

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

**2016**

Open to Public Inspection

**A** For the **2016** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>ISLAMIC RELIEF USA</b>		<b>D</b> Employer identification number  <b>95-4453134</b>
	Doings business as <b>ISLAMIC RELIEF/IRUSA</b>		<b>E</b> Telephone number  <b>703-370-7202</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>105,044,512.</b>
	<b>3655 WHEELER AVE.</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>ALEXANDRIA, VA 22304</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>KHALED LAMADA</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.IRUSA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>134</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1500</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>109,204,699.</b>	<b>104,682,885.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>127,143.</b>	<b>0.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-754,355.</b>	<b>-1,636,896.</b>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>108,577,487.</b>	<b>103,045,989.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>82,711,926.</b>	<b>103,323,633.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>8,158,351.</b>	<b>9,208,222.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>10,272,864.</b>	<b>9,880,251.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>101,143,141.</b>	<b>122,412,106.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>7,434,346.</b>	<b>-19,366,117.</b>	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	<b>57,032,526.</b>	<b>40,324,269.</b>
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,734,467.</b>	<b>16,859,884.</b>
			<b>41,298,059.</b>	<b>23,464,385.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>
	<b>SHARIF ALY, INTERIM CEO</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>
	<b>WILLIAM E. TURCO, CPA</b>	<b>OCT 31 2017</b>
	<b>Firm's name</b> <b>RSM US LLP</b>	<b>Firm's EIN</b> <b>42-0714325</b>
	<b>Firm's address</b> <b>9737 WASHINGTONIAN BLVD., #400</b> <b>GAITHERSBURG, MD 20878-7340</b>	<b>Phone no. (301) 296-3600</b>

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

☒**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 \$ 56,251,979, including grants of \$ 52,998,136, ) (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:**

- NIGER CATARACT SURGERY PHASE 2: RESTORING SIGHT AND PREVENTING  
BLINDNESS BY PROVIDING TREATMENT FOR 1,500 PEOPLE WITH EYE DISEASE,  
INCLUDING SURGICAL INTERVENTION FOR 500 INDIVIDUALS WITH CATARACTS.

**4b** (Code: ) (Expenses \$ 15,153,948, including grants of \$ 14,306,738, ) (Revenue \$ )**EMERGENCY RESPONSE & PREPAREDNESS:**

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, HOUSEHOLD ITEMS AND  
EMERGENCY MEDICAL ASSISTANCE.

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

- EMERGENCY RESPONSE TO NEW DISPLACEMENT FROM EASTERN ALEPPO CITY:  
PROVIDED FOOD, HOUSEHOLD ITEMS, AND HEATING KITS TO APPROXIMATELY  
100,000 INDIVIDUALS NEWLY DISPLACED FROM EASTERN ALEPPO CITY TO  
NORTHERN AND WESTERN ALEPPO. FOOD PACKAGE ITEMS INCLUDED TUNA FISH,  
DATES, OLIVES, JAM, BISCUITS, OLIVE OIL, SUGAR AND ZAATAR.

**4c** (Code: ) (Expenses \$ 13,365,914, including grants of \$ 12,586,692, ) (Revenue \$ )**FOOD SECURITY AND LIVELIHOOD:**

INCLUDES ACTIVITIES RELATED TO FISHERIES, LIVESTOCK, PESTS AND  
PESTICIDES, SEED SYSTEMS AND AGRICULTURAL INPUTS, VETERINARY MEDICINES  
AND VACCINES, ALSO 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.

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

INTEGRATED LIVELIHOOD FOR THE MOST VULNERABLE IN SOMALIA (LIVES):  
IMPROVING HOUSEHOLD INCOME AND FOOD SECURITY FOR 300 MARGINAL FARMERS'  
HOUSEHOLDS, AMONG WHICH 60% ARE DESTITUTE WOMEN AND WIDOWS, AND TO

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

(Expenses \$ 24,423,992, including grants of \$ 23,432,067, ) (Revenue \$ )

**4e** Total program service expenses 109,195,833.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	
22 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	
23 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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <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 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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 <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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	81	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	x	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	134	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		x
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		x
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	x	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	x	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	x
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	<input checked="" type="checkbox"/>	
<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>		<input checked="" type="checkbox"/>

**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>		<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
<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) HAMDY RADWAN VICE CHAIR FROM 08/27/16	3.00	X		X				0.	0.	0.
(3) HAMADI BENGABSIA VC & TREAS. (08/2016), TREASURER	3.00	X		X				0.	0.	0.
(4) MOHAMED AMR ATTAWIA DIRECTOR	3.00	X						0.	0.	0.
(5) IHAB M. HAMDI SAAD DIRECTOR	3.00	X						0.	0.	0.
(6) KHALED HAMADE DIRECTOR, COO, DOO (SEE SCH O)	40.00	X		X				118,535.	0.	26,447.
(7) ANWAR AHMAD KHAN CHIEF EXECUTIVE OFFICER	40.00			X				171,649.	0.	31,024.
(8) TAREQ OSMAN CONTROLLER	40.00			X				144,298.	0.	35,495.
(9) SHARIF ALY ADVOCACY COUNSEL & CORP SEC.	40.00			X				102,998.	0.	32,309.
(10) AZHAR AZEEZ DIR. OF FUND DIVISION	40.00					X		132,550.	0.	34,994.
(11) DAVID HAWA DIR OF COMMUNICATIONS	40.00					X		116,401.	0.	38,891.
(12) YOUSEF ABDALLAH EAST ZONAL MANAGER	40.00					X		106,710.	0.	40,592.
(13) ARIF MEHMOOD DIRECTOR OF PROGRAMS	40.00					X		109,030.	0.	19,589.
(14) DAWN SIKORSKI CORPORATE COUNSEL	40.00					X		105,973.	0.	25,856.

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total .....</b>								<b>1,108,144.</b>	<b>0.</b>	<b>285,197.</b>
<b>c Total from continuation sheets to Part VII, Section A .....</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c) .....</b>								<b>1,108,144.</b>	<b>0.</b>	<b>285,197.</b>

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

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on  
line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization  
and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services  
rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		x
4	x	
5		x

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE INC., 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043-1351	SOFTWARE/ONLINE STORAGE/ADVERTISING	292,118.
XPRESS GRAPHICS INC. 17226 SOUTH FIGUEROA ST, GARDENA, CA 90248	PRINT MATERIALS	215,300.
REACH MEDIA INC., 1110 SOUTH AVE. SUITE 403, STATEN ISLAND, NY 10314	TELEVISION ADVERTISING	210,914.
JACKSON RIVER, LLC 2535 13TH ST. NW #005, WASHINGTON, DC 20009	ONLINE PLATFORM PROJECT MANAGEMENT	180,075.
GLOBAL PRINTING 3670 WHEELER AVE. ALEXANDRIA, VA 22304	PRINT MATERIALS	161,575.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5
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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) 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	3,088,066.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	101,594,819.			
	g Noncash contributions included in lines 1a-1f: \$		41,025,516.			
	<b>h Total. Add lines 1a-1f</b>		104,682,885.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>						
<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					
		(i) Real (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 3,088,066. of contributions reported on line 1c). See Part IV, line 18	a	361,025.			
	b Less: direct expenses	b	1,998,523.			
	c Net income or (loss) from fundraising events		-1,637,498.			-1,637,498.
	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>		<b>Business Code</b>				
11 a OTHER INCOME	900099	602.			602.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		602.				
<b>12 Total revenue. See instructions.</b>		103,045,989.	0.	0.	-1,636,896.	

