERNORATE IN THE KURDISTAN REGION OF IRAQ WITH A FOUR MONTH SUPPLY OF  
FOOD AND HYGIENE ITEMS. FOOD PACKAGE ITEMS INCLUDED CANNED CHICKEN AND  
BEEF, TOMATO PASTE, VEGETABLE OIL, RICE, LENTILS, SUGAR, POWDERED MILK,

**4c** (Code: ) (Expenses \$ 10,207,778. including grants of \$ 9,494,661. ) (Revenue \$ )**ORPHANS:**

IRUSA'S WORK IN THIS SECTOR FOCUSES PRIMARILY ON MONTHLY SUPPORT TO  
ORPHANS TO SUPPLEMENT THEIR BASIC NEEDS, SUCH AS FOOD, EDUCATION,  
HEALTH CARE AND CLOTHING. IRUSA SUPPORTED 15,819 ORPHANS IN THE  
FOLLOWING 21 COUNTRIES THROUGH THE ORPHANS 1-2-1 SPONSORSHIP PROGRAM:  
AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHECHNYA, ETHIOPIA, INDIA,  
INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON, MALI, NIGER, PAKISTAN,  
PALESTINE-WEST BANK, SOMALIA, SOUTH AFRICA, SRI LANKA AND YEMEN. IN  
ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO IMPLEMENTS ADDITIONAL ORPHAN  
SUPPORT PROGRAMS.

**EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:****4d** Other program services (Describe in Schedule O.)

(Expenses \$ 14,776,757. including grants of \$ 13,693,520. ) (Revenue \$ )

**4e** Total program service expenses **89,208,153.**Form **990** (2015)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <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>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
15 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>	<input checked="" type="checkbox"/>	
16 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>	<input checked="" type="checkbox"/>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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? <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>		X
<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

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**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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?		X
d	If "Yes," indicate the number of Forms 8882 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
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**

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

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b> X	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b> X	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b> X	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b> X	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b> X	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b> X	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b> X	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b> X	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</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? ..... <b>16b</b>		

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KHALED LAMADA CHAIRMAN	3.00	X		X				0.	0.	0.
(2) MOHAMED AMR ATTAWIA DIRECTOR, CHAIRMAN UNTIL 08/31/15	3.00	X		X				0.	0.	0.
(3) HAMADI BENGABSIA VICE CHAIR & TREASURER	3.00	X		X				0.	0.	0.
(4) HAMDY RADWAN DIRECTOR UNTIL 12/16/15	3.00	X						0.	0.	0.
(5) IHAB M. HAMDI SAAD DIRECTOR	3.00	X						0.	0.	0.
(6) KHALED HAMADE DIRECTOR	3.00	X						0.	0.	0.
(7) ANWAR AHMAD KHAN CHIEF EXECUTIVE OFFICER	40.00			X				166,133.	0.	29,984.
(8) TAREQ OSMAN CONTROLLER	40.00			X				139,314.	0.	31,236.
(9) SHARIF ALY ADVOCACY COUNSEL & CORP SECRETARY	40.00			X				99,724.	0.	22,824.
(10) AZHAR AZEEZ DIRECTOR, FUND DIVISION	40.00				X			129,076.	0.	30,443.
(11) DAVID HAWA DIRECTOR, COMMUNICATIONS	40.00				X			114,922.	0.	30,608.
(12) YOUSEF ABDALLAH EAST ZONAL MANAGER	40.00				X			103,185.	0.	34,148.
(13) DAWN SIKORSKI CORPORATE COUNSEL	40.00				X			102,547.	0.	16,489.
(14) AHMED SHEHATA COMMUNITY OUTREACH MGR	40.00				X			100,123.	0.	32,337.





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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	2,789,184.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,415,515.		
	g	Noncash contributions included in lines 1a-1f: \$		50,600,361.		
	h	<b>Total.</b> Add lines 1a-1f		109,204,699.		
	<b>Program Service Revenue</b>			Business Code		
2 a						
b						
c						
d						
e						
f		All other program service revenue				
g		<b>Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)			127,143.	127,143.
	8 a	Gross income from fundraising events (not including \$ 2,789,184. of contributions reported on line 1c). See Part IV, line 18	a	212,567.		
	b	Less: direct expenses	b	966,922.		
	c	Net income or (loss) from fundraising events			-754,355.	-754,355.
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>		Business Code				
11 a						
b						
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions.		108,577,487.	0.	0.	-627,212.

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	901,725.	901,725.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	431,392.	431,392.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	81,378,809.	81,378,809.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	489,421.	140,873.	50,627.	297,921.
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	5,780,825.	1,663,929.	597,986.	3,518,910.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,748.	54,041.	19,421.	114,286.
9 Other employee benefits	1,124,901.	323,787.	116,363.	684,751.
10 Payroll taxes	575,456.	165,637.	59,527.	350,292.
11 Fees for services (non-employees):				
a Management				
b Legal	5,043.	2,081.	1,664.	1,298.
c Accounting	91,543.	37,776.	30,208.	23,559.
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.)	98,806.	42,594.	16,653.	39,559.
12 Advertising and promotion	1,162,608.	39,607.	240.	1,122,761.
13 Office expenses	2,382,455.	170,089.	1,170,910.	1,041,456.
14 Information technology	115,441.	18,915.	69,766.	26,760.
15 Royalties				
16 Occupancy				
17 Travel	906,949.	316,242.	115,091.	475,616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	805,165.	7,641.		797,524.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	373,897.		373,897.	
23 Insurance	87,245.	20,476.	19,586.	47,183.
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	3,473,596.	3,473,596.		
b COMMUNITY EVENT SPONSOR	534,936.	1,239.		533,697.
c HONORARIUM	189,058.		586.	188,472.
d PROF EDUC & TRAINING	45,123.	17,704.	11,979.	15,440.
e All other expenses	999.		999.	
25 Total functional expenses. Add lines 1 through 24e	101,143,141.	89,208,153.	2,655,503.	9,279,485.
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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	40,177,917.	1	39,866,905.
	2 Savings and temporary cash investments .....	132,752.	2	165,293.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	9,267.	4	26,253.
	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 .....	4,918,245.	8	11,554,168.
	9 Prepaid expenses and deferred charges .....	112,623.	9	34,776.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,124,458.		
	b Less: accumulated depreciation .....	10b 1,112,834.	4,157,222.	10c 4,011,624.
	11 Investments - publicly traded securities .....	986,253.	11	1,348,033.
	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 .....	34,781.	15	25,474.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	50,529,060.	16	57,032,526.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	840,744.	17	944,613.
	18 Grants payable .....	16,235,853.	18	14,789,854.
	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 .....	17,076,597.	26	15,734,467.
<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 .....	13,402,265.	27	14,950,333.
	28 Temporarily restricted net assets .....	20,050,198.	28	26,347,726.
	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> .....	33,452,463.	33	41,298,059.
	34 <b>Total liabilities and net assets/fund balances</b> .....	50,529,060.	34	57,032,526.

Form 990 (2015)

**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	108,577,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,143,141.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,434,346.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,452,463.
5	Net unrealized gains (losses) on investments	5	2,697.
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	408,553.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,298,059.