**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	9,614,450.	9,614,450.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	982,667.	982,667.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	92,726,516.	92,726,516.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	663,576.	126,065.	177,276.	360,235.
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	6,359,121.	1,208,092.	1,698,859.	3,452,170.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	291,680.	55,413.	77,923.	158,344.
9 Other employee benefits	1,292,526.	245,551.	345,302.	701,673.
10 Payroll taxes	601,319.	114,237.	160,644.	326,438.
11 Fees for services (non-employees):				
a Management				
b Legal	33,525.	11,175.	11,175.	11,175.
c Accounting	60,990.	20,330.	20,330.	20,330.
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.)	112,262.	46,193.	13,947.	52,122.
12 Advertising and promotion	1,218,438.	7,672.	1,726.	1,209,040.
13 Office expenses	2,241,300.	204,201.	1,230,679.	806,420.
14 Information technology	256,460.	46,624.	57,725.	152,111.
15 Royalties				
16 Occupancy	248,653.	5,546.	216,546.	26,561.
17 Travel	907,019.	387,491.	140,628.	378,900.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	332,246.	52,893.	6,991.	272,362.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	513,553.	97,159.	120,292.	296,102.
23 Insurance	84,529.	15,992.	19,800.	48,737.
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	3,146,642.	3,146,642.		
b COMMUNITY EVENT SPONSOR	550,550.	69,783.	21,521.	459,246.
c HONORARIUM	107,278.	48.	2,221.	105,009.
d PROF EDUC & TRAINING	66,806.	11,093.	23,534.	32,179.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	122,412,106.	109,195,833.	4,347,119.	8,869,154.
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>	<b>1</b> Cash - non-interest-bearing .....	39,866,905.	<b>1</b>	33,592,604.
	<b>2</b> Savings and temporary cash investments .....	165,293.	<b>2</b>	74,060.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	26,253.	<b>4</b>	4,965.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	11,554,168.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	34,776.	<b>9</b>	892,861.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,089,856.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,192,833.	4,011,624.	<b>10c</b> 3,897,023.
	<b>11</b> Investments - publicly traded securities .....	1,348,033.	<b>11</b>	1,826,426.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	25,474.	<b>15</b>	36,330.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	57,032,526.	<b>16</b>	40,324,269.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	944,613.	<b>17</b>	1,245,620.
	<b>18</b> Grants payable .....	14,789,854.	<b>18</b>	15,614,264.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	15,734,467.	<b>26</b>	16,859,884.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets .....		14,950,333.	<b>27</b>	14,669,448.
<b>28</b> Temporarily restricted net assets .....		26,347,726.	<b>28</b>	8,794,937.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....		41,298,059.	<b>33</b>	23,464,385.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	57,032,526.	<b>34</b>	40,324,269.	

Form **990** (2016)

**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	103,045,989.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,412,106.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,366,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,298,059.
5	Net unrealized gains (losses) on investments	5	28,552.
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	1,503,891.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,464,385.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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>						



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,288,900.	66,416,174.	112,578,964.	109,204,699.	104,682,885.	455,171,622.
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	62,288,900.	66,416,174.	112,578,964.	109,204,699.	104,682,885.	455,171,622.
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.						455,171,622.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	62,288,900.	66,416,174.	112,578,964.	109,204,699.	104,682,885.	455,171,622.
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.)	27,651.	178,175.			602.	206,428.
11 <b>Total support.</b> Add lines 7 through 10						455,378,050.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.95	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.91	%
16a <b>33 1/3% support test - 2016.</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 - 2015.</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 - 2016.</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 - 2015.</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) 2016

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> 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</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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>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> .		
<b>c</b> 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> .		
<b>10a</b> 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>b</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
11a		
11b		
11c		

**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
1		
2		

**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
1		

**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
1		
2		
3		

**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
2a		
2b		
3a		
3b		

**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 (explain in Part VI.) **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 <b>Part VI</b> ):		
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	<input type="checkbox"/> 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) 2016



**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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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**

2012 AMOUNT: \$ 27,651.

2013 AMOUNT: \$ 178,175.

2016 AMOUNT: \$ 602.

# 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

# 2016

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 40,222,294.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

95-4453134

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
1	DISPOSABLE, MEDICAL SUPPLIES, PHARMACEUTICALS	\$ 40,222,294.	10/24/16
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions)	(d)  Date received
		\$	



Name of organization  <b>ISLAMIC RELIEF USA</b>	Employer identification number  <b>95-4453134</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2016**

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 campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**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) 2016

LHA

632041 11-10-16

**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) .....		2,435.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		2,435.	
<b>d</b> Other exempt purpose expenditures .....		116,408,094.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		116,410,529.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
<b>c</b> Total lobbying expenditures			4,105.	2,435.	6,540.
<b>d</b> Grassroots nontaxable amount			250,000.	250,000.	500,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016



**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

**2016**

**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 ☐ Yes ☐ No

(ii) related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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.	546,331.	2,060,226.
c Leasehold improvements		264,061.	239,445.	24,616.
d Equipment				
e Other		915,959.	407,057.	508,902.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,897,023.

Schedule D (Form 990) 2016

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

**Part IX Other Assets.**

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	105,045,431.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	919.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	919.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	105,044,512.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,998,523.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,998,523.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	103,045,989.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	115,426,475.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,999,871.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,999,871.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	113,426,604.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,985,502.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,985,502.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	122,412,106.

**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, 2016.

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 2013.

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

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 919.

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

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B -1,998,523.

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

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 1,348.

SPECIAL EVENT EXPENSE REPORTED ON LINE 8B 1,998,523.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,999,871.

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

GRANT REFUNDS REPORTED ON PART XI, LINE 9 985,502.

GRANT TO RELATED ORGANIZATION 8,000,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 8,985,502.

**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

**2016**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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		539,283.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		27,720,788.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		21,929,082.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		734,430.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		100,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		9,300,063.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		32,402,871.
<b>3 a</b> Sub-total .....	0	0			92,726,517.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	0	0			92,726,517.

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

Schedule F (Form 990) 2016

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	AFGHANISTAN - HOME BASED EDUCATION FOR WOMEN PHASE 4.	1,403,719	WIRE	0.		
			SOUTH ASIA	INDIA - COMMUNITY INSTITUTE OF TECHNOLOGY - AID IN PROVIDING EMPLOYABLE	21,238	CHECK	0.		
			SUB-SAHARAN AFRICA	LIBERIA - ENGAGING FAITH BASED ORGANIZATIONS TO PREVENT VIOLENCE	300,000	CHECK	0.		
			SUB-SAHARAN AFRICA	NIGERIA - FAITH ENGAGEMENT FOR INTEGRATED COMMUNITY CASE MANAGEMENT	252,191	CHECK	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - TUTUDESK CAMPAIGN: PROVIDE WRITING TABLETS FOR STUDENTS	97,435	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - WINTERIZATION 2016-2017	500,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - FOOD PACKETS AND HOUSE FURNITURE DISTRIBUTION FOR	50,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - PROVIDE FIREWOOD, BLANKETS, AND WOOD STOVES FOR HEATING FOR	75,000	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 15

3 Enter total number of other organizations or entities 2

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)	BOSNIA - WARM HOMES - RECONSTRUCTION OF HOUSES FOR ORPHAN FAMILIES AND THOSE	418,435	WIRE	0.		
			SOUTH AMERICA	ECUADOR - EMERGENCY RESPONSE.	100,000	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - EMERGENCY FOOD ASSISTANCE 2016/2017.	2,000,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GERMANY - REQUEST FOR FUNDING OF TRANSPORTER - COLLECTION AND	34,617	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - RELIEF TO INTERNALLY DISPLACED PERSONS IN BAGHDAD AND BOUNDARIES.	413,604	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - EMERGENCY FOOD ASSISTANCE FOR VULNERABLE INTERNALLY DISPLACED PERSONS IN	750,000	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - EMERGENCY FOOD AND NON-FOOD ITEMS TO INTERNALLY DISPLACED PERSONS IN NORTHERN	542,503	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - WINTERIZATION RESPONSE FOR SYRIAN REFUGEES AND IRAQI INTERNALLY DISPLACED	500,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ITALY - EARTHQUAKE EMERGENCY RESPONSE.	13,001	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	JORDAN - PROVIDING WINTERIZATION ITEMS FOR REFUGEES AND VULNERABLE JORDANIAN	250,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - WINTERIZATION SUPPORT AND FOOD SECURITY FOR VULNERABLE FAMILIES.	75,000	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - SOMALILAND AND PUNTLAND EL NINO EMERGENCY DROUGHT RESPONSE (SPEED).	479,493	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - PREPAREDNESS AND EMERGENCY RESPONSE TO NEW DISPLACEMENTS AND	972,629	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - EMERGENCY RESPONSE TO NEW DISPLACEMENT FROM EASTERN ALEPPO CITY.	3,088,100	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - ACCESS TO EMERGENCY WINTER NON FOOD ITEMS FOR THE SYRIAN VULNERABLE	2,000,000	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	UK - STRENGTHENING RESPONSE CAPACITY AND INSTITUTIONAL DEVELOPMENT FOR	689,568	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - LIFE SAVING ASSISTANCE TO CONFLICT AFFECTED COMMUNITIES IN TA'IZ.	500,000	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - WINTERIZATION ITEMS FOR CONFLICT AFFECTED COMMUNITIES.	250,000	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)
		SUB-SAHARAN AFRICA	SOUTH SUDAN - HUMANITARIAN AID & RECOVERY IN WAU & JUBA.	604,788.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - QURBANI.	100,745.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN RAMADAN 2016.	50,676.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - QURBANI.	15,132.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA RAMADAN 2016.	15,182.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - QURBANI.	114,889.	WIRE	0.		
		SOUTH ASIA	BANGLADESH RAMADAN 2016.	50,652.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - QURBANI.	114,992.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA RAMADAN 2016.	25,336.	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	CENTRAL AFRICAN REPUBLIC - SET UP AN ISLAMIC RELIEF OFFICE.	265,709.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD - QURBANI.	149,296.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD RAMADAN 2016.	101,298.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - QURBANI.	91,966.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN 2016.	303,894.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI.	183,813.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN 2016.	162,095.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - FEED THE FASTING DURING RAMADAN 2016.	200,000.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA - RURAL RECOVERY PROGRAM.	505,538.	CHECK	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	GAZA - SUPPORTING FAMILIES DURING EID AL ADHA.	250,000.	CHECK	0.		
		SOUTH ASIA	INDIA - QURBANI.	75,000.	CHECK	0.		
		SOUTH ASIA	INDIA - QURBANI.	201,480.	WIRE	0.		
		SOUTH ASIA	INDIA - RAMADAN FEEDING PROGRAM.	250,000.	CHECK	0.		
		SOUTH ASIA	INDIA RAMADAN 2016.	30,389.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA - QURBANI.	15,194.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA RAMADAN 2016.	91,159.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI.	115,168.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - RAMADAN 2016.	30,399.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI.	40,247.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN RAMADAN 2016.	20,251.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - INCREASING AGRO-PASTORAL AND PASTORAL INCOMES THROUGH PRODUCTION OF	604,474.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - QURBANI.	126,346.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA RAMADAN 2016.	25,311.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - QURBANI.	50,347.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO RAMADAN 2016.	20,251.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - PROVIDING WINTERIZATION ITEMS FOR REFUGEES FROM SYRIA IN LEBANON.	250,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - QURBANI.	25,082.	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	LEBANON RAMADAN 2016.	15,188.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - EMERGENCY SUPPORT TO FOOD INSECURE COMMUNITIES.	284,980.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - QURBANI.	100,775.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI RAMADAN 2016.	101,305.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - QURBANI.	100,809.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI RAMADAN 2016.	50,643.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - QURBANI.	114,866.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR RAMADAN 2016.	202,610.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - QURBANI.	151,018.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	NIGER RAMADAN 2016.	75,963.	WIRE	0.		
				PAKISTAN - ECONOMIC DEVELOPMENT THROUGH VALUE CHAINS, ADVOCACY, AND	1,429,747.	WIRE	0.		
			SOUTH ASIA						
			SOUTH ASIA	PAKISTAN - QURBANI.	352,591.	WIRE	0.		
			SOUTH ASIA	PAKISTAN RAMADAN 2016.	151,947.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PHILIPPINES RAMADAN 2016.	30,401.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - INTEGRATED LIVELIHOOD FOR THE MOST VULNERABLE (LIVES).	895,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - QURBANI.	172,293.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA RAMADAN 2016.	91,175.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI.	28,810.	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 2016.	10,122.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN - OUBANI.	57,465.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN RAMADAN 2016.	15,188.	WIRE	0.		
		SOUTH ASIA	SRI LANKA - OUBANI.	172,308.	WIRE	0.		
		SOUTH ASIA	SRI LANKA RAMADAN 2016.	10,137.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA - OUBANI.	1,021,018.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA RAMADAN 2016.	1,013,031.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - DROP OF HOPE EXTENSION PROJECT.	361,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - OUBANI.	23,194.	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	TUNISIA - RAMADAN 2016.	10,121.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA - SUPPORT TO LIVELIHOOD INTERVENTION	80,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - MICROFINANCE COMPLIANCE AND PERFORMANCE SYSTEMS	269,800.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	WEST BANK RAMADAN 2016.	75,987.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - LIVELIHOOD AND SMALL ENTERPRISE PROJECT IN HOBEIDA.	50,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI.	229,727.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN RAMADAN 2016.	75,945.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE - QURBANI.	68,943.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE RAMADAN 2016.	20,273.	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 - CATARACT SURGERY NIGER PHASE II.	63,498.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - PREVENTION & CONTROL OF BLINDNESS PHASE II.	505,763.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA - ACCESS TO MATERNAL, NEONATAL, AND PRIMARY HEALTH CARE IN BALCAD AND	239,000.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP.	576,188.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP.	111,452.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP.	585,905.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - ORPHAN SPONSORSHIP.	256,800.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - ORPHAN SPONSORSHIP.	338,569.	WIRE	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP.	144,532.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP.	517,061.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP.	85,054.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP.	239,903.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP.	709,012.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP.	321,701.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP.	128,919.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP.	502,136.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP.	376,612.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP.	182,348.	WIRE	0.		

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	PAKISTAN - ORPHAN SPONSORSHIP.	1,520,063.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP.	277,054.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP.	136,907.	WIRE	0.		
			SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP.	115,748.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	WEST BANK - ORPHAN SPONSORSHIP.	1,364,264.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP.	212,809.	WIRE	0.		
			SOUTH ASIA	BANGLADESH - STRANDED COMMUNITY ACTION PROJECT PHASE II: SUSTAINABLE ACCESS TO	563,816.	WIRE	0.		
			SUB-SAHARAN AFRICA	GHANA - INSTALLING AN ELECTRIC TRANSFORMER TO PROVIDE CLEAN DRINKING WATER.	26,930.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA - HOPE FOR CLEAN WATER AND CLEAN ENVIRONMENT.	1,466,584.	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	BURKINA FASO - DISPOSABLES AND MEDICAL SUPPLIES	0.		2,236,921.	DISPOSABLES AND MEDICAL SUPPLIES	DONOR VALUATION
			SUB-SAHARAN AFRICA	BURKINA FASO - PHARMACEUTICALS	0.		8,744,187.	PHARMACEUTICALS	IMS HEALTH, WAC AWP
			MIDDLE EAST AND NORTH AFRICA	DJIBOUTI - DISPOSABLES AND MEDICAL SUPPLIES	0.		940,033.	DISPOSABLES AND MEDICAL SUPPLIES	DONOR VALUATION
			SUB-SAHARAN AFRICA	MALAWI - DISPOSABLES AND MEDICAL SUPPLIES	0.		2,108,576.	DISPOSABLES AND MEDICAL SUPPLIES	DONOR VALUATION
			SUB-SAHARAN AFRICA	MALI - PHARMACEUTICALS	0.		11,554,168.	PHARMACEUTICALS	IMS HEALTH, WAC AWP
			SUB-SAHARAN AFRICA	MOZAMBIQUE - RICE	0.		413,424.	RICE	DONOR VALUATION
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLES AND MEDICAL SUPPLIES	0.		5,445,927.	DISPOSABLES AND MEDICAL SUPPLIES	DONOR VALUATION
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - PHARMACEUTICALS	0.		19,911,031.	PHARMACEUTICALS	IMS HEALTH, WAC AWP
			MIDDLE EAST AND NORTH AFRICA	YEMEN - DISPOSABLES AND MEDICAL SUPPLIES	0.		835,609.	DISPOSABLES AND MEDICAL SUPPLIES	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) 2016

**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. See instructions.

**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 A

REASONABLE AMOUNT OF TIME, 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. See instructions.