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

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

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

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:

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

b Were the organization's financial statements audited by an independent accountant? **2b** ☒

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:

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

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

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

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? **3a** ☒

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits **3b**

Form 990 (2015)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

Employer identification number

95-4453134

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Schedule A (Form 990 or 990-EZ) 2015



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	63,729,629.	62,288,900.	66,416,174.	112,578,964.	109,204,699.	414,218,366.
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 .....	63,729,629.	62,288,900.	66,416,174.	112,578,964.	109,204,699.	414,218,366.
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.						414,218,366.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	63,729,629.	62,288,900.	66,416,174.	112,578,964.	109,204,699.	414,218,366.
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 VI.) .....	174,378.	27,651.	178,175.			380,204.
11 <b>Total support.</b> Add lines 7 through 10						414,598,570.
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 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	99.91	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	99.92	%
16a <b>33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 VI 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 - 2014.</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 VI 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) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?**b** A family member of a person described in (a) above?**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations****1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.**2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations****1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations****1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).**3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations****1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):**a** ☐ The organization satisfied the Activities Test. Complete line 2 below.**b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.**c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).**2** Activities Test. Answer (a) and (b) below.**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**3** Parent of Supported Organizations. Answer (a) and (b) below.**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## OTHER INCOME

2011 AMOUNT: \$ 174,378.

2012 AMOUNT: \$ 27,651.

2013 AMOUNT: \$ 178,175.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

**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

**2015**

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 foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2015)

Name of organization <b>ISLAMIC RELIEF USA</b>	Employer identification number <b>95-4453134</b>
---------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>49,699,573.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	DISPOSABLES, MEDICAL SUPPLIES, PHARMACEUTICALS, NUTRITIONAL SUPPLEMENT, WHEELCHAIRS	\$ <u>49,699,573.</u>	<u>08/31/15</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



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

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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 C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$

3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		4,105.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		4,105.													
<b>d</b> Other exempt purpose expenditures .....		101,697,405.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		101,701,510.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount				1,000,000.	1,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
<b>c</b> Total lobbying expenditures				4,105.	4,105.
<b>d</b> Grassroots nontaxable amount				250,000.	250,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on 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

**2015**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$



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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ 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" on 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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.	481,167.	2,125,390.
c Leasehold improvements		260,236.	232,419.	27,817.
d Equipment				
e Other		954,386.	399,248.	555,138.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,011,624.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) .....		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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) .....		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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) .....	
Total. (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) 2015

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

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

1	Total revenue, gains, and other support per audited financial statements	1	109,417,266.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) 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	109,417,266.
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	-839,779.
c	Add lines 4a and 4b	4c	-839,779.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	108,577,487.

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

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

1	Total expenses and losses per audited financial statements	1	101,701,510.
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	966,922.
e	Add lines 2a through 2d	2e	966,922.
3	Subtract line 2e from line 1	3	100,734,588.
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	408,553.
c	Add lines 4a and 4b	4c	408,553.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	101,143,141.

**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:

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, 2015.

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 2012.

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

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B	-966,922.
FOREIGN CURRENCY EXCHANGE GAIN	127,143.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-839,779.

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

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B	966,922.
-------------------------------------------	----------

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

GRANT REFUNDS REPORTED ON PART XI, LINE 9	408,553.
-------------------------------------------	----------

**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.

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

OMB No. 1545-0047

**2015**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
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		1,137,203.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		9,785,791.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		21,338,653.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		1,638,188.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		7,035,427.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		40,443,547.
<b>3 a</b> Sub-total .....	0	0			81,378,809.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			81,378,809.

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

Schedule F (Form 990) 2015

**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)
		SOUTH ASIA	AFGHANISTAN - RAMADAN FEED THE NEEDY.	73,710.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - QURBANI.	72,822.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - RAMADAN FEED THE NEEDY.	9,842.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - QURBANI.	9,675.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - RAMADAN FEED THE NEEDY.	49,150.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - QURBANI.	96,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - RAMADAN FEED THE NEEDY.	24,587.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - QURBANI.	48,552.	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 16

3 Enter total number of other organizations or entities 3

Schedule F (Form 990) 2015

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**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	CHAD - RAMADAN FEED THE NEEDY.	24,570.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD - QURBANI.	145,556.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - RAMADAN FEED THE NEEDY.	24,564.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - QURBANI.	48,510.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	CHINA - QURBANI.	14,519.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - RAMADAN FEED THE NEEDY.	49,129.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI.	97,050.	WIRE	0.		
			SOUTH ASIA	INDIA - QURBANI.	220,556.	WIRE	0.		
			SOUTH ASIA	INDIA - RAMADAN FEED THE NEEDY.	49,131.	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)
		EAST ASIA AND THE PACIFIC	INDONESIA - RAMADAN FEED THE NEEDY.	9,820.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA - QURBANI.	14,623.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - RAMADAN FEED THE NEEDY.	98,290.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI.	48,469.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - RAMADAN FEED THE NEEDY.	24,587.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI.	19,360.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - RAMADAN FEED THE NEEDY.	49,151.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - QURBANI.	67,891.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - QURBANI.	48,530.	WIRE	0.		



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - RAMADAN FEED THE NEEDY.	9,830.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - RAMADAN FEED THE NEEDY.	24,587.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - QURBANI.	24,226.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - RAMADAN FEED THE NEEDY.	24,535.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - QURBANI.	77,630.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - RAMADAN FEED THE NEEDY.	24,561.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - QURBANI.	97,068.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - RAMADAN FEED THE NEEDY.	98,274.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - QURBANI.	48,530.	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 - WATER SUPPLY & IRRIGATION.	288,642.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - RAMADAN FEED THE NEEDY.	9,820.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - QURBANI.	145,563.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - RAMADAN FEED THE NEEDY.	196,576.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - QURBANI.	339,675.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - FEED THE FASTING DURING RAMADAN - GAZA STRIP.	200,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - SUPPORTING GAZA FAMILIES DURING EID AL ADHA.	600,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA - RAMADAN FEED THE NEEDY.	49,160.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA - QURBANI.	97,067.	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	SOUTH AFRICA - RAMADAN FEED THE NEEDY.	9,834.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI.	14,556.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN - RAMADAN FEED THE NEEDY.	19,641.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN - QURBANI.	48,530.	WIRE	0.		
		SOUTH ASIA	SRI LANKA - RAMADAN FEED THE NEEDY.	24,556.	WIRE	0.		
		SOUTH ASIA	SRI LANKA - QURBANI.	145,578.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUDAN - RAMADAN FEED THE NEEDY.	9,846.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUDAN - QURBANI.	97,046.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA - RAMADAN FEED THE NEEDY.	245,697.	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 - QURBANI.	679,238.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - RAMADAN FEED THE NEEDY.	9,814.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - QURBANI.	9,607.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - RAMADAN FEED THE NEEDY.	196,554.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - RAMADAN FEED THE NEEDY.	24,576.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI.	72,751.	WIRE	0.		
		SUB-SAHARAN AFRICA	ZIMBABWE - QURBANI.	48,514.	WIRE	0.		
		SUB-SAHARAN AFRICA	CENTRAL AFRICAN REPUBLIC - CRS					
		SUB-SAHARAN AFRICA	CENTRAL AFRICAN REPUBLIC INTERFAITH	502,065.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - EMPOWERING VULNERABLE YOUTH THROUGH VOCATIONAL EDUCATION AND INCOME	1,262,790.	WIRE	0.		

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - GOAT FARM FOR SUSTAINABLE LIVELIHOOD IN KOSOVO.	48,869	WIRE	0.		
				AFGHANISTAN - TO PROVIDE QUALITY EDUCATION TO ORPHANS THROUGH IMPROVED	547,205	WIRE	0.		
			SOUTH ASIA						
			SUB-SAHARAN AFRICA	BENIN - INSTITUTE ANNOUR SCHOOL PROJECT.	273,200	WIRE	0.		
				GHANA - MUSLIM TEACHERS TRAINING INSTITUTE.	286,860	WIRE	0.		
			SUB-SAHARAN AFRICA						
			MIDDLE EAST AND NORTH AFRICA	LEBANON - PROTECTION OF SYRIAN REFUGEES IN LEBANON PHASE II.	405,419	WIRE	0.		
				GAZA - RIGHT START EARLY CHILD DEVELOPMENT PROGRAM.	500,000	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - IMPROVING THE LIVELIHOODS OF YOUTH IN GAZA: REMOTE EMPLOYMENT AND	307,500	WIRE	0.		
				SOUTH AFRICA - TO FACILITATE FREE EDUCATION FOR VULNERABLE HIGH	329,639	WIRE	0.		
			SUB-SAHARAN AFRICA						
			EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - IR ACADEMY CAPACITY BUILDING.	400,000	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)
				AFGHANISTAN - HUMANITARIAN ASSISTANCE TO THE EARTHQUAKE AFFECTED.	100,177.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - WINTERIZATION ASSISTANCE TO VULNERABLE FAMILIES	250,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GERMANY - SUPPORT FOR THE REFUGEES - HYGIENE KITS.	101,871.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GERMANY - SUPPORTING FOR THE REFUGEES - EID GIFTS.	48,140.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GERMANY - SUPPORT FOR THE REFUGEES - QURBANI.	47,491.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GREECE - EMERGENCY RESPONSE IN MOLYVOS.	302,236.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - FOOD ASSISTANCE FOR MIGRANTS IN ACEH.	94,719.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - RELIEF TO IDPS IN ERBIL AND BOUNDARIES.	409,964.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - RELIEF TO IDPS IN BAGHDAD AND BOUNDARIES.	384,196.	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)

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		MIDDLE EAST AND NORTH AFRICA	IRAQ - WINTERIZATION TO IDPS IN NORTH OF IRAQ.	226,837.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ITALY - MEDITERRANEAN REFUGEE CRISIS.	49,972.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - EMERGENCY HEALTH CARE SERVICE PROVISION FOR SYRIAN REFUGEES IN JORDAN.	1,252,150.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - URGENT WINTERIZATION ASSISTANCE FOR SYRIAN REFUGEES AND	250,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON - PROVIDING WINTERIZATION ITEMS FOR REFUGEES FROM SYRIA.	250,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - BASIC AID TO MIGRANTS -MEDITERRANEAN REFUGEE CRISIS.	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI - EMERGENCY FLOOD RESPONSE.	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MALAYSIA - PROVIDING IMMEDIATE SUPPORT FOR FLOOD AFFECTED PEOPLE OF KELANTAN.	125,912.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR - DELIVERING EMERGENCY HEALTH SERVICES FOR IDPS AND HARD TO REACH	500,000.	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)
		EAST ASIA AND THE PACIFIC	MYANMAR - MULTI PURPOSE CYCLONE PROOF SHELTERS.	183,179.	WIRE	0.		
		SOUTH ASIA	NEPAL - EARTHQUAKE RESPONSE: 1ST PROVISION OF SHELTER.	546,718.	WIRE	0.		
		SOUTH ASIA	NEPAL - EARTHQUAKE RESPONSE: FOOD PACK DISTRIBUTION.	111,462.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - EARTHQUAKE EMERGENCY 2015.	310,946.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - EMERGENCY FOOD ASSISTANCE 2014 IN THE GAZA STRIP PHASE III.	1,000,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - NON FOOD ITEMS (NFI) FOR EMERGENCY DISTRIBUTION IN THE GAZA STRIP.	500,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - TRANSITIONAL SHELTER PROJECT.	506,800.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - HELPING FAMILIES IN GAZA PREPARE FOR WINTER.	500,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SERBIA - IMMEDIATE RELIEF TO REFUGEES IN SERBIA.	200,000.	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)									
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			SUB-SAHARAN AFRICA	SOUTH SUDAN - HUMANITARIAN ASSISTANCE TO MANGATEEN IDP CAMP.	360,941	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - FOOD ASSISTANCE FOR VULNERABLE SYRIAN FAMILIES.	1,016,220	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - WINTERIZATION PROJECT FOR SYRIA 2015-2016.	1,014,460	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - EMERGENCY RESPONSE TO DISPLACEMENT IN NORTHERN SYRIA.	477,078	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - HELPING CONFLICT AFFECTED FAMILIES IN SYRIA COPE THROUGH THE	250,000	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - WASH SUPPORT FOR THE NEEDY VULNERABLE SYRIAN COMMUNITY.	984,748	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA - WINTER CAMPAIGN 2016 FOR THE NORTH EAST OF TUNISIA.	38,304	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE ASSISTANCE TO CONFLICT AFFECTED FAMILIES - AMRAN	97,656	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY MEDICAL ASSISTANCE TO THE ADEN GOVERNORATE.	50,117	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)

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		MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE FOOD ASSISTANCE TO CONFLICT AFFECTED	508,828.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY RESPONSE: FOOD SECURITY, HEALTH, AND WASH SUPPORT TO	488,129.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - LIFESAVING ASSISTANCE TO CHAPALA CYCLONE AND MEG STORMS AFFECTED	250,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GUINEA - THERMOMETERS FOR GUINEA WEST AFRICA.	91,496.	WIRE	0.		
		SOUTH ASIA	INDIA - SUPPORT FOR MEDICAL EQUIPMENT TO FAIZ E AM CHARITABLE HOSPITAL SOCIETY.	121,205.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - INTEGRATED PROGRAM FOR DADAAB CAMP REFUGEES AND HOST COMMUNITY.	1,727,240.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - MALARIA PREVENTION IN DIALAKORODJI.	87,981.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - CATARACT SURGERY 2015.	51,986.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP.	489,447.	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)							
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			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP.	82,921.	WIRE	0.		
				BANGLADESH - ALTERNATIVE ORPHAN FAMILY SPONSORSHIP PROGRAM THROUGH	994,532.	WIRE	0.		
			SOUTH ASIA						
			SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP.	501,487.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - EID GIFTS FOR ORPHANS 2015.	52,430.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA AND HERZEGOVINA - ORPHAN SPONSORSHIP.	207,876.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - ORPHAN SPONSORSHIP.	302,325.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP.	74,507.	WIRE	0.		
			SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP.	438,959.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP.	42,727.	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)

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		MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP.	257,272.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP.	357,246.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP.	265,980.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP.	106,019.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP.	404,358.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP.	324,721.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP.	141,343.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - ORPHAN SPONSORSHIP.	1,259,710.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - INTERVENTIONS TO SUPPORT ORPHANED CHILDREN AFTER THE 2014 HOSTILITIES.	1,025,133.	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)

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		SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP.	178,414.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP.	111,329.	WIRE	0.		
		SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP.	94,826.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - YOU MATTER TO ME: ORPHANS SUPPORT IN TUNISIA.	319,082.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WEST BANK - ORPHAN SPONSORSHIP.	1,280,101.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP.	181,918.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - WATER ACCESS FOR FOUR REMOTE VILLAGES AND AWARENESS RAISING ON	41,678.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - WATER AND SANITATION PROJECT FOR VULNERABLE COMMUNITIES.	113,843.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA - URGENT WATER, SANITATION AND HYGIENE (WASH) PROJECT.	1,533,062.	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)

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		MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY LIFESAVING WATER SUPPLY (WASH) TO CONFLICT AFFECTED	346,750.00	WIRE	0.		
		SUB-SAHARAN AFRICA	LIBERIA - DISPOSABLES	0.		1,029,044.	DISPOSABLES	DONOR VALUATION
		SUB-SAHARAN AFRICA	SIERRA LEONE - DISPOSABLES	0.		303,252.	DISPOSABLES	DONOR VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLES	0.		2,851,182.	DISPOSABLES	DONOR VALUATION
		SUB-SAHARAN AFRICA	NIGER - PHARMACEUTICALS	0.		11,034,131.	PHARMACEUTICALS	IMS, WAC, AWP
		SUB-SAHARAN AFRICA	BURKINA FASO - PHARMACEUTICALS	0.		10,128,283.	PHARMACEUTICALS	IMS, WAC, AWP
		SUB-SAHARAN AFRICA	GUINEA - PHARMACEUTICALS	0.		10,996,372.	PHARMACEUTICALS	IMS, WAC, AWP
		SUB-SAHARAN AFRICA	KENYA - MEDICAL EQUIPMENT	0.		430,662.	MEDICAL EQUIPMENT	DONOR VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - NUTRITIONAL SUPPLEMENTS	0.		403,029.	NUTRITIONAL SUPPLEMENTS	DONOR VALUATION







**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 separately 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; do not file with Form 990) ..... ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ..... ☒ Yes ☐ No

Schedule F (Form 990) 2015

**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:****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: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CENTRAL AFRICAN REPUBLIC - CRS CENTRAL AFRICAN

REPUBLIC INTERFAITH PEACE BUILDING PARTNERSHIP.