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: SOUTH ASIA

(D) PURPOSE OF GRANT: INDIA - COMMUNITY INSTITUTE OF TECHNOLOGY - AID IN  
PROVIDING EMPLOYABLE TECHNICAL AND COMPUTER EDUCATION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LIBERIA - ENGAGING FAITH BASED ORGANIZATIONS TO  
PREVENT VIOLENCE AGAINST WOMEN AND INCREASE ACCESS TO SERVICES.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - FOOD PACKETS AND HOUSE FURNITURE  
DISTRIBUTION FOR FLOOD AFFECTED FAMILIES.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - PROVIDE FIREWOOD, BLANKETS, AND WOOD  
STOVES FOR HEATING FOR VULNERABLE FAMILIES IN REMOTE AREAS.

**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. See instructions.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: BOSNIA - WARM HOMES - RECONSTRUCTION OF HOUSES FOR

ORPHAN FAMILIES AND THOSE AFFECTED BY THE SREBRENICA MASSACRE.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: GERMANY - REQUEST FOR FUNDING OF TRANSPORTER -

COLLECTION AND DELIVERY OF GOODS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - EMERGENCY FOOD ASSISTANCE FOR VULNERABLE

INTERNALLY DISPLACED PERSONS IN IRAQ.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - EMERGENCY FOOD AND NON-FOOD ITEMS TO

INTERNALLY DISPLACED PERSONS IN NORTHERN IRAQ.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - WINTERIZATION RESPONSE FOR SYRIAN REFUGEES

AND IRAQI INTERNALLY DISPLACED PERSONS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: JORDAN - PROVIDING WINTERIZATION ITEMS FOR

REFUGEES AND VULNERABLE JORDANIAN FAMILIES.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - PREPAREDNESS AND EMERGENCY RESPONSE TO NEW

DISPLACEMENTS AND POTENTIAL SIEGE IN ALEPPO CITY - FACILITATING ACCESS TO

**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. See instructions.

FOOD RATIONS.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SYRIA - ACCESS TO EMERGENCY WINTER NON FOOD ITEMS

FOR THE SYRIAN VULNERABLE COMMUNITY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: UK - STRENGTHENING RESPONSE CAPACITY AND

INSTITUTIONAL DEVELOPMENT FOR EXCELLENCE (STRIDE).

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - LIFE SAVING ASSISTANCE TO CONFLICT

AFFECTED COMMUNITIES IN TA'IZ, SAA'DA AND ADEN.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: KENYA - INCREASING AGRO-PASTORAL AND PASTORAL

INCOMES THROUGH PRODUCTION OF HIGH VALUE FRUITS AND VEGETABLES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PAKISTAN - ECONOMIC DEVELOPMENT THROUGH VALUE

CHAINS, ADVOCACY, AND DISASTER RISK REDUCTION IN AJK - BUILDING UPON AND

SCALING UP FOOD SECURITY LIVELIHOOD OPPORTUNITIES FOR MORE RESILIENT

MARKETS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: UNITED KINGDOM - MICROFINANCE COMPLIANCE AND

PERFORMANCE SYSTEMS CAPACITY BUILDING.

**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. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOMALIA - ACCESS TO MATERNAL, NEONATAL, AND  
PRIMARY HEALTH CARE IN BALCAD AND BONDHERE DISTRICT, MOGADISHU.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - STRANDED COMMUNITY ACTION PROJECT  
PHASE II: SUSTAINABLE ACCESS TO COMMUNITY WATER, SANITATION, SHELTER,  
LIVELIHOOD, EDUCATION, AND TO UPHOLD SOCIAL, HEALTH, HYGIENE, PROTECTION  
AND RIGHTS.

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, line 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).

2016

Name of the organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**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.

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

- ☐ Yes      ☐ No

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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 (add col. (a) through col. (c))	
		DINNER-DALLAS, TX (event type)	DINNER-RUTHERFORD, NJ (event type)	60 (total number)		
Revenue	1	Gross receipts	339,587.	223,610.	2,885,894.	3,449,091.
	2	Less: Contributions	319,730.	204,802.	2,563,534.	3,088,066.
	3	Gross income (line 1 minus line 2)	19,857.	18,808.	322,360.	361,025.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	53,293.	42,245.	893,384.	988,922.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	46,391.	43,122.	920,088.	1,009,601.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,998,523.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,637,498.

**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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. 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)*

**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

**2016**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

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

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

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to 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
ACCESS CALIFORNIA 631 S BROOKHURST ST SUITE 107 ANAHEIM, CA 92804	33-0826205	501(C)(3)	40,000.	0.			EMERGENCY FINANCIAL ASSISTANCE PROGRAM/ZAKAT PROGRAM: PROVIDE FINANCIAL ASSISTANCE TO
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVENUE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	15,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AL MAUN (NEIGHBORLY NEEDS) 711 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	114,800.	0.			ZAKAT PARTNERSHIP: PROVIDE LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH
AL-AQABAH ISLAMIC COMMUNITY CENTER 12672 MCDUGALL STREET DETROIT, MI 48212	27-1683825	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AL-MAA'UN 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AMANA FOUNDATION 101 MOUNTAIN LAUREL LANE MALVERN, PA 19355	52-2226372	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER

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

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

49.

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ISLAMIC HERITAGE MUSEUM (AIHM) - 2315 MARTIN LUTHER KING JR. AVE SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
AMERICAN MUSLIM COMMUNITY SERVICES 423 N. SAGINAW STREET SUITE #207 FLINT, MI 48502	47-2927555	501(C)(3)	25,000.	0.			FLINT MUSLIM FOOD PANTRY 2016: INCREASE THE SIZE AND CAPACITY OF THE FLINT MUSLIM FOOD PANTRY.
AMERICAN MUSLIM MISSION INC 4412 SOUTH THIRD ST. MEMPHIS, TN 38109	62-1590734	501(C)(3)	14,000.	0.			HALAL FOOD PANTRY: PROVIDE FOOD TO UNDERSERVED INDIVIDUALS AND FAMILIES.
ARAB AMERICAN ASSOCIATION OF NY 7111 5TH AVENUE BROOKLYN, NY 11209	11-3604756	501(C)(3)	40,000.	0.			MASJID TAQWA ZAKAT PROGRAM: PROVIDE LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS
ARAB AMERICAN COMMUNITY CENTER (AACC) - 4300 LB MCLEOD SUITE B - ORLANDO, FL 32811	20-4998635	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501(C)(3)	80,000.	0.			GENERAL SUPPORT/CAPACITY BUILDING: SUPPLEMENT STAFF SALARIES AND OPERATIONAL SUPPORT TO APPNA COMMUNITY HEALTH CENTER OF SF BAY AREA: PROVIDE FREE BASIC HEALTH SERVICES TO THE
ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA (APPNA) - 6414 S. CASS AVENUE - WESTMONT, IL 60559	36-0291079	501(C)(3)	150,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
COUNCIL ON AMERICAN ISLAMIC RELATIONS FLORIDA (CAIR FL) - 9000 NW 44TH STREET, SUITE 200 - SUNRISE, FL 33351	65-1110616	501(C)(3)	20,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
DALLAS MASJID AL ISLAM 2604 S. HARWOOD DALLAS, TX 75215	75-2941409	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAR AL HIJRAH ISLAMIC CENTER 3159 ROW ST FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	19,968.	0.			THE ROAD TO SELF SUFFICIENCY: PROVIDE WOMEN WITH SEWING TRAINING TO DEVELOP
FOOD BANK OF DELAWARE, INC. 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	25,000.	0.			BACKPACK PROGRAM: PROVIDE SCHOOL KIDS WITH MEALS TO TAKE HOME ON WEEKENDS.
FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP (FAITH) - 795 CENTER ST UNIT 2 - HERNDON, VA 20170	54-1961618	501(C)(3)	66,000.	0.			REFUGEE RESETTLEMENT PROJECT: PROVIDE ASSISTANCE WITH RENT PAYMENT AND HELP BUILD
FRIENDS OF HUMANITY INTERNATIONAL, INC. - 833 SHOTGUN RD. - SUNRISE, FL 33326	27-3194926	501(C)(3)	10,000.	0.			FLORIDA REFUGEE ASSISTANCE PROGRAM: PROVIDE REFUGEE FAMILIES WITH FOOD, CLOTHING, PROVIDING ACCESSIBILITY TO DEAF MUSLIM AND ASL CLASS: PROVIDE SIGN LANGUAGE INTERPRETERS AND
GLOBAL DEAF MUSLIMS 5695 COLUMBIA PIKE #201 FALLS CHURCH, VA 22041	84-1684165	501(C)(3)	50,000.	0.			MONTHLY FEEDINGS: PROVIDE FOOD TO THE UNDERPRIVILEGED.
HALAL PROJECT 8355 MCCUE CT. WINNETKA, CA 91306	45-2882180	501(C)(3)	10,000.	0.			IMAN HEALTH CLINIC: PRIMARY PURPOSE TO SUPPORT THE SALARY OF THE
INNER-CITY MUSLIM ACTION NETWORK (IMAN) - 2744 WEST 63RD ST - CHICAGO, IL 60629	36-4167433	501(C)(3)	95,000.	0.			IMAN HEALTH CLINIC FEED THE HUNGRY INITIATIVE: PROVIDE HOT MEALS TO HOMELESS AND LOW INCOME INDIVIDUALS.
ISLAMIC INSTITUTE OF KNOWLEDGE 6345 SCHAEFER ROAD DEARBORN, MI 48126	38-2414342	501(C)(3)	25,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
ISLAMIC SOCIAL SERVICES OF OREGON (ISOS) - 10175 SW BARBUR BLVD SUITE #100BA - PORTLAND, OR 97219	38-3655438	501(C)(3)	10,000.	0.			