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: CHECHNYA - EMPOWERING VULNERABLE YOUTH THROUGH

VOCATIONAL EDUCATION AND INCOME GENERATION PROJECTS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AFGHANISTAN - TO PROVIDE QUALITY EDUCATION TO

ORPHANS THROUGH IMPROVED SUSTAINABLE LIVELIHOODS AND SKILL ENHANCEMENT.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GAZA - IMPROVING THE LIVELIHOODS OF YOUTH IN GAZA:

REMOTE EMPLOYMENT AND VIRTUAL JOBS TRAINING PROGRAM, PHASE II.

**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: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOUTH AFRICA - TO FACILITATE FREE EDUCATION FOR

VULNERABLE HIGH SCHOOL STUDENTS IN A SAFE, PRODUCTIVE ENVIRONMENT.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AFGHANISTAN - WINTERIZATION ASSISTANCE TO

VULNERABLE FAMILIES IN AFGHANISTAN 2015-2016.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: JORDAN - URGENT WINTERIZATION ASSISTANCE FOR

SYRIAN REFUGEES AND VULNERABLE JORDANIAN FAMILIES.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MALAYSIA - PROVIDING IMMEDIATE SUPPORT FOR FLOOD

AFFECTED PEOPLE OF KELANTAN, MALAYSIA.

REGION: EAST ASIA AND THE PACIFIC

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

IDPS AND HARD TO REACH COMMUNITIES IN RAKHINE STATE, MYANMAR PHASE II.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - HELPING CONFLICT AFFECTED FAMILIES IN

SYRIA COPE THROUGH THE WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - EMERGENCY RESPONSE ASSISTANCE TO CONFLICT

AFFECTED FAMILIES - AMRAN GOVERNORATE, YEMEN.

**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: YEMEN - EMERGENCY RESPONSE FOOD ASSISTANCE TO

CONFLICT AFFECTED FAMILIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - EMERGENCY RESPONSE: FOOD SECURITY, HEALTH,

AND WASH SUPPORT TO CONFLICT AFFECTED FAMILIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - LIFESAVING ASSISTANCE TO CHAPALA CYCLONE

AND MEG STORMS AFFECTED PEOPLE IN SHABWAH GOVERNORATE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - ALTERNATIVE ORPHAN FAMILY SPONSORSHIP

PROGRAM THROUGH SUSTAINABLE LIVELIHOODS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - WATER ACCESS FOR FOUR REMOTE VILLAGES

AND AWARENESS RAISING ON CONSCIENTIOUS WATER USE.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - EMERGENCY LIFESAVING WATER SUPPLY (WASH)

TO CONFLICT AFFECTED FAMILIES.

PART III, COL (C):

FOR OTHER ASSISTANCE TO INDIVIDUALS OUTSIDE OF THE US, THE ESTIMATE IS

**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.

BASED ON THE APPROXIMATE NUMBER OF ITEMS PURCHASED - WITH ONE PER

BENEFICIARY,

SCHEDULE F, PART IV, QUESTION 6

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2015

**Open to Public Inspection**

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

## Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		DINNER-ANAHEIM, CALIF	DINNER-ALEXANDRIA, CALIF	68	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	181,930.	163,013.	2,656,808.	3,001,751.
	2 Less: Contributions .....	178,587.	120,455.	2,490,142.	2,789,184.
	3 Gross income (line 1 minus line 2) .....	3,343.	42,558.	166,666.	212,567.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	20,924.	28,050.	460,179.	509,153.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	7,528.	13,940.	436,301.	457,769.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				966,922.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-754,355.	

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

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

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

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information (see instructions).

Part IV	Supplemental Information (continued)
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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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
AL AQABAH ISLAMIC COMMUNITY CENTER 12672 MCDUGALL DETROIT, MI 48212	27-1683825	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	20,000.	5,395.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
AL MAA'UUN 1729 LYNDALE AVENUE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE
AL MAUN NEIGHBORLY NEEDS OF LAS VEGAS NV - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	19,500.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
AMANA REFUGEE SERVICES 10333 HARWIN DRIVE, SUITE 675 HOUSTON, TX 77036	26-3047598	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
AMANA FOUNDATION 101 MOUNTAIN LAUREL LANE MALVERN, PA 19355	52-2226372	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			39.				
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

532101  
10-28-15

**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
ARAB AMERICAN COMMUNITY CENTER OF FLORIDA - 4300 LB MCLEOD, SUITE B - ORLANDO, FL 32811	20-4998635	501(C)(3)	35,000.	2,850.	DONOR VALUATION	HYGIENE KITS	DOMESTIC VIOLENCE PROGRAM: PROVIDE DOMESTIC VIOLENCE WORKSHOPS, EDUCATIONAL SEMINARS, AND
BUILDING YOUTH AROUND THE WORLD 2785 WEST 9000 SOUTH #10 WEST JORDAN, UT 84088	27-0928729	501(C)(3)	10,000.	0.			GOSHUTE INDIAN RESERVATION HUMANITARIAN PROJECT: PROVIDE EDUCATIONAL PROGRAMS AND
CAIR FLORIDA 5405 NW 102 AVENUE, SUITE 201 SUNRISE, FL 33351	65-1110616	501(C)(3)	20,000.	8,265.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
CARTWRIGHT SCHOOL DISTRICT 5220 W INDIAN SCHOOL ROAD PHOENIX, AZ 85031	86-6000517	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE
CHICAGO METROPOLITAN EDUCATIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA) - 15455 SOUTH PARK - SOUTH HOLLAND, IL 60473	36-3806807	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE
CITIWIDE COMPUTER TRAINING CENTER 1818 NEW YORK AVENUE NE, SUITE 11 WASHINGTON, DC 20002	52-1821950	501(C)(3)	10,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE
CITY OF HIALEAH DEPARTMENT OF PARKS & RECREATION - 5601 E 8TH AVE, BLDG #4 - HIALEAH, FL 33013	59-6000335	GOV'T	5,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE
COLLECTIONS AND STORIES OF AMERICAN MUSLIMS - 2315 MARTIN LUTHER KING JR. AVE SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	20,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
CONCORDIA CHARTER SCHOOL 142 NORTH DATE ST MESA, AZ 85201	20-0992947	501(C)(3)	8,000.	0.			USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

Schedule I (Form 990)

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
DALLAS MASJID OF AL-ISLAM 2604 S. HARWOOD DALLAS, TX 75215	75-2941409	501(C)(3)	10,000.	5,415.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
INNER-CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629	36-4167433	501(C)(3)	45,000.	0.			GREEN REENTRY WORKFORCE PROGRAM: PROVIDE TRAINING (LIFE SKILL AND JOB READINESS), JOB PLACEMENT
ISLAMIC SOCIAL SERVICES OF OREGON STATE - 10175 SW BARBUR BOULEVARD, SUITE 100BA - PORTLAND, OR 97219	38-3655438	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
MASJID AN NUR 1729 LYNDALE AVENUE NORTH MINNEAPOLIS, MN 55411	41-1447904	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
MUSLIM ASSOCIATION OF THE NORTHWEST - 5507 238TH STREET SW - MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
MUSLIM SOCIAL SERVICES AGENCY 4307 WENTWORTH ROAD BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	2,850.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	60,000.	4,133.	DONOR VALUATION	HYGIENE KITS	FOOD PANTRY AND CLIENT SERVICES: SERVE THE BRONX COMMUNITY VIA A FOOD PANTRY, AND TO PROVIDE
NATIONAL ISLAMIC ASSOCIATION MASJID AND COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
NISWA ASSOCIATION INC. 25830 S. WESTERN AVENUE HARBOR CITY, CA 90710	33-0447226	501(C)(3)	25,000.	0.			ZAKAT PARTNERSHIP: PROVIDE ACCESS TO LINGUISTICALLY AND CULTURALLY APPROPRIATE