Schedule I (Form 990)

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ISLAMIC SOCIETY OF GREATER OKLAHOMA - 3815 N ST. CLAIR AVE - OKLAHOMA CITY, OK 73112	20-2351762	501(C)(3)	13,000.	0.			MERCY MISSION FOOD BANK: PURCHASING REFRIGERATORS, RENOVATION OF FOOD PANTRY, AND FOOD
MAJLIS ASH-SHURA OF METROPOLITAN NEW YORK INC. - 88-29 161ST STREET - JAMAICA, NY 11432	27-3768840	501(C)(3)	25,000.	0.			SHURA NY ZAKAH DISTRIBUTION: PROVIDE LIMITED FINANCIAL ASSISTANCE TO FAMILIES
MAS CHICAGO 9210 S. OKETO AVENUE BRIDGEVIEW, IL 60455	26-2503530	501(C)(3)	20,000.	0.			ONE COMMUNITY: ZAKAT DISTRIBUTION.
MAS UPPER NEW YORK 380 WALNUT ST YONKERS, NY 10701	46-0889892	501(C)(3)	11,500.	0.			MONTHLY FOOD PANTRY: FOOD DISTRIBUTION TO NEEDY INDIVIDUALS AND FAMILIES.
MASJID UMAR AL-FAROOQ 5507 238TH STREET SW MOUNTLAKE TERRACE, WA 98043	91-1634120	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM AMERICAN SOCIETY OF BROOKLYN AND STATEN ISLAND - 1933 BATH AVE - BROOKLYN, NY 11692	45-4661688	501(C)(3)	11,500.	0.			MONTHLY FOOD PANTRY: DISTRIBUTE FOOD TO NEEDY INDIVIDUALS AND FAMILIES.
MUSLIM AMERICAN SOCIETY OF QUEENS 35-13 23RD AVE QUEENS, NY 11105	11-3505402	501(C)(3)	11,500.	0.			MONTHLY FOOD PANTRY: DISTRIBUTE FOOD TO NEEDY INDIVIDUALS AND FAMILIES.
MUSLIM FAMILY SERVICES OF COLORADO PO BOX 201645 DENVER, CO 80220	56-2402910	501(C)(3)	9,900.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
MUSLIM SOCIAL SERVICE AGENCY (MSSA) - 4307 WENTWORTH ROAD - BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER

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.)

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MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT (MWIRD) - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	170,000.	0.			WALK THIS ROAD TOGETHER: ADDRESS POVERTY ISSUES IN THE BRONX COMMUNITY INCLUDING ACCESS TO
NASRUAL ILM AMERICA 252 MONROE ST BROOKLYN, NY 11216	26-3064526	501(C)(3)	10,000.	0.			MIDNIGHT RUN: FEEDING THE HOMELESS.
NATIONAL ISLAMIC ASSOCIATION MASJID AND COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA INC. - P. O DRAWER 1290 3210 DR. MARTIN LUTHER KING BLVD - FORT MYERS, FL 33902	65-0321309	501(C)(3)	50,000.	0.			TEEN CRIME PREVENTION PROGRAM: COMBAT LOW EDUCATIONAL ACHIEVEMENT, CHRONIC POVERTY AND
REFUGEE DREAM CENTER 340 LOCKWOOD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	15,000.	0.			REFUGEE ADULT READINESS TRAINING: PROVIDE ENGLISH LANGUAGE AND CAREER DEVELOPMENT SKILLS TO
SABIL AL-IHSSAN PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	10,000.	0.			GIVING GRAIN FOOD PANTRY: PROVIDE FINANCIAL ASSISTANCE, TRAINING, AND FOOD SUBSIDIES TO PARTNER
SAHABA INITIATIVE INC. 242 W 5TH STREET SAN BERNARDINO, CA 92401	45-2488503	501(C)(3)	10,000.	0.			FOOD PANTRY: FOOD DISTRIBUTION TO VULNERABLE AND NEEDY FAMILIES.
SHARE ATLANTA 573 WEST END PLACE ATLANTA, GA 30310	26-2389234	501(C)(3)	10,000.	0.			DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER
SOMALI FAMILY SERVICES OF SAN DIEGO - 6035 UNIVERSITY AVE SUITE #6 - SAN DIEGO, CA 92115	91-2065038	501(C)(3)	59,853.	0.			REFUGEE INTEGRATION: HELP REFUGEES BUILD SKILLS THAT WILL AID IN SEEKING LONG-TERM EMPLOYMENT. DAY

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
THE BUILDING BLOCKS OF NJ 600 PALISADE AVE SUITE 203 UNION CITY, NJ 07087	27-3646101	501(C)(3)	20,000.	0.			GROCERIES FOR FAMILIES: PROVIDE FOOD TO LOW INCOME INDIVIDUALS AND FAMILIES.
THE FIQH MOSQUE INC. 319 MYRTLE AVENUE ALBANY, NY 12208	47-0977031	501(C)(3)	24,750.	0.			REFUGEE ESL AND COMPUTER EDUCATION IN THE CAPITAL DISTRICT: TEACH ENGLISH AND BASIC COMPUTER SKILLS
UNITED PLANNING ORGANIZATION 301 RHODE ISLAND AVENUE, NW WASHINGTON, DC 20001	52-0788987	501(C)(3)	6,000.	0.			REENTRY: HELPING PREVIOUSLY INCARCERATED INDIVIDUALS FIND EMPLOYMENT.
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE ROANOKE, VA 24016	54-0535302	501(C)(3)	40,000.	0.			REHOUSING YOUTH FOR SUCCESS IN EDUCATION: LIFE STABILIZING SUPPORT SERVICES FOR FAMILIES
WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE (WNYMBL) - 414 SWAN STREET - BUFFALO, NY 14204	81-3206062	501(C)(3)	10,000.	0.			YEAR LONG HEALTHY YOUTH DEVELOPMENT PROGRAM: PROVIDE YOUTH WITH INDOOR SPORTS TO KEEP THEM
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)	46,679.	0.			WSSU COMMUNITY CARE CLINIC CONTINUING ENRICHMENT: PROVIDE FREE HEALTH SERVICES TO
ZAMAN INTERNATIONAL 26091 TROWBRIDGE INKSTER, MI 48141	20-1946065	501(C)(3)	75,000.	0.			BAYT AL-ZAHRA EMERGENCY SERVICES & FOOD FUNDING: PROVIDE EFFECTIVE AND SUSTAINABLE RELIEF TO
IRUSA WAQF 3655 WHEELER AVE ALEXANDRIA, VA 22034	47-1666091	501(C)(3)	8,000,000.	0.			FUNDING OF SUPPORTING ORGANIZATION