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
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC. - 3210 DR. MARTIN LUTHER KING BLVD. - FORT MEYERS, FL 33902	65-0321309	501(C)(3)	24,998.	0.			LEADERSHIP TRAINING & TEEN CRIME PREVENTION PROGRAM: COMBAT LOW EDUCATIONAL ACHIEVEMENT.
RADIANT HANDS 6914 E. FOWLER AVE. SUITE E TEMPLE TERRACE, FL 33617	20-2966567	501(C)(3)	25,000.	0.			COUNSELING AND SOCIAL WORK PROGRAM: ADDRESS UNDERLYING ISSUES THAT PREVENT CLIENTS FROM DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
SHARE ATLANTA 1352 LARSON CT MARIETTA, GA 30064	26-2389234	501(C)(3)	10,000.	8,266.	DONOR VALUATION	HYGIENE KITS	USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE REFUGEE CASE MANAGEMENT: PROVIDE NEW AND CURRENT STAFF WITH THE TRAINING AND KNOWLEDGE TO
SHARE INDIANAPOLIS, INC 4088 MILLERSVILLE ROAD INDIANAPOLIS, IN 46205	26-3114659	501(C)(3)	10,000.	0.			REFUGEE INTEGRATION INITIATIVE: STRENGTHEN CASE MANAGEMENT SERVICES, ACCULTURATING NEWLY
SOMALI COMMUNITY RESETTLEMENT SERVICES INC. - 1312 1/2 7TH ST NW, SUITE 206 - ROCHESTER, MN 55901	31-1668255	501(C)(3)	40,000.	0.			FEEDING PROGRAM: PROVIDE STAPLE GROCERY ITEMS TO FAMILIES IN THE JERSEY CITY AREA.
SOMALI FAMILY SERVICE OF SAN DIEGO 6035 UNIVERSITY AVENUE, STE. 6 SAN DIEGO, CA 92115	91-2065038	501(C)(3)	50,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DOMESTIC VIOLENCE PREVENTION WORKSHOP: TO CREATE A NEW DOMESTIC VIOLENCE PREVENTION
THE BUILDING BLOCKS OF NEW JERSEY 716 PALISADE AVENUE UNION CITY, NJ 07087	27-3646101	501(C)(3)	10,000.	0.			GREEN REENTRY WORKFORCE PROGRAM: PROVIDE A HOLISTIC APPROACH TO ENSURE THE CLIENT'S
THE FAMILY AND YOUTH INSTITUTE 4694 CEMETERY RD. #193 HILLIARD, OH 43026	20-4097808	501(C)(3)	10,000.	0.			
TIMELIST GROUP INC 1328 DECOTO ROAD, SUITE 124 UNION CITY, CA 64587	46-0881011	501(C)(3)	25,000.	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
UNITED IN SERVICE FOR HUMANITY 1269 E LORRAINE DR. SALT LAKE CITY, UT 84106	45-4704947	501(C)(3)	10,000.	4,133.	DONOR VALUATION	HYGIENE KITS	DAY OF DIGNITY: PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC - 711 W. FLORENCE AVENUE - LOS ANGELES, CA 90044	95-4666712	501(C)(3)	50,000.	0.			BRIDGING THE GAP: UNCOMPENSATED CARE FOR THE UNDER AND UNINSURED: PATIENTS RECEIVE CARE
WAFI HOUSE INC 246 CLIFTON AVENUE, SUITE 21 CLIFTON, NJ 07011	20-0845890	501(C)(3)	85,000.	0.			SUBSTANTIALLY EXPANDING CLIENT IMPACT: SERVICE MUSLIM AND IMMIGRANT FAMILIES IN CRISIS BY
WESLEY HOUSING DEVELOPMENT CORPORATION - 5515 CHEROKEE AVENUE STE 200 - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	20,000.	0.			GIVING GRAIN PANTRY: PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH
WINSTON-SALEM STATE UNIVERSITY FOUNDATION, INC. - 601 S MARTIN LUTHER KING JR. DR. 304 BLAIR HALL - WINSTON-SALEM, NC 27110	56-0989620	501(C)(3)	24,500.	0.			WSSU AND PT AND OT CLINIC: EXPAND AND IMPROVE THE PHYSICAL THERAPY AND OCCUPATIONAL
ZAMAN INTERNATIONAL 5203 SCHAEFER ROAD DEARBORN, MI 48126	20-1946065	501(C)(3)	25,000.	0.			BAYT AL-ZAHRA EMERGENCY SERVICES AND FOOD FUNDING: PROVIDE SUSTAINABLE RELIEF TO

Schedule I (Form 990)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
PURCHASES OF MEAT FOR QURBANI	53500	0.	267,943.	INVOICE	FOOD
FOOD PURCHASES OF GIVING GRAIN PANTRY	1200	0.	3,076.	INVOICE	FOOD
PURCHASES OF TURKEYS FOR THANKSGIVING DISTRIBUTION	1500	0.	22,899.	INVOICE	FOOD
MEALS FOR MARTIN LUTHER KING JR. DAY OF SERVICE	300	0.	3,171.	INVOICE	FOOD
SCHOOL SUPPLY KITS FOR DAY OF DIGNITY	1990	0.	25,429.	INVOICE	SCHOOL SUPPLIES

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2:**

PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

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

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

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

(IRS):

- CURRENT STATE REGISTRATIONS.

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: AL AQABAH ISLAMIC COMMUNITY CENTER

(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 INSHIRAH ISLAMIC CENTER

(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), USDA SUMMER  
FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN  
LOW-INCOME AREAS HAVE CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE  
LONG SUMMER VACATION WHEN THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS  
AND LUNCHES THAT THEY WOULD NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: AL MAA'UUN

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:  
PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE  
CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN  
THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD  
NORMALLY RECEIVE AT SCHOOL.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

AL MAUN NEIGHBORLY NEEDS OF LAS VEGAS NV

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL. 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: 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: AMANA FOUNDATION

(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:

ARAB AMERICAN COMMUNITY CENTER OF FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: DOMESTIC VIOLENCE PROGRAM: PROVIDE

DOMESTIC VIOLENCE WORKSHOPS, EDUCATIONAL SEMINARS, AND ESTABLISHING AN

EMERGENCY REFERRAL SYSTEM FOR CLIENTS. 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: BUILDING YOUTH AROUND THE WORLD

(H) PURPOSE OF GRANT OR ASSISTANCE: GOSHUTE INDIAN RESERVATION

HUMANITARIAN PROJECT: PROVIDE EDUCATIONAL PROGRAMS AND RESOURCES NEEDED

TO THE CHILDREN AT GOSHUTE PRESCHOOL DEVELOPMENT CENTER AND IBAPAH

ELEMENTARY SCHOOL.

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: CARTWRIGHT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

CHICAGO METROPOLITAN EDUCATIONAL CENTER FOR COMMUNITY ADVANCEMENT (CMECCA)

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: CITIWIDE COMPUTER TRAINING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

Schedule I (Form 990)

**Part IV** Supplemental Information

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF HIALEAH DEPARTMENT OF PARKS & RECREATION

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

COLLECTIONS AND STORIES OF AMERICAN MUSLIMS

(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). GIVING GRAIN

PANTRY: PROVIDE EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER

THROUGH DIRECT SERVICE AND THE ESTABLISHMENT OF A FOOD PANTRY.