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 noncash assistance
DRT EMERGENCY CASH ASSISTANCE CARDS	2308	100,000.	0.		
HUMANITARIAN SUPPLIES FOR HURRICANE MATTHEW RELIEF EFFORTS IN NC	2000	0.	31,200.	DONOR VALUATION	HYGIENE KITS
HYGIENE AND SCHOOL SUPPLY KITS FOR DAY OF DIGNITY	15946	0.	124,461.	INVOICE	HYGIENE KITS AND SCHOOL SUPPLIES
SAFE DRINKING WATER AND CANNED FOOD ITEMS FOR FLINT, MI RESIDENTS	5942	0.	153,767.	INVOICE	FOOD, WATER
HUMANITARIAN SUPPLIES FOR HURRICANE MATTHEW RELIEF EFFORTS IN NC	13	0.	571.	INVOICE	BEDDING
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

**PART I, LINE 2:**

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 III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD AND HYGIENE ITEMS DISTRIBUTED FOR HOUSTON, TX FLOOD RELIEF EFFORTS	120.	0.	1,988.	INVOICE	FOOD AND HYGIENE ITEMS
MEALS FOR MARTIN LUTHER KING DAY OF SERVICE	1,000.	0.	2,478.	INVOICE	FOOD
CARE KITS FOR REFUGEE FAMILIES	80.	0.	583.	INVOICE	HOUSEHOLD ITEMS
PURCHASES OF MEAT FOR QURBANI	37,471.	0.	298,438.	INVOICE	FOOD
RAMADAN FOOD PACKAGES	19,400.	0.	237,231.	INVOICE	FOOD
PURCHASES OF TURKEYS FOR THANKSGIVING DISTRIBUTION	5,000.	0.	31,950.	INVOICE	FOOD

**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 A REASONABLE AMOUNT OF TIME,

THE FINANCE DEPARTMENT MAY INVOKE IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A

COMPREHENSIVE AUDIT OF THE GRANT.

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

THE GRANTEE UNTIL ALL ISSUES ARE ADDRESSED.

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

**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCESS CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE

PROGRAM/ZAKAT PROGRAM: PROVIDE FINANCIAL ASSISTANCE TO FAMILIES AND  
INDIVIDUALS WITH EMERGENCY NEEDS TO COVER BASIC LIVING EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: AL INSHIRAH ISLAMIC CENTER

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS, 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 HAVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: AL MAUN (NEIGHBORLY NEEDS)

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

FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY NEEDS.

DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES,

BLANKETS, AND OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

USDA SUMMER FOOD SERVICE PROGRAM: PROVIDE CAPACITY TO ENSURE THAT

CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO NUTRITIOUS MEALS

**Part IV** Supplemental Information

DURING THE LONG SUMMER VACATION WHEN THEY DO NOT HAVE ACCESS TO REGULAR  
BREAKFASTS AND LUNCHES THAT THEY WOULD NORMALLY HAVE AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: AL-AQABAH ISLAMIC COMMUNITY CENTER

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AL-MAA'UN

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AMANA FOUNDATION

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN ISLAMIC HERITAGE MUSEUM (AIHM)

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN ASSOCIATION OF NY

(H) PURPOSE OF GRANT OR ASSISTANCE: MASJID TAQWA ZAKAT PROGRAM: PROVIDE

LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH EMERGENCY

NEEDS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN COMMUNITY CENTER (AACC)

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT/CAPACITY BUILDING;

SUPPLEMENT STAFF SALARIES AND OPERATIONAL SUPPORT TO SUSTAIN PROGRAMS AND

SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA (APPNA)

(H) PURPOSE OF GRANT OR ASSISTANCE: APPNA COMMUNITY HEALTH CENTER OF SF

BAY AREA: PROVIDE FREE BASIC HEALTH SERVICES TO THE UNINSURED, ADULTS AND

CHILDREN IN THE SANTA CLARA AREA.

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL ON AMERICAN ISLAMIC RELATIONS FLORIDA (CAIR FL)

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: DALLAS MASJID AL ISLAM

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DAR AL HIJRAH ISLAMIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROAD TO SELF SUFFICIENCY:

PROVIDE WOMEN WITH SEWING TRAINING TO DEVELOP EMPLOYABLE SKILLS AND BUILD

THEIR SELF-CONFIDENCE AND SENSE OF COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP (FAITH)

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE RESETTLEMENT PROJECT:

PROVIDE ASSISTANCE WITH RENT PAYMENT AND HELP BUILD SKILLS TO AID

REFUGEES IN SEEKING LONG-TERM EMPLOYMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF HUMANITY INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FLORIDA REFUGEE ASSISTANCE PROGRAM:

PROVIDE REFUGEE FAMILIES WITH FOOD, CLOTHING, FURNITURE, RENT, HOUSEHOLD

AND PERSONAL HYGIENE ITEMS, TRANSPORTATION, MEDICATION, SCHOOL TUITION

AND MONETARY AID.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL DEAF MUSLIMS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING ACCESSIBILITY TO DEAF

MUSLIM AND ASL CLASS: PROVIDE SIGN LANGUAGE INTERPRETERS AND AMERICAN

SIGN LANGUAGE CLASSES TO PARENTS OF DEAF MUSLIMS.

NAME OF ORGANIZATION OR GOVERNMENT:

INNER-CITY MUSLIM ACTION NETWORK (IMAN)

(H) PURPOSE OF GRANT OR ASSISTANCE: IMAN HEALTH CLINIC: PRIMARY PURPOSE

TO SUPPORT THE SALARY OF THE IMAN HEALTH CLINIC MEDICAL DIRECTOR, GREEN

RE-ENTRY: WORK WITH FORMERLY INCARCERATED MUSLIM MEN IMMEDIATELY POST

**Part IV Supplemental Information**

INCARCERATION TO PROVIDE SUSTAINABLE SUCCESS IN HOUSING, EMPLOYMENT, AND  
EVENTUALLY HOME OWNERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT:

ISLAMIC SOCIAL SERVICES OF OREGON (ISOS)

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SOCIETY OF GREATER OKLAHOMA

(H) PURPOSE OF GRANT OR ASSISTANCE: MERCY MISSION FOOD BANK: PURCHASING  
REFRIGERATORS, RENOVATION OF FOOD PANTRY, AND FOOD DISTRIBUTION.

NAME OF ORGANIZATION OR GOVERNMENT:

MAJLIS ASH-SHURA OF METROPOLITAN NEW YORK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SHURA NY ZAKAH DISTRIBUTION:  
PROVIDE LIMITED FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH  
EMERGENCY NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: MASJID UMAR AL-FAROOQ

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM FAMILY SERVICES OF COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY OF DIGNITY: PROVISION OF FOOD,  
MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO  
HOMELESS AND UNDERSERVED POPULATIONS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICE AGENCY (MSSA)

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT (MWIRD)

(H) PURPOSE OF GRANT OR ASSISTANCE: WALK THIS ROAD TOGETHER: ADDRESS

POVERTY ISSUES IN THE BRONX COMMUNITY INCLUDING ACCESS TO RESOURCES AND

EMERGENCY FOOD, DAY OF DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE

KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO HOMELESS AND

UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ISLAMIC ASSOCIATION MASJID AND COMMUNITY CENTER

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TEEN CRIME PREVENTION PROGRAM:

COMBAT LOW EDUCATIONAL ACHIEVEMENT, CHRONIC POVERTY AND VIOLENCE WITHIN

FORT MYERS.

NAME OF ORGANIZATION OR GOVERNMENT: REFUGEE DREAM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE ADULT READINESS TRAINING:



**Part IV** Supplemental Information

PROVIDE ENGLISH LANGUAGE AND CAREER DEVELOPMENT SKILLS TO REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: SABIL AL-IHSSAN

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

FINANCIAL ASSISTANCE, TRAINING, AND FOOD SUBSIDIES TO PARTNER

ORGANIZATIONS OPERATING AN EMERGENCY FOOD PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: SHARE ATLANTA

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

MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, AND OTHER NECESSITIES TO

HOMELESS AND UNDERSERVED POPULATIONS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE INTEGRATION: HELP REFUGEES

BUILD SKILLS THAT WILL AID IN SEEKING LONG-TERM EMPLOYMENT. DAY OF

DIGNITY: PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES,

BLANKETS, AND OTHER NECESSITIES TO HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: THE FIOH MOSQUE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE ESL AND COMPUTER EDUCATION

IN THE CAPITAL DISTRICT: TEACH ENGLISH AND BASIC COMPUTER SKILLS TO

REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF ROANOKE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: REHOUSING YOUTH FOR SUCCESS IN

EDUCATION: LIFE STABILIZING SUPPORT SERVICES FOR FAMILIES WITH

SCHOOL-AGED CHILDREN FACING HOMELESSNESS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE (WNYMBL)

(H) PURPOSE OF GRANT OR ASSISTANCE: YEAR LONG HEALTHY YOUTH DEVELOPMENT

PROGRAM: PROVIDE YOUTH WITH INDOOR SPORTS TO KEEP THEM HEALTHY AND AWAY  
FROM DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT:

WINSTON-SALEM STATE UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WSSU COMMUNITY CARE CLINIC

CONTINUING ENRICHMENT: PROVIDE FREE HEALTH SERVICES TO UNINSURED AND LOW  
INCOME INDIVIDUALS AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: ZAMAN INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: BAYT AL-ZAHRA EMERGENCY SERVICES &amp;

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

PART III, COLUMN (B) NUMBER OF RECIPIENTS:

FOR DOMESTIC OTHER ASSISTANCE TO INDIVIDUALS, BENEFICIARY NUMBERS ARE

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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

Employer identification number

ISLAMIC RELIEF USA

95-4453134

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

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

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

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

**6** 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:

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

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

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

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

**8** 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 .....

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2016



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)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

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	58	358,608	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	X	1	413,424	DONOR VALUATION
20 Drugs and medical supplies	X	7	40,222,284	DONR VAL, IMS, WAC, AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE KITS)	X	1	31,200	DONOR VALUATION
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

Yes No

30a 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 nonstandard contributions?

31 X

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

32a X

b If "Yes," describe in Part II.

33 If the organization didn't 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) (2016)

**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

**2016**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

VOLUNTEERS ACROSS THE COUNTRY DURING 2016.

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 SUPPORT

A RANGE OF OTHER PROGRAMS YEAR-ROUND, SUCH AS FOOD PANTRIES AND HEALTH

CLINICS THROUGHOUT THE UNITED STATES.



Name of the organization

ISLAMIC RELIEF USA

Employer identification number

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](http://WWW.IRUSA.ORG/VOLUNTEER) AND SIGN UP SOON OR

EMAIL US AT [VOLUNTEER@IRUSA.ORG](mailto: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, 2016 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.

KHALED HAMADE WAS A VOTING BOARD MEMBER UNTIL 2/5/16 (NOT AN OFFICER).

HE BECAME THE CHIEF OPERATING OFFICER (AN OFFICER) UNTIL 12/15/16, AND

THEN THE DIRECTOR OF OPERATIONS THEREAFTER (NOT AN OFFICER).

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

- PAKISTAN PREVENTION AND CONTROL OF BLINDNESS: ACCESSIBLE, SUSTAINABLE

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

AND GOOD QUALITY EYE CARE SERVICES TARGETING 41,150 INDIVIDUALS IN TWO

DISTRICTS TO REDUCE CASES OF BLINDNESS THROUGH SCREENINGS, SURGERIES,

AND INCREASED HEALTH AWARENESS.

- SOMALIA ACCESS TO MATERNAL, NEONATAL AND PRIMARY HEALTH CARE:

CONTRIBUTING TO THE OVERALL REDUCTION OF HEALTH MORBIDITY AMONG

VULNERABLE POPULATION IN BALCAD AND BONDHERE DISTRICTS OF MOGADISHU BY

IMPROVING ACCESS TO HEALTH CARE AND IMPROVING HEALTH BEHAVIORS FOR OVER

45,000 INDIVIDUALS.

IN 2016, IRUSA ALSO CONTRIBUTED OR DELIVERED PHARMACEUTICALS,

DISPOSABLES, MEDICAL SUPPLIES, AND RICE TO SEVEN COUNTRIES: BURKINA

FASO, DJIBOUTI, MALAWI, MALI, MOZAMBIQUE, TURKEY, AND YEMEN-PROVIDING

AID TO MILLIONS OF PEOPLE IN NEED.

ESTIMATED BENEFICIARIES: 4,691,022

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

- EMERGENCY FOOD AND NON-FOOD ITEMS TO INTERNALLY DISPLACED PERSONS IN

NORTHERN IRAQ: DISTRIBUTED DRY FOOD PACKS AND HYGIENE ITEMS TO

APPROXIMATELY 48,000 NEWLY DISPLACED INDIVIDUALS FROM MOSUL, DRY FOOD

PACKS INCLUDED RICE, SUGAR, TOMATO PASTE, TEA, BULGUR, LENTILS,

CHICKPEAS, BEANS, COOKING OIL, SALT, CANNED BEEF AND MACARONI.

- ECUADOR EMERGENCY RESPONSE: PROVIDED SUPPORT TO 800 HOUSEHOLDS

(4,000 INDIVIDUALS) IN 4 MUNICIPALITIES OF ECUADOR WITH ACCESS TO SAFE

WATER, SANITATION, HYGIENE PROMOTION AND ADEQUATE HYGIENE ITEMS TO COPE

WITH THE IMMEDIATE AFTERMATH OF THE EARTHQUAKE.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

ESTIMATED BENEFICIARIES: 1,624,857

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

IMPROVE LIVELIHOOD WATER FACILITIES FOR 10,000 PEOPLE THROUGH

REHABILITATION OF BOREHOLES.

GAZA RURAL RECOVERY PROGRAM: AIDING IN THE ECONOMIC RECOVERY OF RURAL

AREAS IN GAZA BY RESTORING AGRICULTURAL PRODUCTIVITY OF 100 FARMS

DESTROYED DURING THE 2014 WAR IN GAZA VIA THE PROVISION OF LOCALLY MADE

SOLAR OVENS, REHABILITATION OF LAND AND REPLANTING OF TREES, AND THE

REPAIR AND RECONSTRUCTION OF AGRICULTURAL ROADS.

INCREASING AGRO-PASTORAL INCOME THROUGH PRODUCTION OF HIGH-VALUE FRUITS

AND VEGETABLES; SUPPORTING A THREE-PRONGED APPROACH TO FOSTER ADOPTION

OF THE AGROSOLAR IRRIGATION KIT (ASIK). FIRST, FARMERS WILL BE

MOBILIZED AND EMPOWERED TO JOIN/FORM GROUP SAVINGS AND LOANS

ASSOCIATIONS (GSLAS) TO RAISE PART OF THE CAPITAL REQUIRING THE

IRRIGATION KIT THROUGH THEIR WEEKLY/REGULAR SAVINGS CONTRIBUTIONS TO

THE GROUP. THE SECOND APPROACH IS TO LINK BETTER PERFORMING GSLAS TO

FINANCIAL INSTITUTIONS WHERE THEY CAN ACCESS A TAILORED LOAN PRODUCT TO

BE USED FOR PURCHASING THE AGROSOLAR IRRIGATION KIT. THE LAST APPROACH

IS TO LINK GSLAS THAT HAVE MOBILIZED SUFFICIENT FUNDS FROM THEIR OWN

SAVINGS CONTRIBUTIONS AND THOSE THAT HAVE SUCCESSFULLY FORMED

PARTNERSHIPS WITH FINANCIAL INSTITUTIONS TO SUNCULTURE TO PURCHASE THE

ASIK. ISLAMIC RELIEF WILL PROVIDE TECHNICAL SUPPORT TO THE FARMERS TO

DEVELOP PLOTS FOR GROWING HIGH VALUE CROPS.

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

ESTIMATED BENEFICIARIES: 1,422,704

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

ORPHANS SUMMARY:

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 20,421 ORPHANS IN THE

FOLLOWING 21 LOCATIONS 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.

ESTIMATED BENEFICIARIES: 22,911

EXPENSES \$ 9,241,083. INCLUDING GRANTS OF \$ 8,703,037. REVENUE \$ 0.