NAME OF ORGANIZATION OR GOVERNMENT: CONCORDIA CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

**Part IV** Supplemental Information

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

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT: INNER-CITY MUSLIM ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GREEN REENTRY WORKFORCE PROGRAM:

PROVIDE TRAINING (LIFE SKILL AND JOB READINESS), JOB PLACEMENT AND CASE

MANAGEMENT FOR FORMERLY INCARCERATED INDIVIDUALS.

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: MASJID AN NUR

(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 THE 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 SOCIAL SERVICES AGENCY

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

**Part IV Supplemental Information**

CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED

POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES).

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PANTRY AND CLIENT SERVICES:

SERVE THE BRONX COMMUNITY VIA A FOOD PANTRY, AND TO PROVIDE CAPACITY

SUPPORT FOR EMERGENCY ASSISTANCE AND CASE MANAGEMENT SERVICES, 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:

NATIONAL ISLAMIC ASSOCIATION MASJID AND COMMUNITY CENTER

(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: NISWA ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ZAKAT PARTNERSHIP: PROVIDE ACCESS TO

LINGUISTICALLY AND CULTURALLY APPROPRIATE SOCIAL SERVICES AMONG SOUTH

ASIAN MUSLIM IMMIGRANT WOMEN AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LEADERSHIP TRAINING & TEEN CRIME

PREVENTION PROGRAM: COMBAT LOW EDUCATIONAL ACHIEVEMENT, CHRONIC POVERTY

AND VIOLENCE WITHIN FORT MYERS.



**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: RADIANT HANDS

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING AND SOCIAL WORK PROGRAM:

ADDRESS UNDERLYING ISSUES THAT PREVENT CLIENTS FROM ACCESSING THE

SERVICES THEY NEED BY PROVIDING FREE COUNSELING AND CASE MANAGEMENT

(SOCIAL WORK).

NAME OF ORGANIZATION OR GOVERNMENT: SHARE ATLANTA

(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 INDIANAPOLIS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: USDA SUMMER FOOD SERVICE PROGRAM:

PROVIDE CAPACITY TO ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE

CONTINUED ACCESS TO NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION WHEN

THEY DO NOT HAVE ACCESS TO REGULAR BREAKFASTS AND LUNCHES THAT THEY WOULD

NORMALLY RECEIVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

SOMALI COMMUNITY RESETTLEMENT SERVICES INC.

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

AND CURRENT STAFF WITH THE TRAINING AND KNOWLEDGE TO UNDERSTAND THE U.S.

REFUGEE ADMISSIONS PROGRAM AND TO MENTOR NEWLY ARRIVED REFUGEE FAMILIES

IN BECOMING SELF-SUFFICIENT WHILE ASSISTING THEM WITH BASIC NEEDS.

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

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

Schedule I (Form 990)

**Part IV Supplemental Information**

STRENGTHEN CASE MANAGEMENT SERVICES, ACCULTURATING NEWLY ARRIVED REFUGEES  
TO THE U.S. AND CONNECTING THEM WITH COMMUNITY RESOURCES TO MEET THEIR  
NEEDS. 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: THE FAMILY AND YOUTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: DOMESTIC VIOLENCE PREVENTION

WORKSHOP: TO CREATE A NEW DOMESTIC VIOLENCE PREVENTION WORKSHOP, BUILDING  
UPON THE FOUNDATION OF THE EXISTING PRE-MARRIAGE WORKSHOP.

NAME OF ORGANIZATION OR GOVERNMENT: TIMELIST GROUP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GREEN REENTRY WORKFORCE PROGRAM:

PROVIDE A HOLISTIC APPROACH TO ENSURE THE CLIENT'S SUCCESS UPON RE-ENTRY  
BY FOCUSING ON TOOLS FOR EMPLOYMENT, EDUCATIONAL/ECONOMIC EMPOWERMENT,  
ONE ON ONE COUNSELING/MENTORING SERVICES AND LIFE SKILLS ASSESSMENT AND  
DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED IN SERVICE FOR HUMANITY

(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 MUSLIM MEDICAL ASSOCIATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGING THE GAP: UNCOMPENSATED CARE

FOR THE UNDER AND UNINSURED: PATIENTS RECEIVE CARE REGARDLESS OF ABILITY  
TO PAY, IMMUNIZATIONS FOR PEDIATRIC PATIENTS, AND CARE FOR ADULTS WITH

Schedule I (Form 990)

**Part IV** Supplemental Information

DIABETES.

NAME OF ORGANIZATION OR GOVERNMENT: Wafa House Inc

(H) PURPOSE OF GRANT OR ASSISTANCE: SUBSTANTIALLY EXPANDING CLIENT

IMPACT: SERVICE MUSLIM AND IMMIGRANT FAMILIES IN CRISIS BY ALIGNING

EMERGENCY CASH AID WITH ONGOING RECOVERY SKILLS AND SERVICES, AND TO HELP

IMPROVE SENSITIVITY TO MUSLIM/CULTURAL VALUES AMONG REGIONAL PROFESSIONALS

WHO GIVE CARE TO MUSLIM AND IMMIGRANT FAMILIES IN CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT:

Wesley Housing Development Corporation

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING GRAIN PANTRY: PROVIDE

EMERGENCY FOOD SERVICES FOR INDIVIDUALS FACING HUNGER THROUGH DIRECT

SERVICE AND THE OPERATION OF A FOOD PANTRY.

NAME OF ORGANIZATION OR GOVERNMENT:

WINSTON-SALEM STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WSSU AND PT AND OT CLINIC: EXPAND

AND IMPROVE THE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICES AT THE

COMMUNITY CARE CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: ZAMAN INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: BAYT AL-ZAHRA EMERGENCY SERVICES AND

FOOD FUNDING: PROVIDE SUSTAINABLE RELIEF TO WOMEN AND CHILDREN IN CRISIS

(FOOD, CLOTHING, SHELTER).

PART III, COLUMN (B) NUMBER OF RECIPIENTS:

FOR DOMESTIC OTHER ASSISTANCE TO INDIVIDUALS, BENEFICIARY NUMBERS ARE

Schedule I (Form 990)

**Part IV** Supplemental Information

DETERMINED FROM PROJECT REPORTS AND IRUSA'S PROGRAM STAFF BEST

ESTIMATES. ESTIMATES INCLUDE THE NUMBER OF FOOD PACKAGES OR OTHER

ASSISTANCE - MULTIPLIED BY A FIXED AVERAGE OF PERSONS PER FAMILY.

Empty lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.**

▶ **Information about Schedule J (Form 990) 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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported on 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2015



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:

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)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ **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

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61	391,625	MARKET PRICE AT DONATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	49,727,207	DONR VAL, IMS, WAC, AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( NUTRITIONAL S )	X	1	403,029	DONOR VALUATION
26 Other ( HYGIENE KITS )	X	1	78,500	DONOR VALUATION
27 Other ( )				
28 Other ( )				

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

29

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

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

Schedule M (Form 990) (2015)



**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:

CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) IS A 501(C)(3)

CHARITABLE ORGANIZATION THAT ACCEPTS VEHICLE DONATIONS TO SUPPORT ITS

CHARITABLE PURPOSE AND HELPS OTHER NON-PROFITS WITH THEIR VEHICLE

DONATION PROGRAM. THE DONOR SPECIFIES TO CARS TO WHICH CHARITY THE

SHARED NET PROCEEDS OF THE VEHICLE SALE SHOULD GO. ONCE THE VEHICLE IS

AUCTIONED, THE PROCEEDS ARE SENT TO THE PRESELECTED CHARITY. AT NO TIME

DOES IRUSA 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.