U.S. PROGRAMS:

IRUSA U.S. PROGRAMS' MAIN INTERVENTIONS CONSIST OF:

1. GRANTS - IRUSA OFFERS 501(C)(3) ORGANIZATIONS OPPORTUNITIES TO APPLY

FOR GRANT FUNDS. THIS FUNDING HELPS FACILITATE PROJECTS SUCH AS FOOD

PROGRAMS, HEALTH AND WELLNESS INITIATIVES AND EDUCATION ASSISTANCE IN

ADDITION TO OTHER DOMESTIC INITIATIVES.

2. SEASONAL PROGRAMS -

A. RAMADAN FOOD BOXES

B. QURBANI (MEAT DISTRIBUTION)

C. SUMMER FOOD SERVICE PROGRAM

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

D. THANKSGIVING TURKEY DISTRIBUTION

E. MARTIN LUTHER KING JR. (MLK) DAY OF SERVICE

3. DAY OF DIGNITY - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS,

AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS,

REFUGEE, POOR WORKING COMMUNITIES).

4. DISASTER RESPONSE TEAM (DRT) - TRAINS AND DEPLOYS VOLUNTEERS AROUND

THE COUNTRY TO RESPOND TO DOMESTIC DISASTERS IN THE UNITED STATES. DRT

ALSO DISTRIBUTES FOOD AND HOUSEHOLD ITEMS AS WELL AS PROVIDES FINANCIAL

ASSISTANCE TO DISASTER AFFECTED PEOPLE.

ESTIMATED BENEFICIARIES: 121,301

EXPENSES \$ 10,806,482. INCLUDING GRANTS OF \$ 10,597,117. REVENUE \$ 0.

WATER, SANITATION & HYGIENE:

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,

SANITATION, AND WATER SUPPLY.

ESTIMATED BENEFICIARIES: 144,118

EXPENSES \$ 2,180,941. INCLUDING GRANTS OF \$ 2,057,330. REVENUE \$ 0.

EDUCATION:

INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY

EDUCATION, WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION.

ESTIMATED BENEFICIARIES: 20,887

EXPENSES \$ 2,195,486. INCLUDING GRANTS OF \$ 2,074,583. REVENUE \$ 0.

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

## FORM 990, PART III, LINE 4A-4D: BENEFICIARY COUNT METHODOLOGY

IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE

BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN

INVOLVE DATA INTEGRITY AND OTHERS ARE INTRINSIC TO THE CONTEXT IN THE

FIELD, INCLUDING THE ABILITY TO MAINTAIN AN ACCURATE CENSUS OF A

TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF

EXCELLENCE AND STEWARDSHIP, IRUSA STRIVES TO BE AWARE OF, AND ADOPT,

THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY.

IRUSA IS ADOPTING A METHODOLOGY FOR THE PROGRAMS WE FUND AND/OR

IMPLEMENT IN WHICH A BENEFICIARY WHO IS PROVIDED WITH MULTIPLE SERVICES

DURING A 12 MONTH PERIOD, WHETHER THROUGH THE SAME OR MULTIPLE

PROJECTS, WILL BE COUNTED AS ONE INDIVIDUAL RECIPIENT. ALSO,

BENEFICIARY NUMBERS ARE NOW INCLUSIVE OF ALL THOSE WHO WERE SERVED

THROUGHOUT A REPORTING YEAR, INCLUDING PROJECTS THAT MAY HAVE CARRIED

OVER FROM ONE YEAR TO THE NEXT OR ARE MULTIPLE YEAR PROJECTS.

IRUSA IS IMPLEMENTING THIS METHODOLOGY THROUGH A TWO-STAGE PROCESS.

FOR 2016 WE ARE REPORTING THE NUMBER OF BENEFICIARIES AS PROVIDED BY

OUR PROJECT IMPLEMENTATION PARTNERS (OR OUR PROGRAM'S TEAM BEST

ESTIMATED) AS THE ANNUAL COUNT, BUT ARE UNABLE TO SEPARATE OUT THOSE

WHO HAVE RECEIVED MULTIPLE INTERVENTIONS (I.E. THE SAME FAMILY WHO MAY

HAVE RECEIVED A RAMADAN FOOD BOX AND A QURBANI DISTRIBUTION WILL BE

COUNTED AS TWO DISTINCT BENEFICIARIES). FOR ACCOUNTABILITY, IRUSA WILL

CAP THE BENEFICIARY COUNT AT THE ESTIMATED POPULATION NUMBER FOR EACH

RELEVANT IDP CAMP, TOWN, VILLAGE, ETC. WHERE THE AID WAS PROVIDED. THE

BENEFICIARY NUMBERS FOR ALL PROGRAM SECTORS ARE BEST ESTIMATES. IT IS

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

IRUSA'S GOAL THAT IN 2017 WE WILL HAVE WORKED WITH OUR PROGRAM

IMPLEMENTING PARTNERS TO IMPROVE REPORTING OF BENEFICIARY NUMBERS TO

REDUCE DUPLICATION ACROSS INTERVENTIONS OR PROJECTS.

FORM 990, PART IV, LINE 12

ISLAMIC RELIEF USA RECEIVED A CONSOLIDATED STATEMENT THAT INCLUDED

ITSELF, ITS DISREGARDED ENTITY, 88 WHEELER FOUNDATION LLC, AND ITS

RELATED SUPPORTING ORGANIZATION, IRUSA WAQF, PREPARED IN ACCORDANCE

WITH GAAP. ISLAMIC RELIEF USA DID NOT RECEIVE A SEPARATE STATEMENT FOR

ITSELF AS A STANDALONE ENTITY.

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

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 HR CORPORATION,

FILED 134 W-2'S ON BEHALF OF IRUSA. TRINET HR CORPORATION (TRINET HR

III, INC.) IS A PROFESSIONAL EMPLOYER ORGANIZATION HEADQUARTERED AT

1100 SAN LEANDRO BLVD # 400, SAN LEANDRO, CA 94577, (888) 874-6388. IT

PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL PROCESSING, HUMAN

CAPITAL CONSULTING, AND EMPLOYEE BENEFITS FOR SMALL TO MEDIUM-SIZED

BUSINESSES.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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, IF A  
 TRANSACTION COMES BEFORE THE BOARD FOR CONSIDERATION THAT INVOLVES A  
 CONFLICT OF INTEREST, THE CONFLICTED BOARD MEMBER MUST ALERT THE BOARD TO  
 THE CONFLICT AND RECUSE HIMSELF OR HERSELF FROM VOTING ON THE MATTER. THIS  
 PROCESS WOULD BE RECORDED IN THE MINUTES. CONFLICT OF INTEREST DISCLOSURES  
 ARE MADE BY KEY EMPLOYEES, REVIEWED BY HUMAN RESOURCES AND SHARED WITH THE  
 KEY EMPLOYEE'S SUPERVISOR IF IT APPEARS THAT THE EMPLOYEE WOULD BE INVOLVED  
 IN DECISION-MAKING THAT COULD RESULT IN A CONFLICT. THE ORGANIZATION  
 MAINTAINS INTERNAL CONTROLS AND POLICIES THAT FACILITATE ENFORCEMENT WITH  
 THE CONFLICT OF INTEREST POLICY.

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



Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

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 985,502.

FOREIGN CURRENCY EXCHANGE GAIN 518,389.

TOTAL TO FORM 990, PART XI, LINE 9 1,503,891.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number  
95-4453134

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
88 WHEELER FOUNDATION, LLC - 27-1092788 PO BOX 23862 ALEXANDRIA, VA 22304	REAL ESTATE	VIRGINIA		3,467,295	ISLAMIC RELIEF USA

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
IRUSA WAQF - 47-1666091 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	ACCEPT GIFTS AND MANAGES ASSETS FOR PRODUCTION OF INCOME	VIRGINIA	501(C)(3)	LINE 12A, I USA	ISLAMIC RELIEF USA		X

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

Schedule R (Form 990) 2016



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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IRUSA WAQF		B	8,000,919 CASH	
(2)				
(3)				
(4)				
(5)				
(6)				



Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

[illegible]

# Application for Automatic 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).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ISLAMIC RELIEF USA	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.	Social security number (SSN)
	3655 WHEELER AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALEXANDRIA, VA 22304	

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

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

TAREQ OSMAN, CPA, CONTROLLER

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

Telephone No. ► 703-370-7202

Fax No. ►

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2016 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.