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

OMB No. 1545-0047

**2015**

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Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

RACE, OR RELIGION, AND WORKS TO EMPOWER INDIVIDUALS IN THEIR

COMMUNITIES AND GIVE THEM A VOICE IN THE WORLD.

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

ISLAMIC RELIEF (IRUSA) ENJOYED THE SERVICE OF AN ESTIMATED 1,500

VOLUNTEERS ACROSS THE COUNTRY DURING 2015.

IRUSA OFFERS VOLUNTEER OPPORTUNITIES INCLUDING ORGANIZING EVENTS,

ASSISTING IN FOOD PACKAGE ASSEMBLY, PROVIDING ADMINISTRATIVE SUPPORT IN

AN OFFICE ENVIRONMENT, AND VARIOUS OTHER PROGRAMS THAT AID COMMUNITIES

IN NEED. THE DISASTER RESPONSE TEAM (DRT) IS A DEDICATED GROUP OF IRUSA

VOLUNTEERS WHO UNDERGO TRAINING IN DISASTER SERVICES TO HELP U.S.

COMMUNITIES DURING OR AFTER DISASTERS SUCH AS TORNADOES AND FLOODS,

MANY TIMES WORKING IN PARTNERSHIP WITH THE AMERICAN RED CROSS. WE

CONTINUE TO SUPPORT COMMUNITIES AROUND THE COUNTRY THROUGH OUR

MEMBERSHIP IN THE NATIONAL VOAD (VOLUNTARY ORGANIZATIONS ACTIVE IN

DISASTER).

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

AND ESTABLISH LONG-LASTING PROGRAMS TO SERVE HOMELESS AND LOW-INCOME

AMERICANS IN OUR LOCAL COMMUNITIES; THESE EVENTS ARE MEANT TO FOSTER

THE SPIRIT OF SERVICE AND VOLUNTEERISM ALL YEAR ROUND. WE ALSO

IMPLEMENT AND SUPPORT A RANGE OF OTHER PROGRAMS YEAR-ROUND, SUCH AS

FOOD PANTRIES, HEALTH CLINICS AND SAVING INCENTIVE PROGRAMS THROUGHOUT

THE UNITED STATES.

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

INTERESTED IN VOLUNTEERING WITH IRUSA? WE HAVE TWO WAYS TO BECOME INVOLVED: REGISTER TO BE AN OFFICIAL VOLUNTEER AND IRUSA WILL NOTIFY YOU WHEN A VOLUNTEER OPPORTUNITY BECOMES AVAILABLE; OR CONTACT IRUSA WITH AN IDEA FOR A PROJECT AND WE CAN TRY TO RALLY OUR RESOURCES AROUND YOU. OUR VOLUNTEER OPPORTUNITIES RANGE FROM LARGE PROJECTS IN THE COMMUNITY TO SMALL ONES AT THE TOUCH OF YOUR FINGERTIPS THROUGH ADMINISTRATIVE TASKS OR BY JOINING OUR ONLINE MOVEMENT THROUGH WEBSITES SUCH AS LAUNCHGOOD.

VOLUNTEERING FOR IRUSA CAN BE THE ANSWER TO THE QUESTION "HOW CAN I HELP?" PLEASE LOG ON TO WWW.IRUSA.ORG/VOLUNTEER AND SIGN UP SOON OR EMAIL US AT VOLUNTEER@IRUSA.ORG-WE LOOK FORWARD TO HEARING FROM YOU.

FORM 990, PART I PART VI, AND PART VII - BOARD COUNT  
A TOTAL OF SIX PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE CALENDAR YEAR. THOSE SIX ARE SHOWN IN PART VII OF FORM 990. AS OF DECEMBER 31, 2015 THERE WERE A TOTAL OF FIVE VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
FOCUSED ON RECOGNIZING THE SIGNS OF MALARIA, PROPER USE OF LONG-LASTING INSECTICIDE TREATED MOSQUITO NETS, USE OF LOCAL PLANTS FOR EFFECTIVE MOSQUITO REPELLENT AND VECTOR CONTROL.

- THERMOMETERS FOR GUINEA: PROVIDED 2,050 THERMOMETERS TO INSTITUTIONS

Name of the organization	ISLAMIC RELIEF USA	Employer identification number	95-4453134
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AND AGENCIES ENGAGED DIRECTLY IN THE EBOLA RESPONSE ACTIVITIES IN

GUINEA TO HELP WITH EARLY DETECTION OF THE EBOLA VIRUS, ENSURING

PATIENTS CAN RECEIVE APPROPRIATE CARE AND PREVENT THE SPREAD OF

INFECTION.

- NIGER CATARACT SURGERY 2015: RESTORING SIGHT AND PREVENTING BLINDNESS

BY PROVIDING TREATMENT FOR 2,000 PEOPLE WITH EYE DISEASE, INCLUDING

SURGICAL INTERVENTION FOR 500 INDIVIDUALS WITH CATARACTS.

IN 2015, IRUSA ALSO CONTRIBUTED OR DELIVERED PHARMACEUTICALS,

DISPOSABLES, NUTRITIONAL SUPPLEMENTS, AND MEDICAL EQUIPMENT TO NINE

COUNTRIES: LIBERIA, SIERRA LEONE, TURKEY, NIGER, BURKINA FASO, GUINEA,

KENYA, MOROCCO AND DJIBOUTI. THIS HELPED MILLIONS OF VULNERABLE

INDIVIDUALS ACCESS BETTER HEALTH CARE.

ESTIMATED BENEFICIARIES FOR THE DURATION OF HEALTH AND NUTRITION

PROJECTS: 5,877,471.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DATES, SESAME JUICE, TEA AND BREAD. HYGIENE KIT ITEMS INCLUDED SOAP,

DETERGENT POWDER, ANTISEPTIC SOLUTION, NAIL CUTTER, TOOTH BRUSHES,

TOOTH PASTE, TOWEL, SANITARY NAPKINS AND BABY DIAPERS (WHEN AND IF

NECESSARY).

- EMERGENCY RESPONSE ASSISTANCE TO CONFLICT AFFECTED FAMILIES-AMRAN

GOVERNORATE, YEMEN: MET THE URGENT FOOD NEEDS OF 1,000 INTERNALLY

DISPLACED FAMILIES (APPROX. 7,000 INDIVIDUALS) IN AMRAN GOVERNORATE OF

YEMEN VIA THE DISTRIBUTION OF FOOD PACKAGES CONTAINING 45KGS OF FLOUR.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

10KGS OF RICE, 9,6KGS OF RED BEANS, 4 LITERS OF COOKING OIL AND 10KGS

OF SUGAR.

- EMERGENCY RESPONSE TO DISPLACEMENTS IN NORTHERN SYRIA; PROVIDED

EMERGENCY FOOD PACKAGES TO 13,032 INTERNALLY DISPLACED SYRIAN

HOUSEHOLDS (APPROX. 67,500 INDIVIDUALS) IN ALEPPO AND IDLIB TO HELP

MEET BASIC FOOD NEEDS. EMERGENCY FOOD PARCELS INCLUDED RICE, RED

LENTILS, OLIVE OIL, MARGARINE, TOMATO PASTE, SUGAR, BULGUR, JAM, TUNA

FISH CANS, CORN OIL, OLIVES AND PLAIN SESAME HALVA.

- NEPAL EARTHQUAKE RESPONSE FIRST PROVISION OF SHELTER: PROVIDED 678

TENTS TO 678 HOUSEHOLDS (3,777 INDIVIDUALS) TO SERVE AS TEMPORARY

SHELTERS FOR FAMILIES WHOSE HOMES WERE DESTROYED BY THE APRIL 2015 7.8

MAGNITUDE EARTHQUAKE IN NEPAL. IN ADDITION, 3 TENTS WERE PROVIDED TO

HOSPITALS AND 30 TO THE WORLD FOOD PROGRAM TO ESTABLISH A HUMANITARIAN

LOGISTICS HUB IN REMOTE AREAS.

- EMERGENCY FLOOD RESPONSE (MALAWI): PROVIDED 12,327 FLOOD AFFECTED

INDIVIDUALS WITH NON FOOD ITEMS (POTS, BUCKETS, PLATES, CUPS, BATHING

SOAP, WASHING SOAP, BLANKETS AND PLASTIC SHEETING) AND FOOD PACKAGES

CONTAINING CORN FLOUR, COW PEAS, SUGAR, COOKING OIL, AND SALT.

- EMERGENCY RESPONSE IN MOLYVOS (GREECE): ESTABLISHED THE INTERNATIONAL

RESCUE COMMITTEE'S PROTECTION PRESENCE IN NORTH LESVOS CATERING TO

REFUGEES FROM COUNTRIES SUCH AS SYRIA, IRAQ AND AFGHANISTAN ATTEMPTING

TO REACH EUROPE BY SEA. THIS PROJECT PROVIDED INFORMATION DISSEMINATION

ON THE REGISTRATION PROCESS, RIGHTS AND THE ASYLUM PROCESS TO 30,278

REFUGEES ARRIVING FROM MOLYVOS TO MYTILENE ISLAND, AND IDENTIFIED AND

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

REFERRED 519 CASES OF INDIVIDUALS NEEDING PROTECTIVE SERVICES AND ASSISTANCE (I.E., UNACCOMPANIED MINORS, PEOPLE WITH DISABILITIES REQUIRING ASSISTANCE AND NON-EMERGENCY MEDICAL REFERRALS).

- IMMEDIATE RELIEF TO REFUGEES IN SERBIA; PROVIDED 16,500 REFUGEES MAKING THEIR WAY THROUGH SERBIA'S SID BORDER CROSSING WITH ONE OR MORE OF THE FOLLOWING ITEMS BASED ON NEED: FOOD PACKAGES, HYGIENE PACKS, CLOTHING (JACKETS, VESTS, UNDERWEAR, SOCKS, BOOTS, SNEAKERS, LONG SLEEVE T-SHIRTS, BLANKETS AND BACKPACKS), AND/OR BABY CARE PACKAGES.

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 1,272,665.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- INTERVENTION TO SUPPORT ORPHANED CHILDREN AFTER THE 2014 HOSTILITIES (GAZA): PROVIDING 1,000 ORPHANS WITH A PACKAGE OF ASSISTANCE CONSISTING OF A MODEST MONTHLY ALLOWANCE, CLOTHING FOR THOSE MOST IN NEED AND RECREATIONAL ACTIVITIES OVER A PERIOD OF 12 MONTHS. IN ADDITION, MONTHLY AWARENESS SESSIONS FOR ORPHAN CUSTODIANS IS BEING ORGANIZED AND 100 ORPHANS OVER 16 YEARS OF AGE WILL SOON BENEFIT FROM VOCATIONAL TRAINING SUPPORT.

- ALTERNATIVE ORPHAN SPONSORSHIP PROGRAM THROUGH SUSTAINABLE LIVELIHOODS (BANGLADESH): ALTHOUGH THIS PROJECT IS STILL ONGOING UNTIL THE YEAR 2019, AT ITS CONCLUSION IT WILL HAVE FACILITATED ECONOMIC SECURITY AND INCREASED AWARENESS OF SOCIAL RIGHTS AND PROTECTION FOR 700 ORPHANS AND THEIR HOUSEHOLDS VIA FACILITATING THE RETURN TO FORMAL SCHOOLING FOR CHILDREN/YOUTH, ENTRY TO VOCATIONAL TRAINING FOR OLDER

CHILDREN, PROVISION OF HEALTH AND MEDICAL ASSISTANCE, PROMOTION OF

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

COMMUNITY LED TOTAL SANITATION ACTIVITIES, ESTABLISHING VILLAGE SAVINGS

GROUPS AND SKILLS TRAINING AND BUSINESS PLAN DEVELOPMENT FOR HOUSEHOLDS

FOR THE ESTABLISHMENT OF LIVELIHOOD ACTIVITIES AND CONNECTING THEM TO

THE MARKET PLACE.

EID GIFTS FOR BOSNIA ORPHANS: DISTRIBUTED EID GIFTS PACKAGES TO 1,300

ORPHANS CONTAINING THE FOLLOWING ITEMS (SCHOOL BAGS, BACKPACKS,

PUZZLES, CHESS SET, CHOCOLATE, NOTEBOOKS, CRAYONS, PAINT, MARKERS, AN

ORGANIZER, PEN SET AND A HYGIENIC SET, CONTAINING SHAMPOO, SOAP,

TOOTHPASTE AND A TOOTH BRUSH).

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 22,910.

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

AGRICULTURE & 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: 963,673.

EXPENSES \$ 5,867,235. INCLUDING GRANTS OF \$ 5,461,521. 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.

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

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 11,558.

EXPENSES \$ 1,949,943. INCLUDING GRANTS OF \$ 1,813,724. REVENUE \$ 0.

WATER, SANITATION & HYGIENE:

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,

SANITATION, AND WATER SUPPLY.

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 168,103.

EXPENSES \$ 2,188,203. INCLUDING GRANTS OF \$ 2,035,335. 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: 19,851.

EXPENSES \$ 3,274,884. INCLUDING GRANTS OF \$ 3,049,823. REVENUE \$ 0.

US PROGRAMS:

TWO 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).

NON-RECURRING PROGRAMS INCLUDED FOOD PROGRAMS, HEALTH AND WELLNESS

INITIATIVES AND EDUCATION ASSISTANCE IN ADDITION TO OTHER DOMESTIC



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

INITIATIVES, THE IRUSA DISASTER RESPONSE TEAM AND THEIR INITIATIVES IN

PREPAREDNESS AND RESPONSE ALSO FALLS INTO THIS MAJOR PROGRAM CATEGORY.

ESTIMATED BENEFICIARIES FOR THE DURATION OF THE PROJECTS: 105,243.

EXPENSES \$ 1,496,492, INCLUDING GRANTS OF \$ 1,333,117, REVENUE \$ 0.

FORM 990, PART IV, LINE 12

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:

THE BYLAWS WERE AMENDED TO INCREASE THE NUMBER OF CONSECUTIVE TERMS TO

THREE FOUR-YEAR TERMS. PREVIOUSLY, BOARD MEMBERS COULD SERVE THREE

CONSECUTIVE TERMS WITH A TWO-THIRDS MAJORITY VOTE AFTER COMPLETION OF THE

SECOND TERM.

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

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

OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET, FILED 122 W-2'S

ON BEHALF OF IRUSA.

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

TRINET (TRINET GROUP, INC.) IS A PROFESSIONAL EMPLOYER ORGANIZATION

HEADQUARTERED AT 1100 SAN LEANDRO BLVD # 400, SAN LEANDRO, CA 94577,

(888) 874-6388.

TRINET PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL, HEALTH

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

EIN IS 48-1304650.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, PREPARED BY

EXTERNAL LEGAL COUNSEL, ANNUALLY. THE CONFLICT OF INTEREST STATEMENT IS

COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS ANNUALLY.

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

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, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NJ, NH, NM, NY, OK, OR, PA, RI, SC

TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

IRUSA'S FINANCIAL STATEMENTS ARE AVAILABLE AT: WWW.IRUSA.ORG, GOVERNING

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

AT: OFFICIAL@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:

GRANT REFUNDS

408,553.

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## 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]

Schedule R (Form 990) 2015



**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		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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

OMB No. 1545-1709

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

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization 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. 3655 WHEELER AVE.	Social security number (SSN)
	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-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, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ **X** calendar year **2015** 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.